



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

Notice of Decision

Decision Date: October 24, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019233

[REDACTED]

Dear [REDACTED],

On September 7, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 29, 2017 eligibility determination and disenrollment 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 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: October 24, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019233

[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 youngest child's eligibility for and enrollment in Child Health Plus ended, effective April 30, 2017?

Procedural History

On August 6, 2016, NYSOH issued an eligibility determination notice stating your youngest child was eligible for Child Health Plus with a \$9.00 monthly premium, effective September 1, 2016.

Also on August 6, 2016, NYSOH issued an enrollment notice, confirming your children, including your youngest child, were enrolled in a Child Health Plus plan since September 1, 2014.

On April 29, 2017, NYSOH issued an eligibility determination notice, based on an April 22, 2017 systematic eligibility redetermination, stating your youngest child was newly eligible to purchase a qualified health plan at full cost through NYSOH, effective May 1, 2017. The notice indicated that your child was no longer eligible for Child Health Plus, because state data sources showed that your child was enrolled in coverage through the New York State Insurance Program (NYSHIP). The notice further stated that children with state health benefits are not eligible for Child Health Plus and can only enroll in a full pay qualified health plan through NYSOH.

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Also on April 29, 2017, NYSOH issued a disenrollment notice stating your youngest child's Child Health Plus coverage would end on April 30, 2017, because he was no longer eligible to enroll in the plan.

NYSOH received an updated application for health insurance submitted on behalf of your child on May 1, 2017.

On May 5, 2017, NYSOH issued an eligibility determination notice stating your youngest child was eligible to purchase a qualified health plan at full cost through NYSOH, effective June 1, 2017. The notice indicated that your child was no longer eligible for Child Health Plus because state data sources showed that your child was enrolled in coverage through NYSHIP.

On May 24, 2017, NYSOH received another updated application for health insurance submitted on behalf of your youngest child. That day a preliminary eligibility determination was prepared finding your youngest child eligible to purchase a qualified health plan at full cost through NYSOH, effective June 1, 2017.

Also, on May 24, 2017, you contacted NYSOH's Account Review Unit and requested an appeal insofar as your youngest child was no longer eligible to enroll in Child Health Plus.

On May 25, 2017, NYSOH issued an eligibility determination notice stating your youngest child was eligible to purchase a qualified health plan at full cost through NYSOH, effective June 1, 2017. The notice indicated that your child was no longer eligible for Child Health Plus because state data sources showed that your child was enrolled in coverage through NYSHIP.

On September 7, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was held open until September 28, 2017 for you to submit supporting documentation. No documentation was received by the deadline and the record closed thereafter.

Findings of Fact

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

- 1) Your three children, including your youngest child, were enrolled in a Child Health Plus plan, effective September 1, 2014.
- 2) On April 22, 2017, your youngest child's eligibility was systematically redetermined and NYSOH found him ineligible for Child Health Plus, purportedly because state data sources showed that he was enrolled in coverage through NYSHIP.

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- 3) Your youngest child was disenrolled from his Child Health Plus plan through NYSOH, effective April 30, 2017.
- 4) Two updated applications for health insurance were submitted on behalf of your youngest child in May 2017 and he was similarly determined ineligible for Child Health Plus on the grounds that he was enrolled in coverage through NYSHIP.
- 5) You testified that you do not work for the State of New York and you are not eligible for NYSHIP coverage.
- 6) You testified that you have sole custody of your youngest child. You testified that neither you nor your child have had any contact with your child's father in three years. You testified that you do not know where your child's father works and you do not know if he is eligible for NYSHIP coverage.
- 7) You testified that you contacted NYSHIP in an effort to obtain information about your child's purported eligibility for coverage or a written letter indicating that your child did not have coverage, but you were advised that no information could be released to you, because you were not a subscriber.
- 8) You are seeking eligibility for your child to reenroll in Child Health Plus.
- 9) Your child was granted aid to continue in his Child Health Plus plan, effective June 1, 2017, pending the decision in his appeal.

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 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).

NY PHL § 2511(2) provides eligibility rules for Child Health Plus, including:

1. Child must have a household income at or below four hundred percent of the Federal Poverty Line; and
2. Child must not be eligible for Medicaid; and

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3. Child must not be enrolled in other health care coverage; and
4. Child must be a resident of New York state.

