



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

Notice of Decision

Decision Date: October 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020203

[REDACTED]

Dear [REDACTED],

On September 25, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 29, 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 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: October 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020203

[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 four children's enrollment in a Child Health Plus plan, ended effective June 30, 2017?

Procedural History

On May 25, 2017, NYSOH issued an eligibility determination stating that your four children were eligible for Child Health Plus, effective July 1, 2017.

Also on May 25, 2017, NYSOH issued a notice of enrollment confirmation stating that your four children were enrolled in a Child Health Plus plan, effective July 1, 2017.

On June 28, 2017, NYSOH redetermined your eligibility.

On June 29, 2017, NYSOH issued a notice of discontinuance stating that your four children were no longer eligible to receive health insurance through NYSOH, effective July 2, 2017, because notices regarding your children's eligibility and coverage sent to you by NYSOH were returned as undeliverable. This notice also stated that you needed to update your mailing address so that your children could remain eligible for health coverage through NYOSH.

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Also on June 29, 2017, NYSOH issued a disenrollment notice stating that coverage in a Child Health Plus plan for your four children would end on July 1, 2017.

On July 3, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination disenrolling your four children from their Child Health Plus plans, effective June 30, 2017.

On August 14, 2017, NYSOH received your updated application for financial assistance with health insurance.

On August 15, 2017, NYSOH issued an eligibility determination notice stating that your four children were determined eligible for Child Health Plus, effective September 1, 2017.

Also on August 15, 2017, NYSOH issued an enrollment confirmation notice stating that your four children were enrolled in a Child Health Plus plan, effective September 1, 2017.

On September 25, 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, and NYSOH records confirm, that your four children were determined eligible for Child Health Plus, effective July 1, 2017.
- 2) You testified, and NYSOH records confirm, that your four children were enrolled in a Child Health Plus plan, effective July 1, 2017.
- 3) NYSOH records reflect that your four children were disenrolled from their Child Health Plus plans, effective June 30, 2017.
- 4) You testified that you currently live at [REDACTED] and have lived at this address since February 2016.
- 5) You testified that you contacted NYSOH on July 18, 2017 and were advised by a representative that the reason your children were disenrolled was that a notice was returned as undeliverable.
- 6) The NYSOH notice that was returned was mailed to [REDACTED]. The envelope stated: RETURN TO SENDER, ATTEMPTED - NOT KNOWN, UNABLE TO FORWARD.

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- 7) You testified, and NYSOH records confirm, that this was the only notice from NYSOH which was returned as undeliverable.
- 8) You testified that you received mail with the same address, from NYSOH, after the notice was returned as undeliverable.
- 9) You testified that you did not receive the notice from NYSOH through no fault of your own.
- 10) You testified that you are seeking a reinstatement of your children's Child Health Plus plans because you incurred medical bills in August 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

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 State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Legal Analysis

The issue is whether NYSOH properly determined that your four children's enrollment in a Child Health Plus plan, ended effective June 30, 2017.

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Your four children were determined eligible for Child Health Plus, effective July 1, 2017. Your four children were subsequently enrolled in a Child Health Plus plan, effective July 1, 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.

A notice sent to you from NYSOH was addressed to [REDACTED] and returned to sender (NYSOH) with a notation on the envelope that the address was not known and the notice was unable to forward.

As a result, your four children were subsequently disenrolled from their Child Health Plus plans, because NYOSH received mail addressed to you that was undeliverable; therefore, the system assumed that your four children no longer met the state residency requirement for enrollment through NYSOH.

However, you testified that you currently live at [REDACTED], and have lived at this address since February 2016.

Since the notice from NYSOH was returned as undeliverable despite your testimony that that you have not changed your address, it is reasonable to conclude that the notice was returned as undeliverable through no fault of your own, and was the result of an error of the United States Postal Service. As a result, it is reasonable to conclude that your four children's disenrollment from their Child Health Plus plans was in error.

Therefore, the June 29, 2017 discontinuance and disenrollment notices must be RESCINDED.

Your case is RETURNED to NYSOH to reinstate your four children's coverage in their Child Health Plus plans for the months of July 2017 and August 2017.

Decision

The June 29, 2017 discontinuance notice is RESCINDED.

The June 29, 2017 disenrollment notice is RESCINDED.

Effective Date of this Decision: October 12, 2017

How this Decision Affects Your Eligibility

Your case is RETURNED to NYSOH to reinstate your four children's coverage in their Child Health Plus plans for the months of July 2017 and August 2017.

You may owe additional premiums.

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 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 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 June 29, 2017 discontinuance notice is RESCINDED.

The June 29, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your four children's coverage in their Child Health Plus plans for the months of July 2017 and August 2017.

You may owe additional premiums.

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.

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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।

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 srε wo, frε 1-855-355-5777. ye&εtumi ama wo obi a okyerε 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.