



STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: August 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001975

[REDACTED]

Dear [REDACTED],

On April 24, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 30, 2014 enrollment confirmation notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this notice.

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(b).

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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DEPARTMENT OF HEALTH
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Decision

Decision Date: August 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001975

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did the Marketplace's enrollment confirmation notice accurately state the Child Health Plus premium responsibility for your youngest child's plan as of June 1, 2014?

Procedural History

On May 1, 2014 the Marketplace received two applications from your Marketplace account. The last application resulted in a preliminary eligibility determination that stated your youngest child was eligible to enroll in a health insurance plan through Child Health Plus with a \$15.00 monthly premium, effective June 1, 2014.

On December 29, 2014 the Marketplace received an updated application from your Marketplace account.

On December 30, 2014 the Marketplace issued an eligibility determination notice that stated your youngest daughter was eligible to enroll in Child Health Plus with a \$30.00 premium, effective February 1, 2015.

Also on December 30, 2014 the Marketplace issued an enrollment confirmation notice to confirm your children's enrollment as of December 29, 2014 and it listed that your youngest child was enrolled in a Child Health Plus plan with a premium responsibility of \$30.00. The letter further stated that her coverage could start as early as June 1, 2014 if you paid your first month's premium.

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On March 6, 2015, you called the Marketplace's Account Review Unit and requested an appeal on retroactive premium amount you are being charged as a result of your youngest child's Child Health Plus eligibility.

On April 24, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was left open for 15 days to allow you time to submit any documentation you feel would benefit your case. No additional documentation was submitted within that time frame. The record is now closed.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) The record reflects that on May 1, 2014 your application listed your household as containing you, your spouse, and your two children. This information has not changed since your initial application.
- 2) The record reflects that the May 1, 2014 application lists an annual household income of \$58,932.48.
- 3) You testified that at the time of your application, this was the amount of your expected annual household income.
- 4) The record reflects that the December 29, 2014 application listed an expected annual household income of \$62,464.48.
- 5) You testified that the increase in income was a result of a raise from work and an increase in the amount of rent you charge for a property you rent out.
- 6) You testified that from June 1, 2014 to December 31, 2014 you paid \$15.00 per month for your youngest child's Child Health Plus premium.
- 7) You testified that when the income amount was updated in your application on December 29, 2014 and your youngest daughter's Child Health Plus premium increased to \$30.00, that premium amount was applied retroactively to the June 1, 2014 to December 31, 2014 time frame by your health plan, and your health plan charged you an additional \$135.00 for those months.
- 8) You testified that at the instruction of the Marketplace you paid the \$135.00 the health plan said you owed. You are seeking reimbursement of that amount.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Child Health Plus

A child may be eligible for coverage through Child Health Plus (CHP) provided (1) he or she lives in a household having a household income at or below 400% of the federal poverty level (FPL) and (2) is not eligible for medical assistance (Medicaid), except that a child who becomes eligible for Medicaid after becoming eligible for CHP, may be eligible for a subsidy payment for a period of three months after becoming eligible for such medical assistance (NY Public Health Law § 2511(2)(b) and (3)).

A child who meets the eligibility requirements for CHP may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the FPL (New York Public Health Law (PHL) § 2511(2)(a)(iii)).

The amount of the premium payment, if any, that must be made on behalf of a child who enrolls in CHP depends upon the child's family household income (PHL § 2510(9)(d)). No payments are required for eligible children whose family household income is less than 160% of the FPL. If the family household income is 160% or higher, premiums range from \$9.00 per month to \$60.00 per month (PHL § 2510(9)(d)).

The CHP premium is \$15.00 per month for a child whose family household income is between 223% and 250% of the FPL (PHL § 2510(9)(d)(iii)).

The CHP premium is \$30.00 per month for a child whose family household income is between 251% and 300% of the FPL (PHL § 2510(9)(d)(iv)).

In an analysis of CHP eligibility, the determination is based on the FPL "for the applicable budget period used to determine an individual's eligibility" (42 CFR § 435.4). On the date of your application, that was the 2014 FPL, which is \$23,850.00 for a four-person household (79 Fed. Reg. 3593, 3593).

Redetermination During a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, the Marketplace must generally make that redetermination effective on the first day of the month following the date the Marketplace is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, the Marketplace may determine that any change made after the 15th of any month will not be effective until the

first of the next following month (45 CFR § 155.330 (f)(2)), and it has chosen to do so.