Additionally, the Child Health Plus Model Contract, Appendix C., Section 4.5 provides that a child whose parent or guardian is a public employee of the State or a public agency with access to NYSHIP coverage, for 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 Child Health Plus.

Legal Analysis

The issue is whether NYSOH properly determined your youngest child's eligibility for and enrollment in Child Health Plus ended, effective April 30, 2017.

Your account confirms your youngest child was enrolled in a Child Health Plus plan, effective September 1, 2014. On April 22, 2017, your youngest child's eligibility was systematically redetermined. The eligibility determination notice issued by NYSOH on April 29, 2017 indicated your child was no longer eligible for Child Health Plus, because state data sources showed that the child was enrolled in coverage through NYSHIP. As a result, your child's Child Health Plus coverage was terminated, effective April 30, 2017.

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 Child Health Plus.

You testified that you have sole custody of your youngest child. You testified that you do not work for the State of New York and you are not eligible for NYSHIP coverage. Furthermore, you testified that neither you nor your child have had any contact with your child's father in three years and you have no information as to where your child's father works and/or whether he is eligible for NYSHIP coverage. Moreover, there is nothing in your account identifying the information source purportedly relied upon by NYSOH in determine that your child has access to NYSHIP coverage. Additionally, you testified that you contacted NYSHIP in an effort to obtain information about your child's purported eligibility for coverage or a written letter indicating that your child did not have coverage, but you were advised that no information could be released to you, because you were not a subscriber.

Given your credible testimony, and the lack of any evidence otherwise, it is concluded that there is insufficient evidence to show that your child is eligible for NYSHIP coverage. Furthermore, it is concluded that even if your child was eligible for NYSHIP coverage through his father, he does not have access to any

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such coverage given his estrangement from and complete lack of contact with his father, and the refusal of NYSHIP to provide access to this coverage to you, his only legal guardian. Thus, NYSOH's eligibility determination finding your youngest child ineligible for Child Health Plus on the grounds he is eligible for NYSHIP coverage is not supported by the record.

Therefore, the April 29, 2017 eligibility determination and disenrollment notices, to the extent they state your youngest child is no longer eligible to enroll in Child Health Plus, effective April 30, 2017, are not correct and must be RESCINDED.

In addition, all subsequent eligibility determination notices, to the extent they find your youngest child ineligible for Child Health Plus on the grounds he is eligible for NYSHIP coverage, are similarly RESCINDED.

Your case is RETURNED to NYSOH to reinstate your youngest child in his Child Health Plus plan through NYSOH, effective May 1, 2017.

Decision

The April 29, 2017 eligibility determination and disenrollment notices, to the extent they state your youngest child is no longer eligible to enroll in Child Health Plus, effective April 30, 2017, are not correct and must be RESCINDED.

All subsequent eligibility determination notices, to the extent they find your youngest child ineligible for Child Health Plus on the grounds he is eligible for NYSHIP coverage, are similarly RESCINDED.

Your case is RETURNED to NYSOH to reinstate your youngest child in his Child Health Plus plan, effective May 1, 2017.

Effective Date of this Decision: October 24, 2017

How this Decision Affects Your Eligibility

Your youngest child should not have been disenrolled from his Child Health Plus Plan on April 30, 2017.

Your case is being sent back to NYSOH to reinstate your youngest child in his Child Health Plus plan, effective May 1, 2017.

You will be responsible for premium payments in any month in which your child is enrolled into coverage.

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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

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The April 29, 2017 eligibility determination and disenrollment notices, to the extent they state your youngest child is no longer eligible to enroll in Child Health Plus, effective April 30, 2017, are not correct and must be RESCINDED.

All subsequent eligibility determination notices, to the extent they find your youngest child ineligible for Child Health Plus on the grounds he is eligible for NYSHIP coverage, are similarly RESCINDED.

Your case is RETURNED to NYSOH to reinstate your youngest child in his Child Health Plus plan, effective May 1, 2017.

Your youngest child should not have been disenrolled from his Child Health Plus Plan on April 30, 2017.

You will be responsible for premium payments in any month on which your child is enrolled into coverage.

Legal Authority

We are sending you this notice 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&btumi ama wo obi a okyerε 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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