



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

Notice of Decision

Decision Date: March 23, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026067

[REDACTED]

Dear [REDACTED],

On February 22, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's September 14, 2017 eligibility determination and 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 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: March 23, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026067

[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 children's eligibility for Child Health Plus (CHP) and enrollment in their CHP plan was effective, no earlier than October 1, 2017?

Procedural History

According to your NYSOH account, your children's eligibility for health insurance was pending submission of your proof of income. On August 7, 2017, pursuant to NYSOH's request, you submitted copies of your two bi-weekly paystubs, dated July 7, 2017 and July 21, 2017, along with a copy of your oldest child's four weekly paystubs, dated June 30, 2017 to July 28, 2017 (see Documents [REDACTED] and [REDACTED]). NYSOH validated these documents that same day.

On August 9, 2017, NYSOH issued an eligibility determination notice stating that you were found eligible for the Essential Plan, and your children were newly eligible to purchase a qualified health plan at full cost, effective September 1, 2017. This was because your children were eligible for the New York State Health Insurance Program (NYSHIP). The notice further stated that your children were not eligible for Medicaid because their household income was over the allowable limit for that program.

On September 14, 2017, NYSOH issued an eligibility determination notice, based on your September 13, 2017 updated application, stating that you were eligible

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for the Essential Plan, and your children were eligible for CHP for a limited time with no monthly premium, effective October 1, 2017.

Also on September 14, 2017, a plan enrollment notice was issued confirming your children's enrollment in a CHP plan, effective October 1, 2017.

On December 19, 2017, you spoke to NYSOH's Account Review Unit and appealed your children's CHP effective date insofar as it began on October 1, 2017, and not as of September 1, 2017.

On February 22, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing the record closed at the end of the hearing.

Findings of Fact

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

- 1) According to your NYSOH account and testimony, you were found eligible for the Essential Plan based on your income information and your children were found eligible to enroll in qualified health plan at full cost as of September 1, 2017, because you told NYSOH that your children are currently enrolled or have access to coverage through NYSHIP.
- 2) You testified that neither you, nor your children's father ever worked for New York State or for a public agency.
- 3) You testified, and submitted documentation, that shows that your children were not enrolled in nor eligible for NYSHIP at the time of your July 27, 2017 application. You work for [REDACTED] and your oldest child works for [REDACTED] (see Documents [REDACTED] and [REDACTED]).
- 4) You testified that the children's father works [REDACTED]. According to your NYSOH account, he is not listed as a member of your household.
- 5) You are seeking health insurance for your children for the month of September 2017.
- 6) According to two incident reports, # [REDACTED] and # [REDACTED], the navigator who submitted your application called NYSOH to advise them that there was an error on your account showing that your children were eligible for NYSHIP.

- 7) According to your NYSOH account and testimony, you updated your children's eligibility for financial assistance through NYSOH on September 13, 2017 through NYSOH, and selected a CHP plan that day.
- 8) You testified that you are seeking CHP coverage for your children for the month of September 2017, because you have medical expenses for that month.

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

To be eligible for CHP, 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, the CHP 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 CHP.

The State of New York has provided that a child's period of eligibility for Child Health Plus 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 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 for CHP as of September 1, 2017. In order for a child to enroll in CHP, they must meet certain eligibility criteria. One of those criteria is that the child cannot be eligible for other health insurance coverage for which the State or a public agency pays all or part of the family health insurance coverage.

On August 8, 2017, NYSOH redetermined your household's eligibility for financial assistance with health insurance. On August 9, 2017, NYSOH issued an eligibility determination notice stating that your children were newly eligible to purchase a qualified health plan at full cost, effective September 1, 2017. This was because your children were eligible for NYSHIP.

When NYSOH determines that a child has active coverage in or access to NYSHIP, that child is not eligible to enroll or remain enrolled in a CHP plan.

However, you provided documentation to show, and credibly testified, that neither you nor your children's father are employed by New York State or a public agency and that your children are not eligible to enroll in or have access to NYSHIP.

Therefore, it is reasonable to conclude that the information that NYSOH relied upon in finding your children eligible to purchase a qualified health plan at full cost because they were enrolled in or had access to NYSHIP, was incorrect.

Since the August 9, 2017 eligibility determination notice improperly stated that, your children were not eligible for financial assistance through NYSOH because they are eligible for or enrolled in NYSHIP, it is incorrect and is **RESCINDED** insofar as it states that your children are eligible to enroll in a full price qualified health plan through NYSOH because they are eligible to enroll in NYSHIP.

You updated your children's eligibility for financial assistance through NYSOH on September 13, 2017 through NYSOH, and selected a CHP plan that day. Therefore, we must assume that this is the information that would have been used had they been found properly found eligible for CHP as of August 8, 2017.

As such, the September 14, 2017 eligibility redetermination notice is **MODIFIED** to state that, effective September 1, 2017, your children are eligible to enroll in CHP with no monthly premium.

Likewise, the September 14, 2017 plan enrollment notice is **MODIFIED** to state that your children's enrollment in their CHP plan is effective September 1, 2017.

Your case is RETURNED to NYSOH to effectuate your children's coverage in their CHP plan as of September 1, 2017.

Decision

The August 9, 2017 eligibility determination notice is RESCINDED insofar as it states that your children are eligible to enroll in a full price qualified health plan through NYSOH because they are eligible to enroll in NYSHIP.

The September 14, 2017 eligibility redetermination notice is MODIFIED to state that, effective September 1, 2017, your children are eligible to enroll in CHP with no monthly premium.

The September 14, 2017 plan enrollment notice is MODIFIED to state that your children's enrollment in their CHP plan is effective September 1, 2017.

Your case is RETURNED to NYSOH to effectuate your children's coverage in their CHP plan as of September 1, 2017, and to notify you accordingly.

Effective Date of this Decision: March 23, 2018

How this Decision Affects Your Eligibility

NYSOH improperly found your children ineligible for financial assistance based on incorrect information that they were enrolled in or had access to NYSHIP as of August 8, 2017.

Your children's eligibility for and enrollment in their CHP plan should have been effective as of September 1, 2017.

Your case is being sent back to NYSOH to effectuate your children's coverage in their CHP plan as of September 1, 2017. NYSOH will notify you once this has been completed.

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):

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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

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Summary

The August 9, 2017 eligibility determination notice is RESCINDED insofar as it states that your children are eligible to enroll in a full price qualified health plan through NYSOH because they are eligible to enroll in NYSHIP.

The September 14, 2017 eligibility redetermination notice is MODIFIED to state that, effective September 1, 2017, your children are eligible to enroll in CHP with no monthly premium.

The September 14, 2017 plan enrollment notice is MODIFIED to state that your children's enrollment in their CHP plan is effective September 1, 2017.

Your case is RETURNED to NYSOH to effectuate your children's coverage in their CHP plan as of September 1, 2017, and to notify you accordingly.

NYSOH improperly found your children ineligible for financial assistance based on incorrect information that they were enrolled in or had access to NYSHIP as of August 8, 2017.

Your children's eligibility for and enrollment in their CHP plan should have been effective as of September 1, 2017.

Your case is being sent back to NYSOH to effectuate your children's coverage in their CHP plan as of September 1, 2017. NYSOH will notify you once this has been completed.

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।

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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 b&etumi 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.

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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