



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

## Notice of Decision

Decision Date: August 25, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007424, AP000000008858

[REDACTED]

Dear [REDACTED],

On August 2, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's January 27, 2016 enrollment confirmation notice and April 9, 2016 eligibility determination 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 and the NY State of Health Account ID at the top of this notice.

### Legal Authority

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

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).

This page intentionally left blank.



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

## Decision

Decision Date: August 25, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007424, AP000000008858



## Issue

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

Did the NY State of Health properly determine that your child's enrollment in his Child Health Plus plan was effective March 1, 2016?

Did NY State of Health properly determine that your child was not eligible for Medicaid?

## Procedural History

On January 26, 2016, NY State of Health (NYSOH) received your initial application for financial assistance for your child's health insurance.

On January 27, 2016, an eligibility determination notice was issued finding your child eligible to enroll in a Child Health Plus plan for a cost of \$45.00 per month starting March 1, 2016. This determination was based on your attested annual household income of \$62,384.40.

Also on January 27, 2016, an enrollment confirmation notice was issued finding your child eligible to enroll in Child Health Plus starting March 1, 2016.

On February 25, 2016, NYSOH received your updated application for financial assistance for your child's health insurance.

That same day you contacted the NYSOH Account Review Unit and requested a back date in coverage to February 1, 2016 for your child's Child Health Plus plan.

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).

On February 26, 2016, an eligibility determination notice was issued finding your child eligible to enroll in Child Health plus for a cost of \$45.00 per month starting April 1, 2016.

Also on February 26, 2016, an enrollment confirmation notice was issued confirming your child's enrollment in a Child Health Plus plan for a cost of \$45.00 per month starting March 1, 2016.

Additionally on February 26, 2016, an eligibility determination notice was issued denying your request for help paying medical bills for January 1, 2016 through January 31, 2016. This was because the program your child was found eligible for cannot pay for any care you received in the past.

On April 9, 2016, an eligibility determination notice was issued denying your request for help with paying medical bills for January 1, 2016 through February 29, 2016. This was because the program your child was found eligible for cannot pay for any care you received in the past.

On August 2, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and kept open 15 days for you to provide income documentation for the month of January, 2016 and February, 2016, as well as documentation showing the end of your child's disenrollment in Medicaid from the Local Department of Social Services. No documentation was received within the requested time frame and the record is was closed.

## **Findings of Fact**

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

- 1) You testified that you are appealing only your child's eligibility.
- 2) The record shows you submitted an application to NYSOH for financial assistance on behalf of your child on January 26, 2016.
- 3) You testified, and the record supports you enrolled your child into a Child Health Plus plan on January 26, 2016.
- 4) You testified that you would like your child's plan to begin February 1, 2016 so as not to have a gap in coverage. You further requested assistance with paying medical bills for the months of January, and February, 2016.
- 5) Your application states you expect an annual household income of \$62,384.40.

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).

- 6) You testified you will filing your 2016 tax return as married filing jointly, and will claim your child as a dependent.
- 7) You testified that your child did incur medical expenses the month of January, and February 2016.
- 8) You testified that your child was enrolled in Medicaid in 2015.
- 9) A review of your child's enrollment via the eMedNY computer system, shows he was enrolled with Medicaid effective March 1, 2015 and ending December 31, 2015 through Bronx County.
- 10)The record shows you reside in Bronx, N.Y.

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)). 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 \$45.00 per month for a child whose family household income is between 301% and 350% of the FPL (PHL § 2510(9)(d)(v)).

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 \$20,090.00 for a three-person household (80 Fed. Reg. 3236, 3237).

The "period of eligibility" for Child Health Plus is "that period commencing on the first day of the month during which a child is an eligible child and enrolled or

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).

recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date,” unless the CHP premiums are not timely paid or the child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law § 2510(6)).

“A State must specify a method for determining the effective date of eligibility for [Child Health Plus], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [Child Health Plus] and other insurance affordability programs as family circumstances change and avoids gaps or overlaps in coverage” (42 CFR § 457.340(f)).

The State of New York has provided that a child’s period of eligibility for Child Health Plus begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if the application is received by the 15th of the month; applications received after the 15th day of the month will be processed for the first day of the second following month (see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

### Medicaid for Children

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 154% of the FPL for the applicable family size (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13ADM-03).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

## **Legal Analysis**

The issue is whether NYSOH properly determined that your child’s enrollment in his Child Health Plus plan was effective March 1, 2016.

On January 26, 2016, NYSOH received your initial application for financial assistance for your child’s health insurance. As a result, your child was found eligible to enroll in a Child Health Plus plan for a cost of \$45.00 per month starting March 1, 2016. He was subsequently enrolled into a plan.

You testified that you would like your child's plan to begin February 1, 2016 so as not to have a gap in coverage.

The date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

Because your application was completed on January 26, 2016, and enrollment was submitted on that day, your son's Child Health Plus plan would take effect on the first day of the second following month, which is March 1, 2016.

Therefore, the January 27, 2016 enrollment confirmation notice is AFFIRMED.

The second issue is whether NYSOH properly determined that your child was not eligible for Medicaid in January and February 2016.

A review of the record supports that your child had coverage under Medicaid through the local County Department of Social Services. You testified that your child was eligible for Medicaid in 2015 but you were not sure if it was through the Local Department of Social Services. A review of your child's enrollment via the eMedNY computer system, shows he was enrolled with Medicaid effective March 1, 2015 and ending December 31, 2015 through Bronx County.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits through NYSOH is based on current monthly household income and family size.

The record was kept open 15 days for you to provide income documentation for the month of January, 2016 and February, 2016. However, no documentation was provided.

It is therefore concluded that the April 9, 2016, eligibility determination finding your child ineligible for Medicaid coverage for January and February 2016 must be AFFIRMED.

## **Decision**

The January 27, 2016 enrollment confirmation notice is AFFIRMED.

The April 9, 2016 eligibility determination notice is AFFIRMED.

**Effective Date of this Decision:** August 25, 2016

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

This decision does not change your child's eligibility.

The effective date of your child's Child Health Plus plan is March 1, 2016.

Your child is not eligible for Medicaid through NYSOH.

### **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
- By mail at:

NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211

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).



- By fax: 1-855-900-5557

## **Summary**

This decision does not change your child's eligibility.

The January 27, 2016 enrollment confirmation notice is AFFIRMED.

The effective date of your child's Child Health Plus plan is March 1, 2016.

The April 9, 2016 eligibility determination notice is AFFIRMED.

Your child is not eligible for Medicaid through NYSOH.

## **Legal Authority**

We are issuing this determination in accordance with 45 CFR § 155.545.

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

