



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

## Notice of Decision

Decision Date: March 14, 2017

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000013760

[REDACTED]

Dear [REDACTED],

On March 9, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 24, 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 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.

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: March 14, 2017

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000013760

[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 child was eligible to enroll in Child Health Plus at full cost, effective January 1, 2017?

## Procedural History

On November 23, 2016, NYSOH reran your household's eligibility for health insurance.

On November 24, 2016, NYSOH issued an eligibility determination notice stating that your child was eligible to enroll in Child Health Plus (CHP) at full cost, effective January 1, 2017.

On December 2, 2016, you spoke to NYSOH's Account Review Unit and appealed that determination insofar as your child was found eligible for coverage through CHP at full cost, rather than at a reduced rate.

On March 9, 2017, you had a telephone hearing with a Hearing Officer from 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 supports the following findings of fact:

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- 1) You testified that you expect to file your 2017 tax return with a tax filing status of head of household. You will claim your child as a dependent on that tax return.
- 2) Your eligibility was redetermined on November 23, 2016 by NYSOH, and listed annual household income of \$67,600.00, consisting of \$300.00 per week you earn from your employment with [REDACTED], and \$1,000.00 per week you earn from your employment from [REDACTED]. You testified that this amount was correct, and was an accurate representation of your anticipated income during 2017.
- 3) Your application states that you will not be taking any deductions on your 2017 tax return.
- 4) You live in Suffolk County, New York.
- 5) You testified that you were seeking your child's CHP coverage at a reduced rate, since the premiums due for your child are unaffordable due to your other living expenses.

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

## **Applicable Law and Regulations**

### Child Health Plus

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 New York Public Health Law (NY PHL) § 2510 et seq. and 42 USC § 1397aa). Eligibility rules are set out in NY PHL § 2511(2), as well as in the NYS Department of Health 2008-2012 Contract and Plan Manual.

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) (NY 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 PHL § 2511(2)(b)).

The amount of the premium payment, if any, that must be made on behalf of a child who enrolls in a CHP plan depends upon the child's family household income (NY PHL § 2510(9)(d)).

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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 2016 FPL, which was \$16,020.00 for a two-person household (81 Federal Register 4036).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your child was eligible to enroll in CHP at full cost, effective January 1, 2017.

According to the record, you expect to file your taxes for the 2017 tax year with a tax filing status of head of household and claim your one child as a dependent. Therefore, your child in a two-person household.

In the November 23, 2016 redetermination, you attested to an expected household income of \$67,600.00, consisting of \$15,600.00 (\$300.00 x 52 weeks) you earn from your employment with [REDACTED], and \$52,000.00 (\$1,000.00 x 52 weeks) you earn from your employment from [REDACTED]. You testified that this information was an accurate representation of your anticipated income. NYSOH relied upon this information in rendering its eligibility determination.

A child who meets the eligibility requirements for CHP coverage may be eligible for subsidized premiums if the household income is at or below 400% of the FPL. No payments are required at a household income lower than 160% of the FPL, and premiums range from \$9.00 per month to \$60.00 per month between 160% and 400% of the FPL.

Since a household income \$67,600.00 is 421.97% of the 2016 FPL, NYSOH properly determined that your child was eligible to enroll in a CHP plan at full cost.

Since the November 24, 2016 eligibility determination notice properly stated, based on the information provided, that your child was eligible to enroll in a CHP plan at full cost, it is AFFIRMED.

## **Decision**

The November 24, 2016 eligibility determination notice is AFFIRMED.

**Effective Date of this Decision:** March 14, 2017

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

Your child remains eligible for CHP at full cost.

## **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:  
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Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The November 24, 2016 eligibility determination notice is **AFFIRMED**.

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Your child remains eligible for CHP at full cost.

## **Legal Authority**

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

