



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

## Notice of Decision

Decision Date: November 30, 2017

NY State of Health Account ID [REDACTED]  
Appeal Identification Number: AP000000022217

[REDACTED]

[REDACTED]

On November 16, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 30, 2017 eligibility determination notice and August 30, 2017 plan disenrollment 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 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: November 30, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022217

[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 daughter was no longer qualified to enroll in health insurance through NYSOH, effective September 1, 2017?

## Procedural History

On August 5, 2017, NYSOH issued a notice of eligibility determination stating that your daughter was eligible for Child Health Plus, effective September 1, 2017. [REDACTED]

Also on August 5, 2017, NYSOH issued a notice of enrollment confirmation stating that your daughter was enrolled in Child Health Plus, with a plan start date of September 1, 2017. [REDACTED]

On August 24, 2017, both August 5, 2017 notices were returned to NYSOH by the United States Postal Service as undeliverable as addressed.

On August 29, 2017, NYSOH redetermined your daughter's eligibility for financial assistance.

On August 30, 2017, NYSOH issued a notice of eligibility determination stating that your daughter was no longer eligible for health insurance through NYSOH, effective, October 2, 2017. This was because the mail sent to you by NYSOH

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).

was returned as undeliverable. This notice was mailed to [REDACTED]  
[REDACTED]

Also on August 30, 2017, NYSOH issued a disenrollment notice stating that your daughter's enrollment in her Child Health Plus plan would end on September 1, 2017. This was because she was no longer eligible to enroll in health insurance through NYSOH. This notice was mailed to 18 [REDACTED]  
[REDACTED]

On September 7, 2017, you updated you daughter's application for financial assistance. That day, a preliminary eligibility determination was prepared stating that your daughter was eligible to enroll in Child Health Plus, effective October 1, 2017.

Also on September 7, 2017, you spoke to the NYSOH Account Review Unit and appealed the determination because there was a gap in your daughter's Child Health Plus coverage for the month of September 2017.

On September 8, 2017, NYSOH issued a notice of eligibility determination stating that your daughter was eligible to enroll in Child Health Plus effective October 1, 2017. This notice was mailed to [REDACTED]

Also on September 8, 2017, NYSOH issued a notice of enrollment confirmation stating that your daughter was enrolled in Child Health Plus with a plan enrollment start date of October 1, 2017. This notice was mailed to [REDACTED]  
[REDACTED]

On November 16, 2017, you had a hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing [REDACTED] The record was developed during the hearing and was 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 and your daughter reside at [REDACTED]  
[REDACTED]
- 2) You testified that you receive mail at this address and that you have received mail from NYSOH at this address.
- 3) You testified that you did not receive any of the enrollment paperwork sent by NYSOH on August 5, 2017.

- 4) You testified that you did receive the August 30, 2017 eligibility determination discontinuing your daughter's eligibility for Child Health Plus, and the August 30, 2017 plan disenrollment notice.
- 5) Your testimony is corroborated by your NYSOH account, where neither of the August 30, 2017 notices were returned as undeliverable, nor were any other notices mailed to you by NYSOH.
- 6) You testified that you are seeking your daughter's coverage in Child Health Plus to begin on September 1, 2017 because your daughter has medical bills for the month of September.

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).

### State Residency Requirement

To be eligible for enrollment in the Essential Plan, an applicant must be a resident of New York State (New York's Basic Health Plan Blueprint, p. 15, as

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).

approved January 2017; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>, 45 CFR § 155.305(a)(3), (f)(1)(ii)(A)).

For an individual who is aged 21 or older, not living in an institution, and able to indicate intent, that individual is deemed to be a resident of the Exchange service area in which or she lives and either a) intends to reside, even without a fixed address, or b) has entered with a job commitment or is seeking employment. (45 CFR § 155.305(a)(3)(i)).

## Legal Analysis

The issue is whether NYSOH properly determined that your daughter was no longer qualified to enroll in health insurance, effective September 1, 2017.

On August 5, 2017, NYSOH issued a notice of eligibility stating that your daughter was eligible to enroll in Child Health Plus. That same day, NYSOH issued a notice of enrollment confirmation stating that your daughter was enrolled in a Child Health Plus plan as of September 1, 2017. Both notices were mailed to [REDACTED].

On August 24, 2017, both notices were returned to NYSOH by the United States Postal Service as undeliverable.

As a result, NYSOH redetermined your daughter's eligibility and issued a notice stating that your daughter was no longer eligible for health insurance through NYSOH, effective October 2, 2017. This was because the mail sent to your daughter was returned as undeliverable. NYSOH also issued a disenrollment notice stating that your daughter was disenrolled from her Child Health Plus plan as of September 1, 2017.

You testified that you and your daughter reside at [REDACTED]. This is the same residence listed on the August 5, 2017 notices. You testified that you received both August 30, 2017 notices, which were also mailed to [REDACTED].

There is sufficient evidence in the record to conclude that you have continuously resided at the [REDACTED], and retained New York State residence, throughout the time period in question. There is no indication in the record that there was any other basis for NYSOH to find your daughter ineligible for Child Health Plus at the time of the August 29, 2017 eligibility redetermination.

Therefore, the August 30, 2017 eligibility determination notice and the August 30, 2017 disenrollment notice are RESCINDED.

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).

Your case is RETURNED to NYSOH to reinstate your daughter's Child Health Plus as of September 1, 2017.

## **Decision**

The August 30, 2017 eligibility determination notice is RESCINDED.

The August 30, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your daughter into Child Health Plus as of September 1, 2017.

**Effective Date of this Decision:** November 30, 2017

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

NYSOH incorrectly terminated your daughter's enrollment in her Child Health Plus plan as of September 1, 2017.

Your daughter's case is being sent back to NYSOH to reinstate her into Child Health Plus plan as of September 1, 2017.

## **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:

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).

- 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  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The August 30, 2017 eligibility determination notice is RESCINDED.

The August 30, 2017 disenrollment notice is RESCINDED.

NYSOH incorrectly terminated your daughter's enrollment in her Child Health Plus plan as of September 1, 2017.

Your case is RETURNED to NYSOH to reinstate your daughter into her Child Health Plus Plan as of September 1, 2017.

### **Legal Authority**

We are issuing this determination in accordance with 45 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).



**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، يرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجانًا.

### **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 bεtumi 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.

### **אײִדיש (Yiddish)**

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אײך געבן א דאלמעטשער 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).