



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

Notice of Decision

Decision Date: January 17, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024286

[REDACTED]

On January 5, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health’s November 1, 2017 eligibility determination notice and November 1, 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).

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Decision

Decision Date: January 17, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024286



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 eligibility for and enrollment in Child Health Plus terminated effective October 31, 2017?

Procedural History

On May 20, 2017, NYSOH issued a notice of eligibility determination stating that your daughter was eligible for Child Health Plus with a \$9.00 premium per month, effective July 1, 2017.

On August 3, 2017, NYSOH issued a notice of enrollment confirmation stating that your daughter was enrolled in a Child Health Plus plan, with a plan start dated of September 1, 2017.

On October 9, 2017, NYSOH mailed a notice regarding your eligibility. That notice was returned to NYSOH by the United States Postal Service as undeliverable as addressed on October 30, 2017.

On October 31, 2017, NYSOH redetermined your daughter's eligibility for financial assistance.

On November 1, 2017, NYSOH issued a notice of eligibility determination stating that your daughter was no longer eligible for health insurance through NYSOH, effective, November 1, 2017. The notice stated this was because the mail sent to your household by NYSOH was returned as undeliverable.

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Also on November 1, 2017, NYSOH issued a disenrollment notice stating that your daughter's enrollment in her Child Health Plus plan would end on October 31, 2017. This was because she was no longer eligible to enroll in health insurance through NYSOH.

On November 13, 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 December 1, 2017.

Also on November 13, 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 November 2017.

On November 14, 2017, NYSOH issued a notice of eligibility determination stating that your daughter was eligible to enroll in Child Health Plus with a \$9.00 premium per month, effective December 1, 2017.

Also on November 14, 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 December 1, 2017.

On January 5, 2018, you had a hearing with a Hearing Officer from NYSOH's Appeals Unit. 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 are only appealing your child's disenrollment from her Child Health Plus plan for the month of November 2017.
- 2) The record indicates that your child was eligible for Child Health Plus, effective July 1, 2017, and was enrolled into a Child Health Plus plan, effective September 1, 2017.
- 3) You testified that you and your daughter resided at [REDACTED]
[REDACTED] [REDACTED]
- 4) You testified that you did not receive the October 9, 2017 notice sent to [REDACTED] even though you were residing at that address at that time.

- 5) Your NYSOH account reflects that the only notice returned as undeliverable was the October 9, 2017 notice.
- 6) You testified that you are seeking your daughter's coverage in Child Health Plus to begin on November 1, 2017 because your daughter has medical bills for the month of November.

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 Child Health Plus 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 (PHL) § 2511(2)(a)(iii)).

To be eligible for Child Health Plus, 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

(N.Y. Pub. Health Law. § 2511(2)(a)-(e)).

To be eligible for enrollment in a Child Health Plus plan through the New York State of Health, one of the non-financial requirements is that the applicant must be a resident of New York State (NY Public Health Law § 2511(e)).

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 in order to allow Child Health Plus coverage to continue without interruption (42 CFR § 457.340(e)(2); 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

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

Legal Analysis

The issue under review is whether NYSOH properly determined that your child's eligibility for and enrollment in Child Health Plus terminated effective October 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 resident of New York State.

On October 9, 2017, NYSOH mailed a notice regarding your eligibility to [REDACTED], which was returned to NYSOH by the United States Postal Service as undeliverable on October 30, 2017. You and your daughter resided at [REDACTED] this time.

As a result, NYSOH redetermined your daughter's eligibility and issued a notice on November 1, 2017, stating that your daughter was no longer eligible for health insurance through NYSOH effective that same day, November 1, 2017. The notice stated this was because the mail sent to your household was returned as undeliverable. NYSOH also issued a disenrollment notice on November 1, 2017, stating that your daughter was disenrolled from her Child Health Plus plan the day before that notice was dated, October 31, 2017.

When NYSOH denies, terminates, or suspends a child's Child Health Plus coverage, they are required to provide sufficient notice so that a child's parent is able to take action to prevent a gap in coverage for the child. Notice is considered received five days after the date on the notice.

In this case, your daughter was disenrolled from her Child Health Plus plan on October 31, 2017. The notice disenrolling your child from her Child Health Plus plan was sent the day after her disenrollment went into effect, November 1, 2017.

When changes are made to an individual application from the first day and fifteenth day of a month, NYSOH must make the redetermination results effective the first day of the next month. Since you received NYSOH's notice terminating your child's Child Health Plus eligibility after the first of November, any changes to your account to prevent a gap in coverage would not have been effective until at least December 1, 2017.

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Therefore, NYSOH failed to provide you sufficient notice that would have allowed you to take action to prevent a gap in Child Health Plus coverage for your child for the month of November 2017.

Therefore, the November 1, 2017 eligibility determination and disenrollment notices are RESCINDED.

Decision

The November 1, 2017 eligibility determination and disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child into her Child Health Plus plan for the month of November 2017.

Effective Date of this Decision: January 17, 2018

How this Decision Affects Your Eligibility

Your child should not have been terminated from her Child Health Plus plan in November 2017 for failure to verify her residence.

Your case is being sent back to NYSOH to reinstate your child into her Child Health Plus for the month of November 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)).

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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):

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- By mail at:
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P.O. Box 11729
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- By fax: 1-855-900-5557

Summary

The November 1, 2017 eligibility determination and disenrollment notices are **RESCINDED**.

Your child should not have been terminated from her Child Health Plus plan in November 2017 for failure to verify her residence.

Your case is **RETURNED** to NYSOH to reinstate your child into her Child Health Plus plan for the month of November 2017.

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).

Legal Authority

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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 مجاناً.

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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