



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

Notice of Decision

Decision Date: October 06, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020371

[REDACTED]

Dear [REDACTED],

On October 3, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 1, 2017 eligibility determination 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
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Decision

Decision Date: October 06, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020371

[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 eldest child's (child) eligibility for Child Health Plus and enrollment in their Child Health Plus plan should end effective July 1, 2017?

Procedural History

On June 2, 2017, NYSOH issued an eligibility determination notice that your eldest child (child) was eligible for Child Health Plus with a monthly premium of \$0.00, effective July 1, 2017.

Also on June 2, 2017, NYSOH issued an enrollment notice confirming that, as of June 1, 2017, your child was enrolled in a Child Health Plus plan through MVP Health Plan, Inc., with an enrollment start date of July 1, 2017.

On June 13, 2017, your NYSOH account was updated.

On June 14, 2017, NYSOH issued three notices:

- 1) A notice stating that your mailing address was changed to: [REDACTED] and all notices would be mailed that address;
- 2) An eligibility determination notice that your child was eligible for Child Health Plus with a monthly premium of \$0.00, effective July 1, 2017;

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- 3) A plan enrollment notice confirming that, as of June 13, 2017, your child was enrolled in a Child health Plus plan through [REDACTED] Plan, with a plan enrollment start date of July 1, 2017.

On June 15, 2017, NYSOH issued a disenrollment notice stating in part that your child's Child Health Plus coverage would end on July 1, 2017, because you and your family had moved to another county.

On June 30, 2017, your NYSOH account was systemically updated.

On July 1, 2017, NYSOH issued an eligibility determination notice stating that your child was no longer eligible for financial assistance or 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 July 2, 2017.

Also on July 1, 2017, NYSOH issued a disenrollment notice stating that your child's health insurance coverage, through Affinity Health Plan, would end July 1, 2017, because they were no longer eligible to enroll in health insurance through NYSOH.

On July 3, 2017, your NYSOH account was updated.

On July 4, 2017, NYSOH issued three notices:

- 1) A notice stating that your mailing address was changed to: [REDACTED] and all notices would be mailed that address;
- 2) An eligibility determination notice that your child was eligible for Child Health Plus with a monthly premium of \$0.00, effective August 1, 2017; and,
- 3) A plan enrollment notice confirming that, as of July 3, 2017, your child was enrolled in a Child Health Plus plan, through MVP Health Care, with a plan enrollment start date of August 1, 2017.

On July 10, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as your child being determined ineligible for health insurance and disenrolled from their Child Health Plus plan, effective July 1, 2017.

On October 3, 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 want your child to be enrolled in a Child Health Plus plan in the month of July 2017.
- 2) According to your NYSOH account, your child was born on J [REDACTED] [REDACTED].
- 3) According to your NYSOH account, you receive all notices from NYSOH by U.S. mail.
- 4) According to your address history in your account, your address was:
 - (a) [REDACTED] from April 13, 2017, through June 13, 2017;
 - (b) [REDACTED] from June 13, 2017, through July 3, 2017;
 - (c) [REDACTED] from July 3, 2017, through Present;
- 5) According to your account, on June 13, 2017, your address was updated by the username '[REDACTED]'
- 6) You testified that you did not update your address and were unaware that your family's address had been updated.
- 7) The June 14, 2017 plan enrollment and June 15, 2017 disenrollment notices were sent to [REDACTED]. The notices were sent back to NYSOH as "RETURN MAIL" on June 23, 2017, and June 29, 2017 (see Documents [REDACTED]).
- 8) You testified that [REDACTED] has continuously been your family's address since March 2017.
- 9) You testified that you found out that your child's health insurance coverage had been terminated when you brought your child to [REDACTED] [REDACTED] in July 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 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 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 issue under review is whether NYSOH properly determined that your child was no longer eligible for Child Health Plus and ended their Child Health Plus coverage effective July 1, 2017.

On June 2, 2017, your child was determined eligible for and enrolled in a Child Health Plus plan with an enrollment start date of July 1, 2017.

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

On June 13, 2017, the address in your account was updated to [REDACTED]. Based on that update, NYSOH issued the June 14, 2017, and June 15, 2017, notices regarding your child’s enrollment status to that address. The notices were sent back to NYSOH as “RETURN MAIL” on June 23,

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2017, and June 29, 2017, because they were undeliverable (see Documents [REDACTED])

On July 1, 2017, NYSOH issued eligibility determination and disenrollment notices stating, in relevant parts, that your child was ineligible for health insurance coverage because NYSOH sent you notices by U.S. mail to the mailing address in your account; however, the notices were returned as undeliverable. Therefore, your child's coverage was discontinued July 1, 2017.

You testified that [REDACTED] has continuously been your family's address since March 2017. Further, you testified that you did not update the address in your account and were unaware that your family's address had been changed.

There is sufficient evidence in the record to conclude that you and your child have continuously retained New York State residency your child was enrolled in Child Health Plus and no other disqualifying event regarding your child's eligibility has occurred. Therefore, your child was improperly found to be ineligible for Child Health Plus and disenrolled from their Child Health Plus coverage, effective July 1, 2017.

Since the July 1, 2017 eligibility determination and disenrollment notices ended your child's Child Health Plus eligibility and health insurance coverage before the end of their twelve-month eligibility period, those notices are RESCINDED.

Your child's case is RETURNED to NYSOH to reinstate their Child Health Plus coverage through Affinity Health Plan for the month of July 2017, and to notify you accordingly.

Decision

The July 1, 2017 eligibility determination notice is RESCINDED.

The July 1, 2017 disenrollment notice is RESCINDED.

Your child's case is RETURNED to NYSOH to reinstate their Child Health Plus coverage through Affinity Health Plan for the month of July 2017, and to notify you accordingly.

Effective Date of this Decision: October 06, 2017

How this Decision Affects Your Eligibility

Your child was improperly disenrolled from their Child Health Plus plan, effective July 1, 2017.

Your child's case is being sent back to NYSOH to reinstate their Child Health Plus coverage through Affinity Health Plan for the month of July 2017. NYSOH will notify you once this has been completed.

You will be responsible to pay the July 2017 monthly premium to the health plan directly for coverage to take effect 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

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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 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 July 1, 2017 eligibility determination notice is RESCINDED.

The July 1, 2017 disenrollment notice is RESCINDED.

Your child's case is RETURNED to NYSOH to reinstate their Child Health Plus coverage through Affinity Health Plan for the month of July 2017, and to notify you accordingly.

Your child was improperly disenrolled from their Child Health Plus plan, effective July 1, 2017.

Your child's case is being sent back to NYSOH to reinstate their Child Health Plus coverage through Affinity Health Plan for the month of July 2017. NYSOH will notify you once this has been completed.

You will be responsible to pay the July 2017 monthly premium to the health plan directly for coverage to take effect that month.

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&btumi 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.

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