



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

Notice of Decision

Decision Date: July 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017895

[REDACTED]

Dear [REDACTED]

On July 24, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 3, 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 § 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
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Decision

Decision Date: July 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017895

[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 youngest child's eligibility for and enrollment in Child Health Plus (CHP) as of March 31, 2017?

Procedural History

On January 6, 2017, NYSOH issued an eligibility determination notice stating that your youngest child (child) was eligible for CHP effective February 1, 2017. That notice was missing your apartment number and was returned to NYSOH as undeliverable mail on January 25, 2017.

Also on January 6, 2017, NYSOH issued a plan enrollment notice stating that your child was enrolled in CHP effective February 1, 2017. That notice was missing your apartment number and was returned to NYSOH as undeliverable mail on January 25, 2017.

On March 3, 2017, NYSOH issued an eligibility determination notice stating that, effective May 1, 2017, 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.

Also on March 3, 2017, NYSOH issued a disenrollment notice stating that your child's coverage through her CHP plan would end March 31, 2017, because [REDACTED] was no longer eligible to enroll in health insurance through NYSOH.

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On April 10, 2017, NYSOH received your child's updated application for health insurance. That day, a preliminary eligibility determination was prepared finding your child eligible for CHP and [REDACTED] was re-enrolled into a CHP plan, both effective May 1, 2017.

Also on April 10, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's CHP plan insofar as [REDACTED] did not have coverage for the month of April 2017.

On April 11, 2017, NYSOH issued eligibility determination and enrollment notices stating respectively that your child was eligible to enroll in CHP and was enrolled in a CHP plan, both effective May 1, 2017.

On July 24, 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 [REDACTED] CHP plan for the month of April 2017.
- 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) You testified that, on January 5, 2017, the application counselor from your child's health plan was the person who entered the address information in the computer and verified your address with you when you renewed your child's application for health insurance that day, as reflected in the events tab and dated "1/5/2017 11:02:37 AM."
- 5) According to your January 5, 2017 application, your address information did not include your apartment number under any of your household members' demographic information.
- 6) A review of the events tab shows that an application counselor completed your child's application for health insurance on January 5, 2017.

- 7) According to your NYSOH account, the January 6, 2017 notices were returned to NYSOH as undeliverable. Both notices were missing the apartment number of your address and were returned as undeliverable for this the reason.
- 8) You testified that you became aware that your child had been disenrolled from [REDACTED] CHP plan when, in early April 2017, you brought [REDACTED] to see [REDACTED] doctor.
- 9) You testified that, when you became aware that your child had been disenrolled, you contacted NYSOH to re-enroll [REDACTED].
- 10) According to your April 10, 2017 application, your address information was changed to include your apartment number under all of your household members' demographic information.
- 11) According to your NYSOH account, on April 10, 2017, 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

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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 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 properly terminated your child’s eligibility for and enrollment in CHP as of March 31, 2017.

Your child was originally found eligible for CHP and enrolled effective February 1, 2017.

The credible evidence of record shows that the application counselor from your child’s health plan verified your address and entered it in the computer on your child’s behalf, when you updated your child’s application on renewal on January 5, 2017. According to your January 5, 2017 application, no apartment number was listed in the address information.

The record reflects that the January 6, 2017 eligibility and enrollment notices were returned to NYSOH as undeliverable mail because your apartment number was not listed on the notices.

Your child was disenrolled under the returned mail rule on the basis that your child did not meet the state residency requirement. As such, on March 3, 2017, NYSOH issued eligibility determination and disenrollment notices stating respectively that your child was no longer eligible to enroll in CHP and [REDACTED] coverage in [REDACTED] CHP plan would end effective March 31, 2017.

You further testified that you did not find out that your child was disenrolled until you brought [REDACTED] to the doctor in early April 2017. You testified that you updated

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your child's account as soon as you found out that [REDACTED] had no coverage, which resulted in [REDACTED] being without coverage for the month of April 2017.

Based on the apartment number not being included on your January 5, 2017 application, it is reasonable to conclude that the application counselor entered the address information incorrectly upon your child's renewal in January 2017. This resulted in NYSOH mail directed to you at your address, but without your apartment number, being returned as undeliverable through no fault of your own. As such, it is also reasonable to conclude that your child's disenrollment from [REDACTED] CHP plan was due to error.

Therefore, the March 3, 2017 eligibility determination and disenrollment notices must be RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child into [REDACTED] CHP plan for the month of April 2017, and to notify you accordingly.

Decision

The March 3, 2017 eligibility determination and disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child into [REDACTED] CHP plan for the month of April 2017, and to notify you accordingly.

Effective Date of this Decision: July 27, 2017

How this Decision Affects Your Eligibility

Your child should not have been terminated from [REDACTED] CHP plan as of March 31, 2017, because the record supports that an application counselor entered your address information incorrectly upon your child's renewal in January 2017, resulting in notices being returned to NYSOH as undeliverable.

Your case is being sent back to NYSOH to reinstate your child into [REDACTED] CHP for the month of April 2017. NYSOH will notify you once this has been completed.

If applicable, you will be responsible to pay any premiums due to the CHP plan directly 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.

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

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The March 3, 2017 eligibility determination and disenrollment notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your child into [REDACTED] CHP plan for the month of April 2017, and to notify you accordingly.

Your child should not have been terminated from [REDACTED] CHP plan as of March 31, 2017, because the record supports that an application counselor entered your address information incorrectly upon your child's renewal in January 2017, resulting in notices being returned to NYSOH as undeliverable.

Your case is being sent back to NYSOH to reinstate your child into [REDACTED] CHP for the month of April 2017. NYSOH will notify you once this has been completed.

If applicable, you will be responsible to pay any premiums due to the CHP plan directly 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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