



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

Notice of Decision

Decision Date: November 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018649



On October 5, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 29, 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 NY State of Health 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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Decision Date: November 10, 2017

NY State of Health Account ID: [REDACTED]
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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 properly determine that your youngest child was were ineligible for Child Health Plus plan, effective May 1, 2017, and your oldest child was ineligible for Child Health Plus, effective August 1, 2017?

Procedural History

On December 20, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating that your children were eligible to enroll in Child Health Plus (CHP) with a \$9.00 monthly premium each, effective February 1, 2017

Also on December 20, 2016, NYSOH issued an enrollment notice, based on your plan selection on December 19, 2016, stating that your children were enrolled in a CHP plan, with an \$18.00 total monthly premium and that this enrollment in the plan would start February 1, 2017.

On April 22, 2017, NYSOH systematically re-ran your youngest child's eligibility.

On April 29, 2017, NYSOH issued an eligibility determination notice, based on the April 22, 2017 update, that stated, your youngest child was eligible to purchase a qualified health plan at full cost through NYSOH, effective May 1, 2017. That notice also stated that your child was not eligible for CHP because state data sources show that your child was eligible to enrolled in coverage through the New York State Insurance Program (NYSHIP), and that children with

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state health benefits are not eligible for CHP and can only enroll in a full pay qualified health plan through NYSOH. That notice also stated that your oldest child was eligible for CHP at a monthly premium of \$0.00, effective June 1, 2017.

Also on April 29, 2017, NYSOH issued a disenrollment notice stating your youngest child's CHP coverage would end on April 30, 2017, because NYSOH records show that she had coverage in NYSHIP.

On May 3, 2017, you contacted NYSOH's Account Review Unit and requested an appeal insofar as your youngest child was no longer eligible to enroll in CHP.

On May 10, 2017, NYSOH granted your request for aid-to-continue for a limited time pending the outcome of the appeal for your youngest child and she was re-enrolled in her CHP plan at a \$9.00 monthly premium, effective May 1, 2017.

On June 19, 2017, NYSOH systematically re-ran your oldest child's eligibility. At that time, a preliminary eligibility determination was prepared finding your oldest child was not eligible to receive help paying for his health insurance coverage. However, he could purchase a qualified health plan through NYSOH at full cost.

On June 20, 2017, NYSOH issued a disenrollment notice stating your oldest child's CHP coverage would end on July 31, 2017. This was because he was no longer eligible to enroll in that plan.

On July 6, 2017, you spoke with NYSOH's Account Review Unit and requested to amend your appeal to include your oldest child's ineligibility for CHP.

On July 16, 2017, NYSOH granted your request for aid-to-continue for a limited time pending the outcome of the appeal for your oldest child and he was re-enrolled in his CHP plan at a \$0.00 monthly premium, effective August 1, 2017.

On August 14, 2017, you had a scheduled telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The Hearing Officer was unable to reach you at that time and your appeal was dismissed for failure to appear for the scheduled hearing. You submitted a request to vacate the dismissal for good cause. Your request was granted and a new hearing was scheduled for October 5, 2017. On October 5, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open until October 20, 2017 for you to submit supporting documentation.

On October 18, 2017, NYSOH Appeals Unit received via secure facsimile your two-page document titled "Civil Service Employees Association 2017 Employee Health Insurance Rates, effective January 1, 2017". This document has been made part of the record as Appellant's Exhibit # 1. The record was closed at that time.

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Findings of Fact

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

- 1) You testified that you are appealing both your children's eligibility for CHP.
- 2) According to your NYSOH account, both your children were enrolled in a CHP plan effective February 1, 2017.
- 3) On April 28, 2017, your youngest child's eligibility was systematically redetermined and NYSOH found her ineligible for CHP, because state data sources showed that she was eligible to enroll in coverage through NYSHIP.
- 4) Your youngest child was disenrolled from her CHP plan through NYSOH, effective April 30, 2017.
- 5) On June 19, 2017, your family's eligibility was systematically redetermined and NYSOH found that your oldest child was ineligible for CHP, because state data sources showed that he was eligible to enroll in coverage through NYSHIP.
- 6) Your oldest child was disenrolled from his CHP plan through NYSOH, effective July 31, 2017.
- 7) According to your NYSOH account, both children were granted aid-to-continue and they were re-enrolled in their CHP plans with no gaps in coverage.
- 8) You testified that you are employed at [REDACTED] and that you obtain your own health insurance through that employer.
- 9) You testified that you are also employed at [REDACTED].
- 10) You testified that you are eligible for enrollment in health insurance through NYSHIP because of your employment at the [REDACTED].
- 11) You testified that you elected not to insure your children through NYSHIP because it would be about \$200.00 more a month than it would with the children enrolled in CHP through NYSOH.
- 12) You are seeking to have both your children found eligible to enroll in CHP through NYSOH.

