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

Notice of Decision

Decision Date: September 21, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000018635

[redacted]

[redacted],

On August 16, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's, January 22, 2017 eligibility determination notice, the April 4, 2017 enrollment notice, and May 3, 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 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: September 21, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000018635

[redacted]

Issues

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

> Did NY State of Health properly determine that your child was eligible for a full cost Child Health Plus plan, effective March 1, 2017?
>
> Did NY State of Health properly determine that your child's Child Health Plus plan was effective, May 1, 2017?
>
> Did NY State of Health properly determine that your child was eligible for a Child Health Plus Plan for a cost of $30.00 per month, effective June 1, 2017?

Procedural History

On November 15, 2016, NY State of Health (NYSOH) received your child's updated application for financial assistance.

On November 16, 2016, NYSOH issued a notice stating your child was eligible for Child Health Plus for a limited time for a cost of $9.00 per month, effective December 1, 2016. The notice requested you provide proof of your household income by January 14, 2017.

On November 16, 2016, NYSOH issued an enrollment notice confirming your child's enrollment on November 15, 2016, in a Child Health Plus plan for a cost of $9.00 per month, effective December 1, 2016.

No income documentation was received by NYSOH prior to the deadline of January 14, 2017.

On January 21, 2017, NYSOH redetermined your child's eligibility.

On January 22, 2017, NYSOH issued an eligibility determination notice stating your child was eligible for Child Health Plus at full price, effective March 1, 2017. The notice stated your child was eligible for Child Health Plus at full cost, because federal and state data sources show that your income was more than $64,080.00.

On January 22, 2017, NYSOH issued a cancellation notice stating your child's coverage in her Child Health Plus plan with a $9.00 premium would end on February 28, 2017.

On January 22, 2017, NYSOH issued an enrollment notice stating your child was enrolled in a Child Health Plus plan for a cost of $254.19 per month, effective March 1, 2017.

On March 3, 2017, NYSOH issued a cancellation notice stating your child's enrollment in her Child Health Plus plan would end March 31, 2017. The notice stated this was because you asked to end your child's coverage on March 1, 2017.

On April 3, 2017, NYSOH redetermined your child's eligibility for health insurance.

On April 4, 2017, NYSOH issued an eligibility determination notice stating your child was eligible for Child Health Plus for a limited time for a cost of $9.00 per month, effective May 1, 2017. The notice requested you provide proof of your income by June 2, 2017.

On April 4, 2017, NYSOH issued an enrollment notice confirming your child's enrollment in a Child Health Plus plan for a cost of $9.00 per month, starting May 1, 2017.

On May 2, 2017, a NYSOH representative validated income documentation you had submitted and your child's eligibility was redetermined.

On May 3, 2017, NYSOH issued an eligibility determination notice stating your child was eligible for Child Health Plus for a cost of $30.00 per month, effective June 1, 2017.

Also on May 3, 2017, NYSOH issued an enrollment notice confirming your child's enrollment in a Child Health Plus plan for a cost of $30.00 per month, effective May 1, 2017.

Additionally, on May 3, 2017, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your child's Child Health Plus plan requesting it begin April 1, 2017, as well as the level of Child Health Plus premiums your child was found eligible for in the months of March, and April 2017.

On August 16, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and kept open until August 31, 2017, for you to provide proof of your household income. On August 24, 2017 NYSOH received your supporting documentation in your NYSOH account in document [redacted]. The record was then closed on August 24, 2017.

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 your enrollment start date of your child's Child Health Plus plan for $30.00 per month, as of April 1, 2017.

2) You testified you are appealing the fact that your child was eligible for a full price Child Health Plus plan for the months of March and April 2017 as you state you could not afford the premium price.

3) Your NYSOH account states your contact preference for notices from NYSOH is regular U.S. Mail. You testified this was correct.

4) You confirmed the address in your NYSOH account.

5) No documentation has been returned to NYSOH as undeliverable.

6) According to your NYSOH account, NYSOH received your child's initial application for financial assistance on November 15, 2016.

7) You were asked to provide income documentation to confirm your income by January 14, 2017.

8) NYSOH did not receive your income documentation prior to the deadline of January 14, 2017.

9) You testified you were not aware that you had to provide income documentation until you had a higher premium responsibility for the month of March 2017.

10) The record supports you faxed income documentation in the form of paystubs to NYSOH on April 21, 2017.

11) The record supports you faxed income documentation in the form of paystubs to NYSOH on April 28, 2017.

12) The income documentation you provided consisted of copies of two paystubs for pay periods of 3/26 – 4/8 and 4/9 – 4/22/2017 in the gross amounts of $2,020.50 and $1,703.25.

13) The record supports your income documentation was verified by a NYSOH representative on May 2, 2017.

14) You selected a Child Health Plus plan for your child on May 2, 2017.

15) You testified that you want your child's Child Health Plus plan to start April 1, 2017.

16) The annual household income in your application on May 2, 2017 was $48,408.75. You testified this was not correct, that it is much lower.

17) You testified you will be filing your 2017 taxes as single and will claim one dependent.

