



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

### Notice of Decision

Decision Date: April 05, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013078

[REDACTED]

Dear [REDACTED],

On February 21, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health’s October 25, 2016 eligibility redetermination 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 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.

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: April 05, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013078

[REDACTED]

## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health (NYSOH) properly terminate your child's eligibility for and enrollment in Child Health Plus (CHP) as of October 31, 2016?

## Procedural History

On August 16, 2016, NYSOH issued an eligibility determination notice stating that your child was eligible for CHP effective September 1, 2016. That notice had a city and zip code listing your mailing address at [REDACTED] New York. It was returned to NYSOH as undeliverable mail on September 2, 2016.

Also on August 16, 2016, NYSOH issued an enrollment confirmation notice stating that your child was enrolled in CHP effective September 1, 2016. That notice had a city and zip code listing your mailing address at [REDACTED] New York. It was returned to NYSOH as undeliverable mail on August 31, 2016.

On October 25, 2016, NYSOH issued an eligibility redetermination notice stating that effective October 31, 2016 your child was no longer eligible for health insurance through NYSOH because your notices about your child's eligibility and coverage were returned to NYSOH as undeliverable mail. That notice had a city and zip code listing your mailing address at [REDACTED] New York. It was returned to NYSOH as undeliverable mail on January 5, 2017.

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Also on October 25, 2016, NYSOH issued a disenrollment notice stating that your child's coverage through his CHP plan would end October 31, 2016 because he was no longer eligible to enroll in health insurance through NYSOH. That notice had a city and zip code listing your mailing address at [REDACTED] New York. It was returned to NYSOH as undeliverable mail on January 5, 2017.

On November 4, 2016, NYSOH received your child's updated application for health insurance. That day, a preliminary eligibility redetermination was prepared finding your child eligible for CHP and he was re-enrolled into a CHP plan, both effective December 1, 2016.

Also on November 4, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's CHP plan insofar as he did not have coverage for the month of November 2016.

On November 5, 2016, NYSOH issued an eligibility redetermination and enrollment notices stating respectively that your child was eligible to enroll in CHP and was enrolled in a CHP plan, both effective December 1, 2016.

On February 21, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open until March 8, 2017 for you to submit a letter from your child's health plan reflecting the correct mailing address. As of March 8, 2017, no further documentation was received by NYSOH and the record was closed that day.

## **Findings of Fact**

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

- 1) You testified that you are only appealing your child's disenrollment from his CHP plan for the month of November 2016.
- 2) You testified that you receive all your notices from NYSOH by regular mail.
- 3) You testified that your mailing address has remained the same at all times relevant.
- 4) According to your NYSOH account, your August 16, 2016 notices were returned to NYSOH as undeliverable. A review of the record reflects that an incorrect city and zip code on the notices was the reason.
- 5) You testified that, on August 16, 2016, the application counselor from your child's health plan, as listed on your NYSOH account, was the person who entered the address information in the computer and

verified your new address with you when you renewed your child's application for health insurance.

- 6) According to your NYSOH account, the October 25, 2016 eligibility redetermination and disenrollment notices also listed the same wrong city and zip code and were returned to NYSOH as undeliverable.
- 7) You testified that you became aware that your child had been disenrolled from his CHP plan when, in early November 2016, you brought him to a specialist and were told by the receptionist that he did not have health coverage.
- 8) You testified that, when you became aware that your child had been disenrolled, you contacted NYSOH to re-enroll him.
- 9) According to your NYSOH account, on November 4, 2016, NYSOH received your updated application and CHP plan selection for your child.

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)).

The "period of eligibility" for CHP 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

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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)).

“A State must specify a method for determining the effective date of eligibility for CHP, which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between CHP and other insurance affordability programs as family circumstances change and avoids gaps or overlaps in coverage,” (42 CFR § 457.340(f); 42 CFR §457.343).

### State Residency Requirement

To be eligible for enrollment in a CHP plan through the New York State of Health, an applicant must be a resident of New York State (NY Public Health Law § 2510(6)).

## **Legal Analysis**

The issue under review is whether NYSOH provided your child’s eligibility for and enrollment in CHP was properly terminated as of October 31, 2016.

Your child was originally found eligible for CHP and enrolled effective September 1, 2016.

According to your NYSOH account, your August 16, 2016 eligibility and enrollment notices were returned to NYSOH as undeliverable mail. A review of the record reflects that an incorrect city and zip code on the notices is the culprit.

You credibly testified that the application counselor from your child’s health plan verified your new address and entered it in the computer on your child’s behalf, when you updated your child’s application on renewal in August 2016.

Your child was subsequently disenrolled under the returned mail rule on the basis that your child did not meet the state residency requirement. As such, on October 25, 2016, NYSOH issued eligibility redetermination and disenrollment notices stating respectively that your child was no longer eligible to enroll in CHP and his coverage in his CHP plan would end effective October 31, 2016.

However, these notices were also returned as undeliverable since they, too had an incorrect city and zip code listed on them. You testified that you did not find out that your child was disenrolled until you brought him to visit his doctor in early November 2016 and that you updated your child’s account as soon as you found out that he had no coverage.

Since it is reasonable to conclude that the application counselor entered the address information incorrectly upon your child's renewal in August 2016 and that NYSOH mail directed to you was returned as undeliverable through no fault of your own, it is also reasonable to conclude that your child's disenrollment from his CHP plan was because of this error.

Therefore, the October 25, 2016 eligibility redetermination and disenrollment notices must be RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child into his CHP plan for the month of November 2016, and to notify you accordingly.

## **Decision**

The October 25, 2016 eligibility redetermination and disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child into his CHP plan for the month of November 2016, and to notify you accordingly.

**Effective Date of this Decision:** April 05, 2017

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

Your child should not have been terminated from his CHP plan as of October 31, 2016 because, through no fault of your own, an application counselor entered the incorrect city and zip code on your NYSOH account upon renewal in August 2016.

Your case is being sent back to NYSOH to reinstate your child into his CHP for the month of November 2016. NYSOH will notify you once this has been completed.

If applicable, you will be responsible for any premiums due for coverage to resume that month.

## **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  
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## **Summary**

The October 25, 2016 eligibility redetermination and disenrollment notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your child into his CHP plan for the month of November 2016, and to notify you accordingly.

Your child should not have been terminated from his CHP plan as of October 31, 2016 because, through no fault of your own, an application counselor entered the incorrect city and zip code on your NYSOH account upon renewal in August 2016.

Your case is being sent back to NYSOH to reinstate your child into his CHP for the month of November 2016. NYSOH will notify you once this has been completed.

If applicable, you will be responsible for any premiums due for coverage to resume that month.

## **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&etumi ama wo obi a okyerE 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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