Legal Analysis

The only matter at issue is whether or not the Marketplace's enrollment confirmation notice accurately stated your Child Health Plus (CHP) premium responsibility for your youngest child's plan as of June 1, 2014.

The amount of your youngest child's CHP premium is calculated for a four-person household: you, your spouse, and your two children.

The amount of the premium payment, if any, that must be made on behalf of a child who enrolls in CHP depends upon the child's family household income. If the family household income is 160% of the applicable federal poverty level (FPL) or higher, premiums range from \$9.00 per month to \$60.00 per month. The premium is \$15.00 per month for a child whose family household income is between 223% and 250% of the FPL.

In the application you submitted on May 1, 2014 you attested to a household income of \$58,932.48. You testified that at the time of your application, that amount was correct. A household income of \$58,932.48 is 247.10% of the 2014 FPL. Therefore, in the preliminary eligibility determination that was prepared on May 1, 2014 the Marketplace correctly found your youngest daughter eligible for coverage through CHP at a premium cost of \$15.00 per month.

The CHP premium is \$30.00 per month for a child whose family household income is between 251% and 300% of the FPL. You updated the income information in your account on December 29, 2014. At that time, your expected income had increased to \$62,464.48. A household income of \$62,464.48 is 261.61% of the 2014 FPL. Therefore, in the eligibility determination that was issued on December 20, 2014 the Marketplace correctly found your youngest daughter eligible for coverage through CHP at a premium cost of \$30.00 per month.

You testified that when the income amount was updated in your application on December 29, 2014 and your youngest daughter's CHP premium increased to \$30.00, that premium amount was applied retroactively to the June 1, 2014 - December 31, 2014 time frame and your health plan charged you an additional \$135.00 for those months.

When an individual changes information in their application after the 15th of any month, the Marketplace must make the redetermination that results from that change effective the first day of the next following month.

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The income information in your Marketplace account was updated on December 29, 2014. Any changes in eligibility of that change should not have been made effective until February 1, 2015. On December 30, 2014 the Marketplace issued an eligibility determination notice that stated your youngest daughter is eligible to enroll in CHP with a \$30.00 premium effective February 1, 2015.

However, on December 30, 2014 the Marketplace issued an enrollment confirmation notice that stated that your youngest child was enrolled in a CHP plan with a premium responsibility of \$30.00 and that her coverage could start as early as June 1, 2014 if you have paid your first month's premium.

As discussed above, the \$30.00 premium should not have gone into effect until February 1, 2015 as stated in the eligibility determination notice also issued on December 30, 2014. Therefore, the December 30, 2014 enrollment confirmation notice is MODIFIED to clarify that your youngest child is enrolled in a CHP plan with a premium responsibility of \$30.00 effective February 1, 2015.

Your case is RETURNED to the Marketplace to facilitate with the insurance provider a correction of any outstanding issues of your youngest child's premium responsibility for her CHP plan for June 1, 2014 to January 31, 2015.

Decision

The December 30, 2014 enrollment confirmation notice is MODIFIED to clarify that your youngest child is enrolled in a Child Health Plus plan with a premium responsibility of \$30.00 effective February 1, 2015.

Your case is RETURNED to the Marketplace to facilitate with the insurance provider a correction of any outstanding issues of your youngest child's premium responsibility for her Child Health Plus plan for June 1, 2014 to January 31, 2015.

Effective Date of this Decision: August 25, 2015

How this Decision Affects Your Eligibility

Your premium responsibility for youngest child's Child Health Plus plan for June 1, 2014- January 31, 2015 is \$15.00 per month.

Effective February 1, 2015 your premium responsibility for youngest child's Child Health Plus plan is \$30.00 per month.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months after the date of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c))

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The December 30, 2014 enrollment confirmation notice is MODIFIED to clarify that your youngest child is enrolled in a Child Health Plus plan with a premium responsibility of \$30.00 effective February 1, 2015.

Your case is RETURNED to the Marketplace to facilitate with the insurance provider a correction of any outstanding issues of your youngest child's premium responsibility for her Child Health Plus plan for June 1, 2014 to January 31, 2015.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

Your premium responsibility for your youngest child's Child Health Plus plan for June 1, 2014 to January 31, 2015 is \$15.00 per month.

Effective February 1, 2015 your premium responsibility for your youngest child's Child Health Plus plan is \$30.00 per month.

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

