



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

Notice of Decision

Decision Date: June 19, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015465

[REDACTED]

Dear [REDACTED],

On April 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 27, 2017 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 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).

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DEPARTMENT OF HEALTH
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Decision

Decision Date: June 19, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015465

[REDACTED]

Issue

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

Did NYSOH properly determine that your child's eligibility for and enrollment in his Child Health Plus plan ended effective February 1, 2017?

Procedural History

On November 19, 2016, NYSOH issued an enrollment confirmation notice stating that your child remained enrolled in a Child Health Plus plan, effective May 1, 2016.

On November 23, 2016, NYSOH issued an enrollment confirmation notice stating that your child remained enrolled in a Child Health Plus plan, effective May 1, 2016.

On December 1, 2016, NYSOH issued a notice stating that you changed your mailing address to [REDACTED]

On December 13, 2016, NYSOH issued an eligibility determination notice stating that your child was eligible for a Child Health Plus plan, effective January 1, 2017.

Also on December 13, 2016, NYSOH issued an enrollment confirmation notice stating that your child remained enrolled in a Child Health Plus plan, effective May 1, 2016

On January 26, 2017, NYSOH redetermined your child's eligibility.

On January 27, 2017, NYSOH issued a notice stating that your child was not eligible for Medicaid, Child Health Plus, the Essential Plan, advance premium tax credits or to purchase a qualified health plan. The notice stated your child was not qualified to enroll through NY State of Health because, "We sent you NY State of Health information, including notices about your eligibility and coverage, by U.S. mail to the mailing address provided in your account. However, this information was returned to the Marketplace as undeliverable. Please update your mailing address so you can remain eligible for health coverage through NY State of Health." The notice stated that your child was no longer eligible for insurance through NYSOH, effective February 1, 2017.

Also on January 27, 2017, NYSOH issued a disenrollment notice stating that your child's coverage in his Child Health Plus plan was ending effective, January 31, 2017.

On February 3, 2017, you spoke to NYSOH's Account Review Unit and appealed the loss of your child's Child Health Plus plan coverage effective January 31, 2017.

On February 23, 2017, you updated your NYSOH account.

On February 24, 2017, NYSOH issued a notice of eligibility redetermination stating that your child was eligible for Child Health Plus, effective April 1, 2017.

On March 16, 2017, you updated your NYSOH account.

On March 17, 2017, NYSOH issued a notice of eligibility redetermination stating that your child was eligible for Child Health Plus, effective May 1, 2017.

Also on March 17, 2017, NYSOH issued a notice of enrollment confirmation stating that your child was enrolled in a Child Health Plus plan, effective May 1, 2017.

On April 28, 2017, 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) You testified that you are only appealing your child's disenrollment from his Child Health Plan, effective February 1, 2017. You withdrew

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your appeal of you and your spouse's eligibility for the advance premium tax credit.

- 2) You testified, and the record reflects, that you receive your notices from NYSOH by regular mail.
- 3) According to the "Address History" Tab in your NYSOH account, your mailing address was [REDACTED], NY [REDACTED]. This address was to be utilized until November 17, 2016. Thereafter, the mailing address of [REDACTED], [REDACTED], NY [REDACTED] was to be utilized.
- 4) You testified that you moved to [REDACTED], [REDACTED], NY [REDACTED] in May 2016.
- 5) You testified that that in mid-May 2016 you contacted NYSOH and changed your mailing address from [REDACTED], NY [REDACTED], [REDACTED], NY [REDACTED].
- 6) NYSOH records reflect that NYSOH's November 19, 2016 enrollment confirmation notice was returned on December 1, 2016. The envelope stated "Return To Sender Not Deliverable As Addressed. Unable To Forward." The address listed on the notice was [REDACTED] [REDACTED], [REDACTED], NY [REDACTED].
- 7) You testified that you received the November 23, 2016 enrollment confirmation notice from NYSOH at [REDACTED], [REDACTED], NY [REDACTED].
- 8) You testified that you continued to receive notices from NYSOH at [REDACTED], [REDACTED], NY [REDACTED], during December 2016 and January 2017 without issue.
- 9) NYSOH records do not reflect that any other mail was returned as undeliverable.
- 10) You testified that you contacted NYSOH on December 1, 2016 to confirm that NYSOH listed your address as [REDACTED], [REDACTED].
- 11) You testified that in January 2017 you received a notice from NYSOH stating that your child's Child Health Plus plan coverage would be ending effective February 1, 2017 because mail sent by NYSOH was returned as undeliverable.

