



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

Notice of Decision

Decision Date: February 24, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011437

[REDACTED]

Dear [REDACTED],

On January 4, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 12, 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 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).

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011437

[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 your two youngest children were eligible to enroll in a Child Health Plus (CHP) for a cost of \$60.00 per month effective April 1, 2016?

Procedural History

On November 24, 2015, NYSOH issued an eligibility determination notice stating, in relevant part, that your two youngest children were conditionally eligible to enroll in Child Health Plus for a cost of \$9.00 per month effective as of January 1, 2016. The notice stated that the income information in your application was not confirmed with state and federal data sources. The notice directed you to provide documentation to confirm your income before January 17, 2016. Furthermore, if you did not send additional information, your children's eligibility would be based on the state and federal data sources.

On November 25, 2015, NYSOH issued an enrollment notice confirming, in relevant part, that your two youngest children were enrolled in a CHP plan, each with a monthly premium of \$9.00, with an enrollment start date of January 1, 2016. The notice directed you to provide income documentation before January 17, 2016, to confirm their eligibility.

On March 8, 2016, NYSOH redetermined your two youngest children's eligibility for financial assistance.

On March 12, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, that your children were eligible to enroll in Child Health Plus for a

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cost of \$60.00 per month effective April 1, 2016. The notice stated that your children's premium amount for CHP had changed because NYSOH did not received documents to confirm the income you entered in your application.

Also on March 12, 2016, NYSOH issued an enrollment notice confirming, in relevant part, that your two youngest children were enrolled in a CHP plan, each with a \$60.00 premium per month, with an enrollment start date of January 1, 2016.

On June 28, 2016, you updated your NYSOH account.

On June 29, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, that your two youngest children were eligible for Child Health Plus, each with a monthly premium of \$9.00 per month, effective as of August 1, 2016.

Also on June 29, 2016, NYSOH issued an enrollment notice confirming, in relevant part, that your two youngest children were enrolled in a CHP plan, each with a \$9.00 premium per month, with an enrollment start date of January 1, 2016.

On August 13, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as the amount of financial assistance your two youngest children received from April 1, 2016 through July 31, 2016.

On January 4, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing and the record was left open until January 11, 2017, to allow you submit telephone records to show that you contacted NYSOH in March 2016 and updated your account.

On January 9, 2017, you uploaded three-pages of documents to your NYSOH account. You uploaded:

- (a) A letter stating that your telephone carrier needs thirty days to secure your telephone records and would not be able to submit the documentation in the allotted time (pgs. 1-2);
- (b) Page 8 of the enrollment confirmation notice that was issued by NYSOH on June 29, 2016 (pg. 3).

The documentation submitted has been incorporated into the record. The record is now complete and closed.

Findings of Fact

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

- 1) You testified that you are appealing the fact that your children were each determined eligible for CHP with a \$60.00 monthly premium from April 1, 2016 through July 31, 2016.
- 2) According to your NYSOH account, your two youngest children were born on January 18, 2000 and November 02, 2004.
- 3) According to your NYSOH account and testimony, your children were enrolled in a CHP plan, each with monthly premiums of \$9.00, effective January 1, 2016.
- 4) NYSOH requested that you submit income documentation to confirm your youngest children's eligibility by January 17, 2016 (see [REDACTED]; [REDACTED]).
- 5) You testified that you contacted NYSOH in March 2016 and updated your NYSOH account.
- 6) According to your NYSOH account, there were no updates to your account and no additional documentation was provided to NYSOH in March 2016.
- 7) On March 8, 2016, NYSOH redetermined your children's eligibility and your children were found eligible for CHP, each with a monthly premium of \$60.00, effective April 1, 2016 (see [REDACTED]).
- 8) According to your NYSOH account, your account was updated on June 28, 2016, and your children were redetermined eligible for CHP, each with a \$9.00 monthly premium, effective August 1, 2016.
- 9) You testified that you are seeking to be reimbursed for being billed \$60.00 monthly per child, rather than \$9.00 monthly per child, from April 1, 2016 through July 31, 2016.

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 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)).

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To be eligible for CHP, the child:

- Must be under 19 years of age;
- Must be a New York State Resident;
- Must not have other health insurance coverage; and
- Must not be eligible for, or enrolled in, Medicaid

(NY Public Health Law § 2511(2)(a)-(e)).

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)).

NYSOH is required to verify the eligibility of an applicant for CHP subsidy payments, which includes verifying the applicant's household income. If NYSOH is unable to verify the applicant's household income using available data sources, then NYSOH must request additional information from the applicant. NYSOH must provide the applicant with a reasonable period of time to furnish such information (42 CFR § 457.380(d); 42 CFR § 435.952(c)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your two youngest children were eligible to enroll in a CHP plan, each with a monthly premium of \$60.00, effective April 1, 2016.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH. When an application requests financial assistance, NYSOH must verify an applicant's household income.

If NYSOH cannot verify the household income attested to by the applicant, through the use of available data sources, it must provide the individual with notice of the inconsistency. NYSOH must then provide the individual with reasonable time to provide documentation or information to resolve that inconsistency.

In the eligibility determination notice issued on November 24, 2015, you were advised that your two youngest children were conditionally eligible to enroll in Child Health Plus, each with a monthly premium of \$9.00, effective January 1, 2016. The notice stated that the income information in your application was not confirmed with state and federal data sources and directed you to provide documentation to confirm your income before January 17, 2016. Furthermore, if

you did not send additional information, your children's eligibility would be based on the state and federal data sources.

You testified that you contacted NYSOH in March 2016 and updated your NYSOH account. However, the record does not contain any evidence that you made any updates to your account or that additional documentation was provided to NYSOH in March 2016. The record supports that your NYSOH was not updated until June 28, 2016.

Since there was no timely response to the NYSOH's request for additional income documentation, NYSOH properly redetermined your two youngest children's eligibility based on state and federal data sources. Therefore, the March 12, 2016 eligibility redetermination notice is AFFIRMED.

Decision

The March 12, 2016 eligibility redetermination notice is AFFIRMED.

Effective Date of this Decision: February 24, 2017

How this Decision Affects Your Eligibility

Your two youngest children were eligible to enroll in a CHP plan, each with a monthly premium of \$60.00, from April 1, 2016 through July 31, 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

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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:

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- By fax: 1-855-900-5557

Summary

The March 12, 2016 eligibility redetermination notice is AFFIRMED.

Your two youngest children were eligible to enroll in a CHP plan, each with a monthly premium of \$60.00, from April 1, 2016 through July 31, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

