



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

Notice of Decision

Decision Date: September 6, 2017

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000018585



Dear [REDACTED],

On August 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 2, 2017 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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Issue

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

Did NY State of Health (NYSOH) SOH properly determine that your children were eligible to enroll in Child Health Plus with a \$45.00 per month premium each, effective June 1, 2017?

Procedural History

On November 29, 2016, NYSOH issued eligibility determination and plan enrollment notices stating respectively and in relevant part that your children were eligible for Child Health Plus at full cost and were enrolled in a Child Health Plus plan with a full cost monthly premium each, effective January 1, 2017.

On May 1, 2017, NYSOH received your updated application for health insurance for your children.

On May 2, 2017, NYSOH issued an eligibility determination notice stating that your children were eligible for Child Health Plus with a \$45.00 monthly premium each, effective June 1, 2017, and had been enrolled into a health plan offered by their current health insurance company.

Also on May 2, 2017, NYSOH issued a plan enrollment notice confirming your children were enrolled in a Child Health Plus plan with a monthly premium of \$45.00 each and an enrollment start date of June 1, 2017.

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On May 2, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination and plan enrollment notices insofar as your children's reduced level of Child Health Plus premiums was not applied in the month of May 2017.

On August 10, 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) The application that was submitted on May 1, 2017 listed annual household income of \$76,298.32, consisting of \$55,000.00 your spouse earned from employment and \$21,298.32 you earned in employment after deductions of \$2,701.68 were taken. You testified that these amounts were correct.
- 2) At the time of your May 1, 2017 application, your children were ages ■ and ■. They are now ages ■ and ■.
- 3) Your application states that your family lives in ■, New York.
- 4) You testified that your spouse lost his job on ■, and you also lost your job, which prompted you to update your NYSOH application on May 1, 2017.
- 5) You testified that you paid the full May 2017 premium of \$465.00 to your children's Child Health Plus plan.
- 6) You testified that you would like your children's premium for May 2017 changed to \$90.00 total (\$45.00 each) and to be reimbursed for the difference you paid for a full cost Child Health Plus plan that month.

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

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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)). Child Health Plus program policy is to change premium levels throughout the policy year when there has been a decrease in the monthly premium amount due.

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 State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014). NYSOH has elected to follow this rule when a decrease in monthly premium occurs mid-policy year.

Legal Analysis

Initially, it is noted that you are not appealing your children’s decrease in the level of their monthly Child Health Plus premium, but rather the date it began.

As such, the first issue under review is whether NYSOH properly determined that your children were eligible to enroll in Child Health Plus with a \$45.00 per month premium, effective June 1, 2017 and not as of May 1, 2017.

The record reflects that you updated your NYSOH account on May 1, 2017, and reported a decrease in household income because both you and your spouse had lost your jobs in April 2017.

This reported change caused NYSOH to systematically rerun your children’s eligibility for insurance affordability programs. On May 2, 2017, NYSOH issued eligibility and plan enrollment notices stating respectively that they were eligible for Child Health Plus with a monthly premium of \$45.00 each and were enrolled into a health plan offered by their current health insurance company, both effective June 1, 2017.

The date on which a Child Health Plus plan can take effect depends on the day the plan for enrollment is selected. 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 between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month. NYSOH has elected to follow this rule when a decrease in monthly premium occurs mid-policy year.

Here, since your NYSOH application was updated on May 1, 2017 and your children's Child Health Plus premium was redetermined and decreased from full cost to \$45.00 each per month that day, the decrease in your children's premium should have been applied the first day of the month following May 1, 2017; that is, on June 1, 2017.

Therefore, NYSOH's May 2, 2017 eligibility determination and plan enrollment notices are AFFIRMED because they properly began your children's eligibility for Child Health Plus and enrollment in Child Health Plus with a decreased monthly premium of \$45.00 each, as of June 1, 2017.

Decision

The May 2, 2017 eligibility determination and plan enrollment notices are AFFIRMED.

Effective Date of this Decision: September 6, 2017

How this Decision Affects Your Eligibility

This decision does not change your children's eligibility for or enrollment in Child Health Plus.

Your children were eligible for Child Health Plus and enrolled in a Child Health Plus plan at full cost as of January 1, 2017 through May 31, 2017.

Your children remain eligible for Child Health Plus with a \$45.00 monthly premium each, as of June 1, 2017.

If You Disagree with this Decision (Appeal Rights)

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.

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).

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):

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- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

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Summary

The May 2, 2017 eligibility determination and plan enrollment notices are AFFIRMED.

This decision does not change your children's eligibility for or enrollment in Child Health Plus.

Your children were eligible for Child Health Plus and enrolled in a Child Health Plus plan at full cost as of January 1, 2017 through May 31, 2017.

Your children remain eligible for Child Health Plus with a \$45.00 monthly premium each, as of June 1, 2017.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 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。我们可以为您免费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)

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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।

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&btumi 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 איר געבן א דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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