



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

**Notice of Decision**

Decision Date: December 20, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022574

[REDACTED]

Dear [REDACTED]

On November 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health’s July 24, 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: December 20, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022574



## 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 child was eligible for Child Health Plus, with a \$15.00 monthly premium, effective as of September 1, 2017?

## Procedural History

On June 22, 2016, NYSOH issued an eligibility determination notice stating that your child was eligible for Child Health Plus for a cost of \$15.00 per month, effective August 1, 2016.

On June 3, 2017, NYSOH issued a notice stating that it was time to renew your child's health insurance for the next coverage year. The notice stated that your child was re-enrolled in Child Health Plus, with a \$60.00 monthly premium, effective as of August 1, 2017. The notice stated that if a mistake has been made regarding your child's coverage or what you pay for health insurance, you must update your account between June 16, 2017 and July 15, 2017.

On June 18, 2017, NYSOH issued a plan enrollment notice confirming that your child was enrolled in a Child Health Plus plan with an enrollment start date of August 1, 2017.

On July 23, 2017, your NYSOH account was updated.

On July 24, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible for Child Health Plus, with a monthly premium of \$15.00, effective as of September 1, 2017.

Also on July 24, 2017, NYSOH issued a plan enrollment notice confirming that as of July 23, 2017, your child was enrollment in a Child Health Plus with an enrollment start date of August 1, 2017.

On September 22, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal relative to your child's monthly health insurance premiums as of August 1, 2017.

On November 28, 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 that you are appealing the fact that your child's health insurance was not \$15.00 in the month of August 2017.
- 2) According to your NYSOH account, your child was born on [REDACTED]
- 3) You testified that you received the June 3, 2017 notice from NYSOH instructing you to renew your child's health insurance coverage and eligibility for financial assistance.
- 4) According to your NYSOH account, on July 23, 2017, you submitted an application for financial assistance and attested to an income of \$39,000.00. Based on your attestation, your child was determined eligible for a \$15.00 monthly premium.
- 5) You testified that your child's Fidelis Care account reflects that the monthly premiums were:
  - (a) \$15.00 for August 2017;
  - (b) \$105.00 for September 2017;
  - (c) -\$30.00 for October 2017; and
  - (d) \$15.00 for November 2017.
- 6) You testified that you contacted Fidelis Care and were informed by a representative that your premium should have been \$15.00 for the

month of August 2017; however, during a three-way conference call with NYSOH and Fidelis Care, NYSOH stated that the premium would be \$60.00 for August 2017 and \$15.00 beginning September 2017.

- 7) You testified that you want your child's health insurance premium to be \$15.00, effective August 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

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)).

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)).

### Child Health Plus - Renewal

In general, a child eligible for Child Health Plus must recertify their eligibility for enrollment through NYSOH once every twelve months (42 CFR § 457.343; 42 CFR § 435.916(a)(1), (d)). NYSOH must make its "redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information

accessed through any data bases accessed by the agency” (NY Public Health Law § 2511(2)(f)(ii); 42 CFR § 435.916(a)(2)).

### Child Health Plus - Effective Date

“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(g)).

The State of New York has opted to furnish benefits to eligible individuals by the first day of the month after the application is received if prior to the 15<sup>th</sup> of the month or the first day after the subsequent month, if after the 15<sup>th</sup> of the month (see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

## **Legal Analysis**

The issue under review is whether NYSOH determined that your child was eligible for Child Health Plus with a \$15.00 monthly premium, effective September 1, 2017.

Your child was determined eligible for Child Health Plus and enrolled in a health plan effective August 1, 2016.

NYSOH must determine a qualified child's eligibility for Child Health Plus once every twelve months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. The June 3, 2017 renewal notice stated that your child would be re-enrolled in Child Health Plus with a \$60.00 monthly premium, effective as of August 1, 2017. The notice stated that if a mistake has been made regarding your child's coverage or what you pay for health insurance, you must update your NYSOH account between June 16, 2017 and July 15, 2017.

You testified that you did receive the renewal notice from NYSOH regarding renewing your child's coverage; however, the record reflects that you did not update the account by July 15, 2017.

The record reflects that on July 23, 2017, you submitted an application for financial assistance and updated the income information in your account. Based on that application, your child was determined eligible for Child Health Plus with a \$15.00 premium, effective September 1, 2017.

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).

The date on which a child's eligibility for Child Health Plus can take effect depends on the day the application is submitted. Applications submitted between the first day and fifteenth day of a month goes into effect on the first day of the following month. Applications submitted 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 submitted your child's application on July 23, 2017, the eligibility must be effective on the first day of the second following after July 23, 2017; that is, as of September 1, 2017.

Therefore, the July 24, 2017, eligibility determination notice is AFFIRMED.

## **Decision**

The July 24, 2017, eligibility determination notice is AFFIRMED.

**Effective Date of this Decision:** December 20, 2017

## **How this Decision Affects Your Eligibility**

NYSOH properly determined your child eligible for Child Health Plus with a \$15.00 premium, effective as of September 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 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).

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 July 24, 2017, eligibility determination notice is AFFIRMED.

NYSOH properly determined your child eligible for Child Health Plus with a \$15.00 premium, effective as of September 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:**



## 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)

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).

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 bɛtumi ama wo obi a okyerɛ 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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