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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 Child Health Plus 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 Public Health Law § 2511(2)(a)(iii)).

To be eligible for Child Health Plus, 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)).

Additionally, to be eligible for Child Health Plus, the child may not be a member of a family that is eligible for health benefits coverage under a State health plan on the basis of a family member's employment with a public agency of the state (NY-CSPA-19 at pg. 4-2, approved April 30, 2012 and effective November 11, 2011).

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 Child Health Plus premiums are not timely paid or the child no longer resides in New York State, gains access to or obtains other health insurance coverage including the New York State Health Insurance Program (NYSHIP), or becomes eligible for Medicaid (NY Public Health Law § 2510(6), NY-CSPA-19 at pg. 4-2, approved April 30, 2012 and effective November 11, 2011).

Legal Analysis

The issue under review is whether NYSOH properly determined that your youngest child was ineligible for CHP, effective May 1, 2017, and your older child was ineligible for CHP, effective August 1, 2017.

According to your NYSOH account and your testimony, on December 19, 2016, your children were determined eligible for CHP and were enrolled in a CHP plan with an \$18.00 total monthly premium, effective February 1, 2017.

On April 22, 2017, NYSOH re-ran your youngest child's eligibility based on a system update. The eligibility determination notice issued by NYSOH on April 29, 2017 indicated your child was no longer eligible for CHP, because state data sources showed that the child was eligible to be enrolled in coverage through NYSHIP. As a result, your youngest child's CHP coverage was terminated, effective April 30, 2017.

Similarly, on June 19, 2017, NYSOH re-ran your oldest child's eligibility based on a system update. The preliminary eligibility determination prepared by NYSOH at that time indicated your child was no longer eligible to receive help paying for his health insurance coverage. However, he could purchase a qualified health plan through NYSOH at full cost, effective August 1, 2017. The record does not reflect that an eligibility determination notice was issued based on this June 19, 2017 system update. However, on June 20, 2017, a disenrollment notice was issued stating that your child's coverage in his CHP plan would end effective July 31, 2017, because he was no longer eligible to enroll in that plan.

Pursuant to the above cited rules and regulations, a child whose parent or guardian is a public employee of the State or a public agency with access to NYSHIP coverage which the State or public agency pays all or part of the cost of the family health insurance coverage, will not be eligible to enroll in CHP.

You testified that you work for [REDACTED] and that you obtain your own health insurance through that employer. You testified that you are also employed at [REDACTED] and that you are eligible for enrollment in health insurance through NYSHIP because of this employment at [REDACTED]. You testified that you elected not to insure your children through NYSHIP because it would be about \$200.00 more a month than it would with the children enrolled in CHP through NYSOH.

In order to be eligible for CHP, a child must not have other insurance coverage or be a member of a family that is eligible for health benefits coverage under a State health plan on the basis of a family member's employment with a public agency of the state.

In the present instance, the record reflects that your children are eligible for health benefits coverage under a State health plan on the basis of your employment with a public agency of the state.

Therefore, NYSOH properly found that your children are ineligible for CHP because they are eligible for health benefit coverage because of your employment with a State public agency such that the April 29, 2017 eligibility determination notice is correct and must be AFFIRMED. The April 29, 2017 and June 20, 2017 disenrollment notices are correct and are AFFIRMED.

Decision

The April 29, 2017 eligibility determination notice is correct and is AFFIRMED.

The April 29, 2017 and June 20, 2017 disenrollment notices are correct and are AFFIRMED.

Effective Date of this Decision: November 10, 2017

How this Decision Affects Your Eligibility

Your children are ineligible for CHP through NYSOH.

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:

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).

- 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 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 April 29, 2017 eligibility determination notice is correct and is AFFIRMED.

The April 29, 2017 and June 20, 2017 disenrollment notices are correct and are AFFIRMED.

Your children are ineligible for CHP through NYSOH.

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:



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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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. y&b&tumi ama wo obi a okyer& 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.

שׂוֹדֵשׁ (Yiddish)

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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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