



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

## Notice of Decision

Decision Date: August 23, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017582

[REDACTED]

Dear [REDACTED],

On July 14, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 16, 2017 eligibility determination 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 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: August 23, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017582

[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 child's eligibility for Child Health Plus and enrollment in her Child Health Plus plan should end effective March 1, 2017?

Did NYSOH properly determine that your child was next eligible for Child Health Plus with a \$30.00 monthly premium, effective March 1, 2017?

## Procedural History

On November 30, 2016 and December 9, 2016, NYSOH issued eligibility determination notices, based on your November 29, 2016 and December 8, 2016 updated applications, stating that your child was eligible to enroll in Child Health Plus (CHP) with a \$9.00 monthly premium, effective January 1, 2017. The notices further stated that your child would remain in her plan and pay \$9.00 a month premium until November 30, 2017.

Also on December 9, 2016, NYSOH issued a notice stating that your mailing address had been changed to [REDACTED].

Also on December 9, 2016, NYSOH issued an enrollment notice, based on your plan selection on December 8, 2016, stating that your child was enrolled in a CHP plan, and that this enrollment in the plan started November 1, 2016.

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 February 9, 2017, NYSOH issued an eligibility determination notice stating that your child was no longer eligible to enroll in health coverage through NYSOH because the notices that were sent to you by U.S. mail to the mailing address provided in your account were returned to NYSOH as undeliverable. The notice stated that your child's eligibility would end effective March 1, 2017.

Also on February 9, 2017, NYSOH issued a disenrollment notice stating that your child's CHP health insurance coverage would end February 28, 2017 because she was no longer eligible to enroll in health insurance through NYSOH.

On March 15, 2017, your NYSOH account was updated.

On March 16, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible for CHP, with a monthly premium of \$30.00, effective April 1, 2017.

Also on March 16, 2017, NYSOH issued an enrollment notice confirming that your child was enrolled in a CHP plan with a \$30.00 monthly premium and an enrollment start date of April 1, 2017.

On March 25, 2017, NYSOH issued an enrollment notice confirming that your child was enrolled in a CHP plan with a \$30.00 monthly premium, with an enrollment start date of March 1, 2017.

On March 31, 2017, you spoke to NYSOH's Account Review Unit and appealed the \$30.00 monthly premium level for your child's CHP plan stating it should only be \$9.00 a month.

On July 14, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, Spanish Interpreter [REDACTED] interpreted. 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) According to your NYSOH account and testimony, you are appealing the premium amount of your child's health insurance.
- 2) According to your NYSOH account, you receive all notices from NYSOH via regular mail.
- 3) According to your NYSOH account, the December 9, 2016 eligibility determination notice (English version) and the December 9, 2016

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).

enrollment notice (Spanish version), were sent back to NYSOH as “RETURNED MAIL” on December 21, 2016 (see Documents [REDACTED] and [REDACTED]). These documents were uploaded to your account on February 8, 2017.

- 4) According to your NYSOH account, on February 8, 2017, your mailing address was marked as invalid.
- 5) According to your NYSOH account, on March 15, 2017, you contacted NYSOH and updated your account. At that time, NYSOH determined that your mailing address had been marked invalid in error.
- 6) According to your NYSOH account, due to the error in invalidating your mailing address, your child’s CHP plan start date was changed from April 1, 2017 to March 1, 2017 (see Incident [REDACTED]).
- 7) According to your NYSOH account and your testimony, your child’s CHP premium since March 1, 2017 has been \$30.00 a month.
- 8) You testified that you want your child’s CHP premium to return to \$9.00 a 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) (New York Public Health Law (NY PHL) § 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 PHL § 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

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).

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 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 [PHL] § 2510(6)).

## Legal Analysis

The first issue under review is whether NYSOH properly terminated your child’s CHP coverage effective March 1, 2017.

On November 30, 2016 and December 9, 2016, NYSOH issued eligibility determination notices, based on your November 29, 2016 and December 8, 2016 updated applications, stating that your child was eligible to enroll in CHP with a \$9.00 monthly premium, effective January 1, 2017. The notices further stated that your child would remain in her plan and pay \$9.00 until November 30, 2017.

The December 9, 2016 eligibility determination notice (English version) and the December 9, 2016 enrollment notice (Spanish version), were sent back to NYSOH as “RETURNED MAIL” on December 21, 2016 (see Documents [REDACTED] and [REDACTED]). These documents were uploaded to your account on February 8, 2017. Also on February 8, 2017, your account was automatically updated as mailing address marked invalid.

