



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

Notice of Decision

Decision Date: October 5, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019521

[REDACTED]

Dear [REDACTED],

On September 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 1, 2017 discontinuance 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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Decision

Decision Date: October 5, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019521



Issue

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

Did NY State of Health properly determine that your child's enrollment in his Child Health Plus plan ended effective March 31, 2017?

Procedural History

On December 16, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, based on your December 15, 2016 application, stating that your child was eligible to enroll in Child Health Plus with a \$0.00 monthly premium, effective January 1, 2017

Also on December 16, 2016, NYSOH issued a notice of enrollment, based on your plan selection on December 15, 2016, stating that your child was enrolled in a Child Health Plus plan, and that this enrollment in the plan would start January 1, 2017.

On February 1, 2017, NYSOH issued a disenrollment notice, stating that your coverage through a qualified health plan would end effective January 1, 2017.

On February 21, 2017, the February 1, 2017 disenrollment notice was returned to NYSOH as undeliverable. This notice was uploaded to your NYSOH account on April 1, 2017.

On April 1, 2017, NYSOH issued a notice of discontinuance stating that your child no longer eligible to receive health insurance through NYSOH, effective

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April 1, 2017, because notices regarding your eligibility and coverage sent to you by NYSOH were returned to the Marketplace as undeliverable. This notice also stated that you needed to update your mailing address so that your child could remain eligible for health coverage through NYSOH.

Also on April 1, 2017, NYSOH issued a disenrollment notice, stating that your child's Child Health Plus coverage would end March 31, 2017.

On June 3, 2017, NYSOH received your updated application for financial assistance with health insurance. That day, a preliminary determination was prepared stating that your child was eligible for Child Health Plus, effective July 1, 2017.

Also on June 3, 2017, you spoke to NYSOH's Account Review Unit and appealed the disenrollment of your child from their Child Health Plus plan as of March 31, 2017.

On June 4, 2017, NYSOH issued an eligibility determination notice, stating that your child was eligible for Child Health Plus, effective July 1, 2017.

Also on June 4, 2017, NYSOH issued an enrollment confirmation notice, stating that your child was enrolled in Child Health Plus coverage, effective July 1, 2017.

Also on June 4, 2017, NYSOH issued a notice confirming your mailing address.

On September 8, 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 appealing your child's disenrollment from his Child Health Plus plan, effective March 31, 2017.
- 2) You testified, and the record reflects, that your child was enrolled in a Child Health Plus plan with a \$0.00 monthly premium, effective January 1, 2017.
- 3) The record indicates that your son was disenrolled from his Child Health Plus plan, effective March 31, 2017.
- 4) According to your NYSOH account, the February 1, 2017 disenrollment notice was returned as undeliverable to NYSOH on February 21, 2017.

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- 5) The record reflects that no other NYSOH notices were returned as undeliverable.
- 6) The record reflects that all notices sent to you have been addressed to [REDACTED]. The June 4, 2017 notice regarding a change in mailing address confirms that address.
- 7) You testified that this address was correct, and that you have lived at that address since December 1999.
- 8) You testified that you need to have your child's Child Health Plus plan reinstated as of April 1, 2017 because you have outstanding medical bills for services rendered.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Child Health Plus

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" (42 CFR § 457.340(f)).

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 e.g. 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 properly determined that your child's enrollment in a Child Health Plus plan ended effective March 31, 2017.

For an applicant to remain eligible for enrollment in a Child Health Plus plan through NYSOH, they must meet both the financial and non-financial requirements. One of the non-financial requirements is that the applicant must be a New York State Resident.

According to your NYSOH account, on February 1, 2017, NYSOH issued a disenrollment notice that was returned to NYSOH as undeliverable on February 21, 2017.

As a result, your child was subsequently disenrolled from his Child Health Plus plan because NYSOH received mail addressed to you that was undeliverable; therefore, the system assumed that your child no longer met the state residency requirement for enrollment in a Child Health Plus plan. As such, on April 1, 2017, NYSOH issued a discontinuance notice and a plan disenrollment notice, stating that your child was no longer eligible to enroll in a Child Health Plus plan and your child's coverage in his Child Health Plus plan would end effective March 31, 2017.

However, a review of the record reflects that this was the only notice returned as undeliverable, despite several other notices being successfully sent to the exact same address. You testified, and the record reflects, that your address is: [REDACTED] and that you have not moved since December 1999.

Based on the credible evidence of the record, since the February 1, 2017 notice was the only notice returned as undeliverable to NYSOH despite other notices being sent to the same mailing address, it is reasonable to conclude that this notice was returned as undeliverable through no fault of your own, and was the result of an error of the United State Postal Service. As a result, it is reasonable to conclude that your child's disenrollment from his Child Health Plus plan was in error because he continued to meet the state residency requirement.

Therefore, the April 1, 2017 discontinuance notice and April 1, 2017 plan disenrollment notice must be RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child in his Child Health Plus plan, effective April 1, 2017, and to notify you accordingly.

Decision

The April 1, 2017 discontinuance notice is RESCINDED.

The April 1, 2017 plan disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to effectuate the changes to your account as noted above, and to notify you accordingly.

Effective Date of this Decision: October 5, 2017

How this Decision Affects Your Eligibility

Your case is sent back to NYSOH to reinstate your child in his Child Health Plus plan effective April 1, 2017.

NYSOH will notify you once this change has been completed.

It is your responsibility to pay any outstanding monthly premiums directly to your child's Child Health Plus plan.

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

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- 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 mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The April 1, 2017 discontinuance notice is RESCINDED.

The April 1, 2017 plan disenrollment notice is RESCINDED.

Your case is sent back to NYSOH to reinstate your child in his Child Health Plus plan effective April 1, 2017.

NYSOH will notify you once this change has been completed.

It is your responsibility to pay any outstanding monthly premiums directly to your child's Child Health Plus plan.

Legal Authority

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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 مجانًا.

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 bɛtumi ama wo obi a okyerɛ 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.

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