



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

Notice of Decision

Decision Date: February 5, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024396

[REDACTED]

On January 24, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health’s December 2, 2017 eligibility determination and the December 3, 2017 plan enrollment 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 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).

This page intentionally left blank.



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

Decision

Decision Date: February 5, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024396



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 children's eligibility for and enrollment in Child Health Plus plans with \$30.00 monthly premiums were effective January 1, 2018?

Procedural History

On November 13, 2017, NY State of Health (NYSOH) received your updated application for financial assistance with health insurance. In this application, you indicated that your children needed health insurance coverage through NYSOH.

On November 14, 2017, NYSOH issued an eligibility determination stating that your children were eligible to purchase a qualified health plan at full cost through NYSOH, effective December 1, 2017, because federal and state data sources showed that your children were already enrolled in Medicaid, Child Health Plus or another program.

On November 15, 2017, NYSOH received multiple applications for your children's financial assistance with health insurance. That day, multiple preliminary eligibility determinations were prepared finding your children eligible to purchase a qualified health plan at full cost through NYSOH.

Also on November 15, 2017, you spoke to NYSOH's Account Review Unit and appealed your children's eligibility determinations insofar as they were not found eligible for Child Health Plus through NYSOH.

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).

On November 16, 2017, NYSOH issued an eligibility determination notice, based on your November 15, 2017 application, stating that your children were eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2018, because federal and state data sources showed that your children were already enrolled in Medicaid, Child Health Plus or another program.

On December 2, 2017, NYSOH issued an eligibility determination notice, based on a system run application from December 1, 2017, stating that your children were eligible to enroll in Child Health Plus plans with \$30.00 monthly premiums, effective January 1, 2018.

On December 3, 2017, NYSOH issued a plan enrollment notice, based on your December 2, 2017 plan selection, confirming your children's enrollment in their Child Health Plus plans with \$30.00 monthly premiums, effective January 1, 2018.

On December 15, 2017, in preparation for the telephone hearing, you uploaded a five-page document to your NYSOH account; which included a letter from your children's former Child Health Plus plan stating that your children's coverage terminated effective October 31, 2017.

On January 24, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you requested to amend the appeal to include the enrollment start date of your children's Child Health Plus plan, as it was January 1, 2018 and not November 1, 2017. The Hearing Officer granted this requested and testimony was received. 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 your children's Child Health Plus plan enrollment start dates.
- 2) The record indicates that you submitted an application on November 13, 2017. This application indicated that your children needed health insurance through NYSOH.
- 3) According to your NYSOH account, your household income listed on the November 13, 2017 application was \$76,272.00 consisting of \$25,200.00 you receive from Social Security benefits and \$51,072.00 your spouse earns in income from her employment.

- 4) The record indicates that your children were found eligible to purchase a qualified health plan at full cost through NYSOH, effective December 1, 2017, because they were enrolled into Child Health Plus outside of NYSOH.
- 5) You testified that prior to November 2017, your children did not need health insurance through NYSOH because they always had coverage through their Child Health Plus provider outside of NYSOH.
- 6) You testified, and provided documentation to show, that your children had health insurance coverage through Child Health Plus outside of NYSOH until October 31, 2017 ([REDACTED]).
- 7) According to your NYSOH account, a system generated application was submitted on December 1, 2017, and your children were found eligible to enroll in Child Health Plus plans with \$30.00 monthly premiums, effective January 1, 2017.
- 8) According to your NYSOH account and your testimony, you enrolled your child into a Child Health Plus plan on December 2, 2017, with an January 1, 2018 enrollment start date.
- 9) You testified that you need your child's Child Health Plus plan to begin on November 1, 2017 so that your children do not have a gap in coverage. You testified that your one child also has unpaid medical bills from the month of December 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

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)).

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).

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).

The State of New York has provided that a child's period of eligibility for CHP 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).

Legal Analysis

The issue under review is whether NYSOH properly determined that your children's eligibility for and enrollment in their Child Health Plus plans with \$30.00 monthly premiums were effective January 1, 2018.

The record reflects that on November 13, 2017, NYSOH received your updated application for financial assistance with health insurance. This application indicated that your children needed health insurance through NYSOH.

