



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

Notice of Decision

Decision Date: July 24, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000015010

[REDACTED]

Dear [REDACTED],

On June 19, 2107, you appeared by telephone at a hearing on your appeal of NY State of Health's October 17, 2016 eligibility determination notice and October 17, 2016 disenrollment 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: July 24, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000015010

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) provide you proper and adequate notice that your child's eligibility for and enrollment in Child Health Plus terminated as of October 31, 2016?

Procedural History

On September 27, 2015, NYSOH issued a notice of eligibility determination, based on your September 26, 2015 application, stating that your child was eligible for Child Health Plus effective November 1, 2015. Your child was subsequently enrolled in a Child Health Plus plan.

On September 2, 2016, NYSOH issued a notice that it was time to renew your child's health insurance for 2017. That notice stated that NYSOH did not have enough information from state and federal data sources to determine whether or not your child qualified for financial help paying for [REDACTED] coverage. The notice asked that you update the information in your account by October 15, 2016 or the financial assistance your child was receiving may end.

No updates were made to your account by October 15, 2016.

On October 17, 2016, NYSOH issued an eligibility determination notice stating that effective November 1, 2016 your child was no longer eligible for health insurance through NYSOH because you did not respond to the renewal notice and did not complete the renewal in the required time frame.

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On October 17, 2016, NYSOH issued a disenrollment notice stating that your child's coverage through [REDACTED] Child Health Plus plan would end October 31, 2016 because you did not renew [REDACTED] health insurance coverage.

On October 26, 2016, NYSOH received both October 17, 2017 notices as returned mail.

On December 12, 2016, NYSOH ran your child's updated application for health insurance.

On December 13, 2016, NYSOH issued a notice of eligibility determination, based on your December 7, 2016 application, stating that your child was eligible to enroll in Child Health Plus, effective January 1, 2017.

Also on December 13, 2016, NYSOH issued a notice of enrollment, based on your plan selection on December 12, 2016, stating that your child was enrolled in a Child Health Plus plan and that coverage would start on January 1, 2017.

Also on December 13, 2016, NYSOH issued a notice of eligibility determination stating that your child was denied retroactive Medicaid coverage from October 1, 2016 to November 30, 2016 because the program [REDACTED] was eligible for does not pay for past medical care.

On January 20, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Child Health Plus plan insofar as [REDACTED] did not have coverage for the months of November and December 2016.

On June 19, 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 to allow you time to submit supporting documentation.

On June 29, 2017, NYSOH received a copy of your tax return and the record was closed.

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 her Child Health Plus plan for the months of November and December 2016.
- 2) You testified that you previously received all of your notices from NYSOH by regular mail, and that you moved on October 1, 2016.

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- 3) You testified that you updated your mailing address with NYSOH on September 26, 2016 when you bought your house. Your address was updated from [REDACTED] to [REDACTED].
- 4) You testified that you did not receive a notice in September 2016 by regular mail.
- 5) The September 2, 2016 renewal notice does not indicate that your child's Child Health Plus plan enrollment would be terminated if you failed to respond. The notice does state that your child's financial eligibility may end.
- 6) The October 17, 2017 eligibility determination and disenrollment notices were mailed to your former address and returned to NYSOH as undeliverable.
- 7) You testified that you became aware that your child had been disenrolled from her Child Health Plus plan in November 2016 when you received a bill for your child's surgery.
- 8) You testified that when you became aware that your child had been disenrolled you contacted NYSOH to reenroll [REDACTED].
- 9) The record reflects that you updated your application on December 12, 2016 and reenrolled your child into a Child Health Plus plan.
- 10) On June 29, 2017, NYSOH received a copy of your 2016 tax return, which shows that you and your spouse earned \$72,275.00 in 2016.

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:

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- 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)).

“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,” including for periodic renewals (42 CFR § 457.340(f); 42 CFR §457.343).

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)).