Generally, children remain eligible for CHP for 12 continuous months unless they become ineligible because they are no longer a state resident or premiums are not timely paid or gains access to or obtains other health insurance coverage, or become eligible for Medicaid. This twelve-month period starts on the effective date of the individual’s eligibility.

On February 9, 2017, NYSOH issued an eligibility determination and disenrollment notices stating that your child was not eligible for health insurance coverage because NYSOH sent you notices about eligibility and coverage by U.S. mail to the mailing address on your account. However, the information was returned as undeliverable. Therefore, your child’s coverage was discontinued as of February 28, 2017, because your mailing address was invalidated.

On March 15, 2017, you contacted NYSOH and updated your account. At that time, NYSOH determined that your mailing address had been marked invalid in error. Due to the error in marking your address as invalid, your child had a gap in CHP coverage for the month of March 2017. The record reflects that due to the error in invalidating your address, by enrollment notice dated March 25, 2017, NYSOH changed the start date of your child’s CHP plan to March 1, 2017 so there was no gap in her CHP coverage. However, the CHP monthly premium remained at \$30.00, effective March 1, 2017.

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).

Since, the February 9, 2017 eligibility determination and disenrollment notices ended your child's CHP coverage before the end of her twelve-month eligibility period and there is no record of any disqualifying events occurring to support her coverage being terminated, those notices are RESCINDED.

The second issue under review is whether NYSOH properly determine that your child was eligible for CHP with a \$30.00 monthly premium, effective March 1, 2017.

As noted in the analysis above, NYSOH improperly terminated your child's CHP coverage due to an error in invalidating your mailing address, effective March 1, 2017. The November 30, 2016 and December 9, 2016 eligibility determination notices stated that your child would remain in her CHP plan and pay \$9.00 until November 30, 2017.

As such, your child should have had continuous coverage in her CHP plan at the monthly premium amount of \$9.00 until November 30, 2017. Your case is RETURNED to NYSOH to reinstate your child's CHP premium to \$9.00 per month as of March 1, 2017 and through November 30, 2017, provided no other disqualifying events occur, and to notify you accordingly.

Your case is also RETURNED to NYSOH to facilitate the possible reimbursement of or credit for the CHP premiums that you paid since March 1, 2017 in excess of \$9.00 per month.

## **Decision**

The February 9, 2017 eligibility determination notice is RESCINDED.

The February 9, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child's CHP premium to \$9.00 per month as of March 1, 2017 and through November 30, 2017, provided no other disqualifying events occur, and to notify you accordingly.

Your case is also RETURNED to NYSOH to facilitate the possible reimbursement of or credit for the CHP premiums that you paid since March 1, 2017, in excess of \$9.00 per month.

**Effective Date of this Decision:** August 23, 2017

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

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 does not change your child's eligibility for CHP.

Your child should have had continuous coverage in her CHP plan at the monthly premium amount of \$9.00 until November 30, 2017, providing none of the disqualifying events occur in the future.

Your case is being sent back to NYSON to reinstate your child's CHP premium to \$9.00 per month as of March 1, 2017. NYSOH will notify once this has been done.

In addition, your case is being sent back to NYSOH to facilitate the possible reimbursement of or credit for the CHP premiums that you paid since March 1, 2017, in excess of \$9.00 per 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.

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 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).



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 February 9, 2017 eligibility determination notice is RESCINDED.

The February 9, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child's CHP premium to \$9.00 per month as of March 1, 2017 and through November 30, 2017, provided no other disqualifying events occur, and to notify you accordingly.

Your case is also RETURNED to NYSOH to facilitate the possible reimbursement of or credit for the CHP premiums that you paid since March 1, 2017, in excess of \$9.00 per month.

This decision does not change your child's eligibility for CHP.

Your child should have had continuous coverage in her CHP plan at the monthly premium amount of \$9.00 until November 30, 2017, providing none of the disqualifying events occur in the future.

Your case is being sent back to NYSON to reinstate your child's CHP premium to \$9.00 per month as of March 1, 2017. NYSOH will notify once this has been done.

In addition, your case is being sent back to NYSOH to facilitate the possible reimbursement of or credit for the CHP premiums that you paid since March 1, 2017, in excess of \$9.00 per 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)

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).

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&btumi 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 דאלמענטשער 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).

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).