18) At the time of your May 2, 2017 application, your child was [redacted]

19) You reside in [redacted].

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)). No payments are required for eligible children whose family household income is less than 160% of the FPL (NY PHL § 2510(9)(d)(1)). If the family household income is 160% or higher, premiums range from $9.00 per month to $60.00 per month (NY PHL § 2510(9)(d)).

The CHP premium is $30.00 per month for a child whose family household income is between 251% and 300% of the FPL, but no more than $90.00 per month per family (NY PHL § 2510(9)(d)(iv)).

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 is $16,240.00 for a two-person household (82 Fed. Reg. 8831).

“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).

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 child was eligible for a full cost Child Health Plus plan, effective March 1, 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 November 15, 2016. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income by January 14, 2017.

You testified you were not aware of the need to provide income documentation until you received a higher premium responsibility bill from your health plan for March 2017.

You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. There is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable. You confirmed the address as listed in your NYSOH was correct.

Therefore, the record reflects that NYSOH properly notified you of your need to provide income documentation by January 14, 2017. NYSOH was then obligated to redetermine your child's eligibility using the information available to it once the deadline of January 14, 2017 had passed.

As a result, the January 22, 2017, eligibility determination notice stating your child was eligible for Child Health Plus at full price, effective March 1, 2017, because federal and state data sources show that your income was more than $64,080.00 was proper and is AFFIRMED.

The second issue is whether NYSOH properly determined that your child's enrollment in his Child Health Plus plan was effective May 1, 2017.

On April 3, 2017, you updated your NYSOH account. As a result, your child was found eligible for Child Health Plus for a limited time for a cost of $9.00 per month, effective May 1, 2017. Also on April 3, 2017 you selected a plan for your child.

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.

Since you selected a plan on April 3, 2017, your child's plan would properly start on the first day of the month following April; that is May 1, 2017.

Therefore, the April 4, 2017, enrollment confirmation notice stating that your child's enrollment in her Child Health Plus plan was effective May 1, 2017, is AFFIRMED.

The third issue is whether NYSOH properly determined your child was eligible for a Child Health Plus plan for a cost of $30.00 per month, effective June 1, 2017.

In your May 2, 2017 application, a NYSOH representative determined your annual household income to be $48,408.75. This amount was calculated based on the paystubs you had provided to NYSOH You provided two paystubs from 3/26 – 4/8, and 4/9 – 4/22/2017 in the gross amounts of $2,020.50 and $1,703.25. This would lead to an average weekly rate of $930.93. This rate carried over a year period would lead to an annual household income of $48,408.75. Therefore, the NYSOH representative properly determined your annual household income based on the documentation you provided.

According to the record, you expect to file federal income tax return for the 2017 tax year and claim your one child as a dependent. Therefore, your child is in a two-person household

A child is eligible to enroll in Child Health Plus if they meet the non-financial requirements, are not eligible for Medicaid, and have a household income below 400% of the FPL. Households with an income between 251% and 300% of the FPL are responsible for a $30.00 per month Child Health Plus premium payment. On the date of your application, the relevant FPL was $16,240.00 for a two-person household. Since $48,408.75 is 298.08% of the 2017 FPL, NYSOH properly found your child to be eligible for Child Health Plus with a $30.00 per month premium payment.

The May 3, 2017 eligibility determination notice stating your child was eligible for Child Health Plus for a cost of $30.00 per month, effective June 1, 2017, was proper and is AFFIRMED.

Decision

The January 22, 2017, eligibility determination notice stating your child was eligible for Child Health Plus at full price, effective March 1, 2017 is AFFIRMED.

The May 3, 2017, enrollment confirmation notice stating that your child's enrollment in her Child Health Plus plan was effective May 1, 2017, is AFFIRMED.

The May 3, 2017, eligibility determination notice stating your child was eligible for Child Health Plus for a cost of $30.00 per month, effective June 1, 2017, was proper and is AFFIRMED.

Effective Date of this Decision: September 21, 2017

How this Decision Affects Your Eligibility

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

Your child's enrollment in a Child Health Plus plan was effective May 1, 2017.

Your child is eligible for a Child Health Plus plan for a cost of $30.00 per month, effective 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.

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

- By fax: 1-855-900-5557

Summary

The January 22, 2017, eligibility determination notice stating your child was eligible for Child Health Plus at full price, effective March 1, 2017 is AFFIRMED.

The May 3, 2017, enrollment confirmation notice stating that your child's enrollment in her Child Health Plus plan was effective May 1, 2017, is AFFIRMED.

The May 3, 2017, eligibility determination notice stating your child was eligible for Child Health Plus for a cost of $30.00 per month, effective June 1, 2017, was proper and is AFFIRMED.

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

Your child's enrollment in a Child Health Plus plan was effective May 1, 2017.

Your child is eligible for a Child Health Plus plan for a cost of $30.00 per month, effective June 1, 2017.

Legal Authority

We are issuing this determination in accordance with 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).

A Copy of this Decision Has Been Provided To:

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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 مجانًا.

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 महत्त्वपूर्ण 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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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