



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

Notice of Decision

Decision Date: January 23, 2018

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000023718

[REDACTED]

On January 5, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's October 26, 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 45 Code of Federal Regulation (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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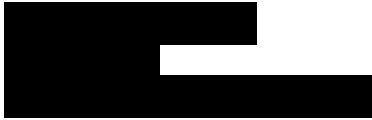


STATE OF NEW YORK
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Decision

Decision Date: January 23, 2018

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000023718



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 children were not eligible to enroll in Child Health Plus (CHP), as of your October 25, 2017 application?

Procedural History

On March 24, 2017, you filed an application for financial assistance with health insurance through NYSOH.

On March 25, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible to enroll in CHP with no monthly premium, effective May 1, 2017. Your children were subsequently enrolled into a CHP plan.

On September 8, 2017, NYSOH redetermined your children's eligibility.

On September 9, 2017, NYSOH issued a notice of eligibility determination stating that your children were newly eligible to enroll in a qualified health plan at full cost, effective October 1, 2017. The notice further stated that your children were not eligible for CHP because they were currently enrolled in, or had access to, coverage through the NY State Health Insurance Program (NYSHIP).

Also on September 9, 2017, NYSOH issued a disenrollment notice, stating that your children were disenrolled from their CHP plan, effective September 30, 2017, because they were no longer eligible to enroll in their plan.

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On October 25, 2017, you updated your NYSOH account. That day, NYSOH prepared a preliminary eligibility determination stating that your children were eligible to enroll in a qualified health plan at full cost, beginning December 1, 2017.

Also on October 25, 2017, you spoke to NYSOH's Account Review Unit and appealed, insofar as your children were not eligible for CHP.

On October 26, 2017, NYSOH issued a notice of eligibility determination, stating that your children were eligible to purchase a full cost qualified health plan through NYSOH, effective December 1, 2017. The notice also stated that your children were not eligible for Medicaid because your household income was above the allowable household income limit. Additionally, they were not eligible to enroll in CHP because they were currently enrolled in, or had access to, coverage through NYSHIP. Finally, the notice stated that your children were not eligible for receive a tax credit or to enroll in the Essential Plan because they were enrolled in, or eligible to enroll in, employer-sponsored health insurance that is affordable and meets minimum value.

On January 5, 2018, 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) Your NYSOH account reflects that your children were enrolled in a CHP plan beginning May 1, 2017.
- 2) Your NYSOH account reflects that, on September 8, 2017, NYSOH redetermined your children's eligibility, and your children were found ineligible for CHP on the basis that they were enrolled in, or had access to, NYSHIP coverage.
- 3) You testified that, in October 2017, your children's coverage was cancelled, and your NYSOH account confirms that your children were disenrolled from their CHP plan, effective September 30, 2017.
- 4) You testified, and your NYSOH account confirms, that you tried to reapply for coverage for your children, and they were found ineligible for CHP.
- 5) You testified you work for [REDACTED], and have been a [REDACTED] employee for a little over one year.

- 6) You testified that your children have access to NYSHIP, but that coverage for them would cost \$400.00 a month, and that this is not affordable for you as a single mother.
- 7) You testified that the \$32,500.00 annual income figure listed in your October 25, 2017 application was correct, and that you will earn approximately \$33,000.00 in 2018.
- 8) You testified that you are looking for your children to be eligible for CHP again.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

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)).

Children who have access to a state health benefits plan such as NYSHIP are not eligible to enroll in CHP (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 properly determined that your children were not eligible to enroll in CHP coverage, as of your October 25, 2017 application.

A child is eligible to enroll in CHP if they meet the non-financial requirements, are not eligible for Medicaid, and have a household income below 400% of the FPL.

One of the non-financial eligibility requirements is that the child must not have access to a state health benefits plan such as NYSHIP. Children who have access to NYSHIP coverage are not eligible to enroll in CHP.

You testified that you work for NY State and that you have access to NYSHIP. However, you testified that the cost of coverage for your children is not affordable, as it would cost \$400.00 per month to insure your children through NYSHIP.

Nevertheless, affordability is not a relevant factor in this analysis, as your children's access to NYSHIP coverage prevents them from being found eligible for CHP, pursuant to NY State policy. Therefore, the NYSOH Appeals Unit is constrained to find that NYSOH's determination that your children were not eligible for CHP was correct.

You testified that your children were previously granted CHP coverage while you were working for [REDACTED], and that you do not understand why they are no longer eligible. Your NYSOH account confirms that your children received CHP coverage from May 1, 2017 through September 30, 2017; however, it is unclear why your children were granted that coverage at that time, as they had access to NYSHIP during that period as well.

Since the October 26, 2017 eligibility determination properly stated that, based on the information you provided, your children were not eligible to enroll in CHP coverage, it was correct and is AFFIRMED.

Decision

The October 26, 2017 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: January 23, 2018

How this Decision Affects Your Eligibility

Your children are not eligible for CHP because they have access to NYSHIP coverage.

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):

You can contact us in any of the following ways:

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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 October 26, 2017 eligibility determination notice is AFFIRMED.

Your children are not eligible for CHP because they have access to NYSHIP coverage.

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&etumi 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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