



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

## Notice of Decision

Decision Date: June 28, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006110

[REDACTED]

Dear [REDACTED],

On April 18, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 30, 2015 eligibility determination.

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 Code of 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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## Decision

Decision Date: June 28, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006110

[REDACTED]

## Issue

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

Did NY State of Health (NYSOH) properly determine that each of your children were eligible to enroll in Child Health Plus with a \$15.00 per month premium, effective February 1, 2016?

## Procedural History

On October 24, 2015, NYSOH issued a notice that it was time to renew your health insurance for 2016. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether your family would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2015 or your family might lose the financial assistance you were currently receiving.

No updates were made to your account by December 15, 2015.

On December 21, 2015, NYSOH issued an eligibility determination notice stating that you and your spouse were newly eligible to purchase a qualified health plan (QHP) at full cost through NYSOH effective January 1, 2016. The notice also stated that your children were no longer eligible for Child Health Plus (CHP); however, their CHP coverage would continue until January 31, 2016 for a cost of \$0.00 per month.

On December 24, 2015, NYSOH issued a letter confirming the enrollment of you and your spouse in a QHP, effective January 1, 2016. The letter also confirmed

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the enrollment of your children in a Fidelis Care CHP plan with a \$0.00 per month premium, with coverage beginning January 1, 2016, provided you paid your first month's premium on time.

On December 29, 2015, NYSOH received your revised application for health insurance.

On December 30, 2015, NYSOH issued an eligibility determination notice stating that you and your spouse were newly eligible to receive advance premium tax credits and cost-sharing reductions. The notice also stated that each of your children were eligible to enroll in CHP for a cost of \$15.00 per month, effective February 1, 2016.

On January 9, 2016, you spoke to NYSOH's Account Review Unit and appealed that determination insofar as your children were found to be eligible for CHP at a cost of \$15.00 per month, effective February 1, 2016.

On April 18, 2016, you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

## **Findings of Fact**

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

- 1) You testified that you expected to file your 2016 taxes with a tax filing status of married filing jointly. You will claim your two children as dependents on that tax return.
- 2) The application that was submitted on December 29, 2015 listed annual household income of \$58,900.00, consisting of \$50,000.00 you expected to earn from your employment with [REDACTED], and \$8,900.00 your spouse expected to earn from her employment with [REDACTED]. You testified that this amount was correctly entered when you submitted your application.
- 3) You testified, however, that while your expected total income for 2016 would remain the same, your spouse's income may decrease slightly to between \$6,000.00 and \$8,000.00 based on her variable work schedule with [REDACTED].
- 4) At the time of December 29, 2015 application, your children were 11 and 7 years old, respectively.

- 5) Your application states that you did not anticipate taking any deductions on your 2016 tax return.
- 6) You live in Suffolk County, New York.
- 7) You testified that you were seeking for your children's CHP plan coverage during 2016 to continue at \$0.00 per month, rather than the \$15.00 per month premium your children were found eligible after you had updated your NYSOH account on December 29, 2015.

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 who meets the eligibility requirements for Child Health Plus (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 federal poverty level (FPL) (New York Public Health Law (PHL) § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be "eligible for medical assistance"; that is, must not be eligible for Medicaid (NY Public Health Law § 2511(2)(b)).

Child Health Plus (CHP) is a sliding-scale-premium program for children who are in a household that is over income for regular Medicaid (see NY Public Health Law § 2510 et seq. and 42 USC § 1397(a)). Eligibility rules are set out in NY Public Health Law § 2511(2), as well as in the NYSDOH 2008-2012 Contract and Plan Manual.

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)).

In an analysis of Child Health Plus 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 2015 FPL, which was \$24,250.00 for a four-person household (80 Federal Register 3236, 3237).

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## **Legal Analysis**

The only issue under review is whether NYSOH properly determined that each of your children were eligible to enroll in Child Health Plus (CHP) with a \$15.00 per month premium, effective February 1, 2016.

According to the record, you expect to file a joint federal income tax return for the 2016 tax year and claim your two children as dependents. Therefore, each of your children is in a four-person household.

On your December 29, 2015 application, you attested to an expected household income of \$58,900.00. The application also stated that your children are 11 and 8 years old, respectively. NYSOH relied upon this information.

A child is eligible to enroll in CHP if they meet the non-financial requirements, are not eligible for Medicaid, and have a household income below 400% of the federal poverty level (FPL). Household income between 223% and 250% of that FPL are responsible for a \$15.00 per month CHP premium payment. On the date of your application, the relevant FPL was \$24,250.00 for a four-person household. Since \$58,900.00 is 242.89% of the 2015 FPL NYSOH properly found each of your children to be eligible for CHP with a \$15.00 per month premium payment.

Since the December 30, 2015 eligibility determination properly stated that, based on the information you provided, your child was eligible for Child Health Plus with a \$15.00 per month premium, effective February 1, 2016, it is correct and is AFFIRMED.

You testified that your household's total income for 2016 may now be as low as \$56,000.00, due to your spouse's expected decrease in income from [REDACTED]. Since \$56,000.00 is 230.93% of the 2015 FPL, your children would have still been found eligible for CHP at a premium rate of \$15.00 since your total expected income is between 223% and 250% of applicable FPL. Therefore, there is insufficient evidence that your case should be returned to NYSOH for a redetermination of household's eligibility based on household income at this time.

## **Decision**

The December 30, 2015 eligibility determination notice is AFFIRMED.

**Effective Date of this Decision:** June 28, 2016

## **How this Decision Affects Your Eligibility**

Each of your children remain eligible for Child Health Plus with a \$15.00 per month premium, effective February 1, 2016.

## **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 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 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
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## **Summary**

The December 30, 2015 eligibility determination notice is AFFIRMED.

Each of your children remain eligible for Child Health Plus with a \$15.00 per month premium, effective February 1, 2016.

## **Legal Authority**

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).



**A Copy of this Decision Has Been Provided To:**