- 12) You testified that you enrolled your child in a Child Health Plus plan, effective May 1, 2017.
- 13) You testified that you are seeking that your child be enrolled in his Child Health Plus plan effective February 1, 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

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:

- 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 12 months (42 CFR § 457.343; 42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without

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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 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).

Legal Analysis

The issue under review is whether NYSOH properly determined that your child's enrollment in his Child Health Plus plan ended effective February 1, 2017.

NYSOH records reflect that your child was enrolled in a Child Health Plus plan, effective May 1, 2016.

On November 19, 2016, NYSOH issued an enrollment confirmation notice stating that your child remained enrolled in a Child Health Plus plan, effective May 1, 2016.

You testified, and the record reflects, that you receive all your notices from NYSOH by regular mail.

You credibly testified that you moved to [REDACTED], [REDACTED], [REDACTED] in May 2016. You testified that that in mid May 2016 you contacted NYSOH and changed your mailing address from [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED].

According to the "Address History" Tab in your NYSOH account, your mailing address was [REDACTED], [REDACTED], [REDACTED]. This address was to be

utilized until November 17, 2016. Thereafter, the mailing address of [REDACTED], NY [REDACTED] was to be utilized.

NYSOH records reflect that NYSOH's November 19, 2016 enrollment confirmation notice was returned on December 1, 2016. The envelope stated "Return To Sender Not Deliverable As Addressed. Unable To Forward." The address listed on the envelope of the notice was [REDACTED], [REDACTED], NY [REDACTED]. NYSOH records do not reflect that any other mail was returned as undeliverable.

On January 27, 2017, NYSOH issued a notice stating that your child was not eligible for Child Health Plus or qualified to enroll through NY State of Health because NYSOH sent you NY State of Health information, including notices about your eligibility and coverage, by U.S. mail, to the mailing address provided in your account. However, this information was returned to the Marketplace as undeliverable. On that date NYSOH issued a disenrollment notice stating that your child's coverage in his Child Health Plus plan was ending effective, January 31, 2017.

NYSOH records support a finding that you properly updated your address to [REDACTED], [REDACTED], [REDACTED], prior to the issuance of NYSOH's November 19, 2016 enrollment confirmation notice. NYSOH records also reflect that NYSOH properly used the address information in your account and properly issued the November 19, 2016 notice to [REDACTED], [REDACTED], [REDACTED]. For unknown reasons the November 19, 2016 enrollment confirmation notice was returned on December 1, 2016 as undeliverable, resulting in your child's coverage in his Child Health Plus plan ending effective, January 31, 2017. Based on your testimony there were no other issues with the delivery of mailed notices from NYSOH to your address.

As such, there is no evidence that you were responsible for the November 19, 2016 enrollment confirmation notice being returned as undeliverable.

Further, the January 27, 2017 notice improperly cancelled your child's coverage effective February 1, 2017, which did not provide enough time for you to correct any error in your account without a gap in coverage.

Therefore, NYSOH's January 27, 2017 disenrollment notice is RESCINDED and the January 27, 2017 eligibility redetermination notice is MODIFIED to reflect that your child was eligible for continued enrollment in a Child Health Plus plan, effective February 1, 2017.

Decision

The January 27, 2017 eligibility redetermination is MODIFIED to reflect that your child was eligible for continued enrollment in a Child Health Plus plan, effective February 1, 2017.

The January 27, 2017 disenrollment notice is RESCINDED.

Your child's case is being RETURNED to NYSOH to enroll your child in a Child Health Plus plan, effective February 1, 2017, if you so choose.

Effective Date of this Decision: June 19, 2017

How this Decision Affects Your Eligibility

NYSOH incorrectly determined that your child was not eligible for Child Health Plus effective January 31, 2017.

The effective date of your child's Child Health Plus plan is February 1, 2017.

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.

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:

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 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

Summary

The January 27, 2017 eligibility redetermination is MODIFIED to reflect that your child was eligible for continued enrollment in a Child Health Plus plan, effective February 1, 2017.

The January 27, 2017 disenrollment notice is RESCINDED.

The effective date of your child's Child Health Plus plan is February 1, 2017.

Your child's case is being RETURNED to NYSOH to enroll your child in a Child Health Plus plan, effective February 1, 2017, if you so choose.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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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。我们可以为您免费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)

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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।

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&tumi 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.

שׂוּדִישׁ (Yiddish)

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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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