NYSOH is required to provide proper written notice to an applicant of any decision effecting an enrollee's Child Health Plus eligibility (42 CFR § 457.340(e)). When Child Health Plus coverage is denied, suspended or terminated NYSOH must provide sufficient notice to enable the child's parent or caretaker relative to take appropriate actions in order to allow Child Health Plus coverage to continue without interruption (42 CFR § 457.340(e)(1)(D); 42 CFR § 457.1130(a)(3)).

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).

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Legal Analysis

The issue under review is whether NYSOH provided you proper and adequate notice that your child's eligibility for and enrollment in Child Health Plus terminated as of October 31, 2016.

Your child was originally found eligible for Child Health Plus and enrolled effective November 1, 2015.

Generally, NYSOH must redetermine 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. NYSOH's September 2, 2016 renewal notice stated that NYSOH did not have enough information from state and federal data sources to determine whether or not your child qualified for financial help paying for her coverage. The notice asked that you update the information in your account by October 15, 2016 or the financial assistance your child was receiving may end.

No updates were made to your NYSOH account prior to October 15, 2016.

On October 17, 2016 NYSOH issued a disenrollment notice stating that your child's coverage in [REDACTED] Child Health Plus plan would end effective October 31, 2016. According to the eligibility determination issued on October 17, 2016, this was because you did not respond to the renewal notice and did not complete the renewal in the required time frame.

When NYSOH denies, terminates, or suspends a child's Child Health Plus coverage, they are required to provide sufficient notice so that a child's parent is able to take action to prevent a gap in coverage for the child. Notice is considered received five days after the date on the notice. The September 2, 2017 renewal notice does not indicate that your child's Child Health Plus plan enrollment would be terminated if you failed to respond. The first notices that stated that that your child's coverage through her Child Health Plus plan would end were the October 17, 2017 eligibility determination and October 17, 2017 disenrollment notices. However, you credibly testified that you updated your address on September 26, 2016, and the record reflects that both of the October 17, 2016 notices were mailed to your former address. Both notices were returned as undeliverable to NYSOH.

Therefore, NYSOH failed to provide you with sufficient notice that would have allowed you to take action in order to prevent a gap in Child Health Plus coverage for your child for the months of November 2016 and December 2016.

The record indicates that on December 12, 2016 you updated your NYSOH account and submitted an updated application for your child. You testified that you updated the account as soon as you received a bill and realized that your child had been disenrolled from coverage.

When changes are made to an individual's application before the 15th of any month, NYSOH must make the redetermination that results from a change effective the first day of the next month. However, since you did not receive NYSOH's notice terminating your child's Child Health Plus eligibility, you were not aware that you were required to update your account to prevent a gap in coverage.

Therefore, the October 17, 2017 eligibility determination notice and the October 17, 2017 disenrollment notice are **RESCINDED**, and your case is **RETURNED** to NYSOH to reinstate your child into [REDACTED] Child Health Plus plan for the months of November 2016 and December 2016.

Decision

The October 17, 2017 eligibility determination notice is **RESCINDED**.

The October 17, 2017 disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your child into [REDACTED] Child Health Plus plan for the months of November 2016 and December 2016, and to notify you accordingly.

Effective Date of this Decision: July 24, 2017

How this Decision Affects Your Eligibility

Your child should not have been terminated from [REDACTED] Child Health Plus plan on November 1, 2016 because NYSOH failed to issue proper notice.

Your case is being sent back to NYSOH to reinstate your child into [REDACTED] Child Health Plus for the months of November 2016 and December 2016. NYSOH will notify you once this has been completed.

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

If You Disagree with this Decision (Appeal Rights)

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 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 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

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- By fax: 1-855-900-5557

Summary

The October 17, 2017 eligibility determination notice is RESCINDED.

The October 17, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child into [REDACTED] Child Health Plus plan for the months of November 2016 and December 2016, and to notify you accordingly.

Your child should not have been terminated from [REDACTED] Child Health Plus plan on November 1, 2016 because NYSOH failed to issue proper notice.

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

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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