



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

Notice of Decision

Decision Date: July 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016124

[REDACTED]

Dear [REDACTED]

On June 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 7, 2017, eligibility determination and February 24, 2017, enrollment confirmation notices.

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]
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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health properly determine your children were eligible to purchase a Child Health Plus plan at full cost effective March 1, 2017?

Did NY State of Health properly determine that your children's enrollment in a Child Health Plus plan for \$45.00 per month each was effective, April 1, 2017?

Procedural History

On December 2, 2016, NY State of Health (NYSOH) received your children's application for financial assistance with their health insurance.

On December 3, 2016, NYSOH issued a notice stating your two children were eligible for Child Health Plus for a limited time for a cost of \$45.00 per month each starting January 1, 2017. The notice stated their eligibility was based on the condition you provide proof of your household income by January 31, 2017. The notice stated the income listed in your application was \$96,913.04.

On December 3, 2016, an enrollment notice was issued confirming your children's enrollment on December 2, 2016, in a Child Health Plus plan for a cost of \$90.00 per month, effective January 1, 2017.

No income documentation was received by NYSOH before January 31, 2017.

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On February 7, 2017, NYSOH issued an eligibility redetermination notice stating your two children's eligibility had been redetermined on February 6, 2017, and they were now eligible to enroll in a full price Child Health Plus plan, effective March 1, 2017. The notice stated this was because federal and state data sources show your household income was more than \$113,760.00, the income limit for the Child Health Plus program.

Also on February 7, 2017, NYSOH issued a notice stating your two children were enrolled in a Child Health Plus plan for a cost of \$366.36 per month starting March 1, 2017.

On February 23, 2017, NYSOH received your children's updated application for financial assistance with their health insurance. That day, a preliminary determination was made stating your two children were eligible for Child Health Plus for a limited time for a cost of \$45.00 per month each, effective April 1, 2017.

Also on February 23, 2017, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your children's Child Health Plus plan for a cost of \$45.00 per month, requesting it begin March 1, 2017, not April 1, 2017.

On February 24, 2017, NYSOH issued a notice stating your two children were eligible for Child Health Plus for a cost of \$45.00 per month each, effective April 1, 2017. The notice stated you needed to provide proof of your household income by April 24, 2017.

Also on February 24, 2017, NYSOH issued an enrollment notice confirming your two children's enrollment on February 23, 2017, in a Child Health Plus plan for a cost of \$90.00 per month, effective April 1, 2017.

On June 6, 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:

- 1) You testified, and the record reflects, that you are appealing the level of Child Health Plus premium responsibility for the month of March, 2017.
- 2) Your application states you file your 2017 taxes as married filing jointly with your spouse and will claim two dependents on that return. You testified this was correct.

- 3) The income amount in your application on December 2, 2016 was \$96,913.04. You testified this was correct at the time.
- 4) According to your NYSOH account, NYSOH received your children's application for financial assistance on December 2, 2016.
- 5) The December 3, 2016, determination notice requested income documentation be provided by January 31, 2017.
- 6) You testified you were aware of December 3, 2016 determination notice stating you needed to provide income documentation by January 31, 2017.
- 7) You testified you attempted uploading proof of your income in December, 2016.
- 8) On March 24, 2017, NYSOH received your uploaded income documentation for you and your spouse.
- 9) On February 23, 2017, you selected and enrolled your children in a Child Health Plus plan for a cost of \$45.00 each, effective April 1, 2017.
- 10) You testified that you want your children's Child Health plus plan at a cost of \$45.00 per month each to begin as of March 1, 2017.

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

Applicable Law and Regulations

Child Health Plus

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 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)).

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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).

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 \$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 2017 FPL, which was \$24,600.00 for a four-person household (82 Fed. Reg. 8831).

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i), 42 CFR § 435.945).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the

opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f) 42 CFR § 435.952).

Legal Analysis

The first issue is whether NYSOH properly determined your children were eligible for a Child Health Plus plan at full cost effective March 1, 2017.

NYSOH issued an eligibility determination notice on December 3, 2016, based on your application for your two children. The determination notice stated your children were eligible for Child Health Plus for a limited time for a cost of \$45.00 per month each, effective January 1, 2017. The notice asked you to provide proof of your household income by January 31, 2017.

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income.

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

You updated your NYSOH account on December 2, 2017. The income amount that was entered into this application of \$96,913.04 did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income by January 31, 2017.

You testified you were aware of the December 3, 2016 notice requesting proof of your income documentation by January 31, 2017. You testified you attempted to provide that documentation online in December, 2016. However, there is no record of documentation being uploaded or received by NYSOH prior to the January 31, 2017 deadline requested.

Since NYSOH did not receive the requested income documentation by the deadline, NYSOH system redetermined your children's eligibility from data sources on February 6, 2017, and determined your children were eligible to purchase a Child Health Plus plan at full cost effective, March 1, 2017. The household income amount it based this on was over \$113,760.00.

Therefore, NYSOH's February 7, 2017 eligibility determination notice stating your children were eligible to purchase a Child Health Plus plan at full cost was proper and is **AFFIRMED**.

The second issue is whether NYSOH properly determined that your children's enrollment in their Child Health Plus plan at \$45.00 per month each was effective April 1, 2017.

The record reflects you contacted NYSOH on February 23, 2017, and provided an updated application. The application resulted in an eligibility determination notice stating your children were eligible for a Child Health Plus plan for a cost of \$45.00 per month each effective April 1, 2017.

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 from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

Since you selected your children's plan on February 23, 2017, your plan would therefore properly take effect on the first day of the second month following after February; that is, on April 1, 2017.

Therefore, the February 24, 2017, enrollment confirmation notice stating that your children's enrollment in their Child Health Plus plan would be effective April 1, 2017, was correct and must be AFFIRMED.

Decision

The February 7, 2017, eligibility determination was proper and is AFFIRMED.

The February 24, 2017, enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: July 13, 2017

How this Decision Affects Your Eligibility

Your children were eligible for a full cost Child Health Plus plan effective March 1, 2017.

Your children were enrolled in a \$45.00 per month Child Health Plus plan each effective April 1, 2017.

If You Disagree with this Decision (Appeal Rights)

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 Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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

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- By fax: 1-855-900-5557

Summary

The February 7, 2017, eligibility determination was proper and is AFFIRMED.

The February 24, 2017, enrollment confirmation notice is AFFIRMED.

Your children were eligible for a full cost Child Health Plus plan effective March 1, 2017.

Your children were enrolled in a \$45.00 per month Child Health Plus plan each effective April 1, 2017.

Legal Authority

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

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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