Subsequently, on November 14, 2017, NYSOH issued an eligibility determination notice stating that your children were eligible to purchase qualified health plans at full cost through NYSOH because federal and state data sources showed that your children were enrolled in Child Health Plus outside of NYSOH.

For a child to be eligible for Child Health Plus through NYSOH, one of the requirements is that the child must not have other health insurance coverage outside of NYSOH. When NYSOH determines that a child has active coverage in a health insurance plan outside of NYSOH, he or she will not be eligible to enroll in a Child Health Plus plan.

The record indicates that, on December 1, 2017, an application was submitted on your behalf through your NYSOH account. On December 2, 2017, NYSOH issued an eligibility determination notice stating that your children were found eligible to enroll in Child Health Plus plans with \$30.00 monthly premiums, effective January 1, 2018. This notice further directed you to select plans for your children's enrollment.

The record reflects that on December 2, 2017, you selected Child Health Plus plans for your children's enrollment.

Generally, 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.

However, as noted above, your children were found ineligible for Child Health Plus through NYSOH due to there being information on your account indicating that they were actively enrolled in a Child Health Plus plan outside of NYSOH. You testified and submitted documentation to show that your children's Child Health Plus plan outside of NYSOH terminated effective October 31, 2017.

Therefore, the credible evidence of record reflects that the system showing your children had coverage outside NYSOH was in error. Had this misinformation not been reflected in your NYSOH account, your children would have been found eligible for Child Health Plus plans through NYSOH on November 13, 2017, the date of your first application.

Had you been able to select Child Health Plus plans for your children on November 13, 2017, their coverage would have started the first day of the first month following November 2017; that is, on December 1, 2017.

Therefore, the December 2, 2017 eligibility determination notice is MODIFIED to state that, effective December 1, 2017, your children are eligible to enroll in Child

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).

Health Plus plans with \$30.00 monthly premiums each. Similarly, the December 3, 2017 plan enrollment notice is MODIFIED to state that your children's enrollment in their Child Health Plus plans are effective December 1, 2017.

Your case is RETURNED to NYSOH to effectuate your children's coverage in their Child Health Plus plans with \$30.00 monthly premiums each as of December 1, 2017, and to notify you accordingly.

Decision

The December 2, 2017 eligibility determination notice is MODIFIED to state that, effective December 1, 2017, your children are eligible to enroll in Child Health Plus plans with \$30.00 monthly premiums each.

The December 3, 2017 plan enrollment notice is MODIFIED to state that your children's enrollment in their Child Health Plus plans are effective December 1, 2017.

Your case is RETURNED to NYSOH to effectuate your children's coverage in their Child Health Plus plans with \$30.00 monthly premiums each as of December 1, 2017, and to notify you accordingly.

Effective Date of this Decision: February 5, 2018

How this Decision Affects Your Eligibility

Your children's eligibility for and enrollment in their Child Health Plus plans should have been effective as of December 1, 2017.

Your case is being sent back to NYSOH to effectuate your children's coverage in their Child Health Plus plans as of December 1, 2017. NYSOH will notify you once this has been done.

You will be responsible for any premiums for the months that your children are enrolled into 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:

- 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

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).

Summary

The December 2, 2017 eligibility determination notice is MODIFIED to state that, effective December 1, 2017, your children are eligible to enroll in Child Health Plus plans with \$30.00 monthly premiums each.

The December 3, 2017 plan enrollment notice is MODIFIED to state that your children's enrollment in their Child Health Plus plans are effective December 1, 2017.

Your case is RETURNED to NYSOH to effectuate your children's coverage in their Child Health Plus plans with \$30.00 monthly premiums each as of December 1, 2017, and to notify you accordingly.

Your children's eligibility for and enrollment in their Child Health Plus plans should have been effective as of December 1, 2017.

Your case is being sent back to NYSOH to effectuate your children's coverage in their Child Health Plus plans as of December 1, 2017. NYSOH will notify you once this has been done.

You will be responsible for any premium payments for the months that your children are enrolled into coverage.

Legal Authority

We are issuing this determination 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।

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).

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.

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).