



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: AP000000022706

[REDACTED]  
[REDACTED]  
[REDACTED]  
  
[REDACTED]

On November 22, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health’s September 15, 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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P.O. Box 11729  
Albany, NY 12211

## Decision

Decision Date: November 30, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022706

[REDACTED]  
[REDACTED]  
[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 two children's enrollment in a Child Health Plus plan ended effective September 30, 2017?

## Procedural History

On August 4, 2017, NYSOH issued an eligibility determination notice stating that your two children were eligible for Child Health Plus with a \$45.00 monthly premium each, effective September 1, 2017.

Also on August 4, 2017, NYSOH issued a notice of enrollment confirmation stating that your two children were enrolled in a Child Health Plus plan, effective September 1, 2017.

On September 1, 2017, you contacted NYSOH and advised of a new address.

On September 2, 2017, NYSOH issued an eligibility determination stating that your two children were eligible for Child Health Plus with a \$45.00 monthly premium each, effective October 1, 2017.

Also on September 2, 2017, NYSOH issued a notice of enrollment confirmation stating that your two children remained enrolled in a Child Health Plus plan, effective September 1, 2017.

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On September 14, 2017, NYSOH redetermined your eligibility.

On September 15, 2017, NYSOH issued a notice of discontinuance stating that your two children were no longer eligible to receive health insurance through NYSOH, effective September 30, 2017, because notices regarding your children's eligibility and coverage sent to you by NYSOH were returned as undeliverable.

Also on September 15, 2017, NYSOH issued a disenrollment notice stating that coverage in a Child Health Plus plan for your two children would end on September 30, 2017.

On September 22, 2017, NYSOH received your updated application for financial assistance with health insurance.

Also on September 22, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination disenrolling your two children from their Child Health Plus plans, effective September 30, 2017.

On September 23, 2017, NYSOH issued an eligibility determination notice stating that your two children were determined eligible for Child Health Plus, effective November 1, 2017.

Also on September 23, 2017, NYSOH issued an enrollment confirmation notice stating that your two children were enrolled in a Child Health Plus plan, effective November 1, 2017.

On November 22, 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 reflect that your two children were determined eligible for Child Health Plus, effective September 1, 2017.
- 2) You testified, and NYSOH records reflect that your two children were enrolled in a Child Health Plus plan, effective September 1, 2017.
- 3) NYSOH records reflect that your two children were disenrolled from their Child Health Plus plans, effective September 30, 2017.
- 4) You testified that you currently [REDACTED], [REDACTED] and have lived at this address since [REDACTED] 2017.

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- 5) You testified, and NYSOH records reflect, that you contacted NYSOH on September 1, 2017 to advise that your new address was [REDACTED].
- 6) You testified that prior to September 1, 2017 you [REDACTED].
- 7) On September 2, 2017, NYSOH issued an eligibility determination notice and a notice of enrollment confirmation to your prior address [REDACTED]. The notices were returned as undeliverable and the envelopes stated: RETURN TO SENDER - UNABLE TO FORWARD.
- 8) On September 15, 2017, NYSOH issued a notice of discontinuance stating that your two children were no longer eligible to receive health insurance through NYSOH, effective September 30, 2017, because notices regarding your children's eligibility and coverage sent to you by NYSOH were returned as undeliverable.
- 9) You testified that you received mail, with your updated address, from NYSOH, after the notices were returned as undeliverable.
- 10) You testified that your not having received notices from NYSOH was not due to any fault of your own.
- 11) You testified that you are seeking a reinstatement of your children's Child Health Plus plans because you incurred medical bills in the amount of \$300.00 in October 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

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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)).

NYSOH is required to provide proper written notice to an applicant of any decision effecting an enrollee's Child Health Plus eligibility (42 CFR § 457.340(e)). When Child Health Plus coverage is denied, suspended or terminated NYSOH must provide sufficient notice to enable the child's parent or caretaker relative to take appropriate actions to allow Child Health Plus coverage to continue without interruption (42 CFR § 457.340(e)(1)(D); 42 CFR § 457.1130(a)(3)).

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 two children's enrollment in a Child Health Plus plan, ended effective September 30, 2017.

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

On September 2, 2017, NYSOH issued an eligibility determination notice and a notice of enrollment confirmation to your prior address [REDACTED]

As a result, your two children were subsequently disenrolled from their Child Health Plus plans, effective September 30, 2017, because NYOSH received mail addressed to you that was undeliverable; therefore, the system assumed that your two children no longer met the state residency requirement for enrollment through NYSOH.

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However, you testified, and NYSOH records reflect, that you contacted NYSOH on September 1, 2017 to advise that your new address was 9 [REDACTED]  
[REDACTED]

Since the notices from NYSOH were mailed to your former address, despite your having timely notified NYSOH of your new address, it is reasonable to conclude that the notices were returned as undeliverable through no fault of your own, and because of an error of NYSOH. Therefore, your two children's disenrollment from their Child Health Plus plans was in error.

Therefore, the September 15, 2017 discontinuance notice and disenrollment notice must be RESCINDED.

Your case is RETURNED to NYSOH to reinstate your two children's coverage in their Child Health Plus plans for the month of October 2017.

## **Decision**

The September 15, 2017 discontinuance notice is RESCINDED.

The September 15, 2017 disenrollment notice is RESCINDED.

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

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

NYSOH incorrectly determined that your two children were no longer eligible for enrollment in Child Health Plus, effective September 30, 2017.

Your case is RETURNED to NYSOH to reinstate your two children's coverage in their Child Health Plus plans for the month of October 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

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

### **Summary**

The September 15, 2017 discontinuance notice is RESCINDED.

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The September 15, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your two children's coverage in their Child Health Plus plans for the month of October 2017.

NYSOH incorrectly determined that your two children were no longer eligible for enrollment in Child Health Plus, effective September 30, 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:**

[REDACTED]  
[REDACTED]  
[REDACTED]

## **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)**

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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&tumi 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.

### **אײַדיש (Yiddish)**

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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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