



STATE OF NEW YORK
DEPARTMENT OF HEALTH
PO Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: March 1, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024862

[REDACTED]

Dear [REDACTED],

On January 12, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's July 4, 2017 eligibility determination and disenrollment notices, and September 1, 2017 eligibility determination 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
PO 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(b).

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: March 1, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024862

[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 children's eligibility for, and enrollment in, their Child Health Plus coverage terminated effective July 31, 2017, and after reenrollment, subsequently cancelled again effective October 1, 2017?

Procedural History

On June 8, 2017, NYSOH issued an eligibility determination notice stating that your two children were each eligible for Child Health Plus (CHP) with a \$9.00 monthly premium, effective July 1, 2017.

Also on June 8, 2017, NYSOH issued an enrollment notice confirming your children's enrollment in a CHP plan with a \$9.00 monthly premium each, effective as early as April 1, 2017.

On July 4, 2017, NYSOH issued an eligibility redetermination notice stating that your children no longer qualified to enroll through NYSOH because "[they] sent you...information, including notices about your eligibility and coverage, by U.S. mail to the mailing address provided in your account. However, this information was returned to the Marketplace as undeliverable. Please update your mailing address so you can remain eligible for health coverage through [NYSOH]."

Also on July 4, 2017, NYSOH issued a disenrollment notice stating that your children's CHP coverage would end effective July 31, 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).

On August 17, 2017, NYSOH received an update to your application for financial assistance with health insurance.

On August 18, 2017, NYSOH issued a notice confirming that you changed your mailing address to "[REDACTED]."

On August 18, 2017, NYSOH issued an eligibility determination notice based on the information contained in your August 17, 2017 application. The notice stated that your children were each eligible for CHP with a \$9.00 monthly premium, effective October 1, 2017.

On August 31, 2017, NYSOH redetermined your household's eligibility for financial assistance with health insurance.

On September 1, 2017, NYSOH issued an eligibility redetermination notice stating that your children no longer qualified to enroll through NYSOH because "[they] sent you...information, including notices about your eligibility and coverage, by U.S. mail to the mailing address provided in your account. However, this information was returned to the Marketplace as undeliverable. Please update your mailing address so you can remain eligible for health coverage through [NYSOH]." This eligibility determination was effective October 2, 2017.

On October 18, 2017, NYSOH received an update to your application for financial assistance with health insurance.

On October 19, 2017, NYSOH issued an eligibility determination notice based on the information contained in your October 18, 2017 application. The notice stated that your children were each eligible for CHP with a \$9.00 monthly premium, effective December 1, 2017.

Also on October 19, 2017, NYSOH issued an enrollment notice confirming your selection of a CHP plan for each of your children, with such coverage effective December 1, 2017.

Also on November 27, 2017, you spoke to NYSOH's Account Review Unit and appealed the disenrollment of your children's CHP plan coverage as of July 31, 2017, and subsequent cancellation as of October 1, 2017.

On January 12, 2018, 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 are appealing your children's disenrollment from their CHP plans between August 1, 2017 through November 30, 2017.
- 2) Your NYSOH account reflects that your children were enrolled in a CHP plan beginning at least as early as April 1, 2017.
- 3) You testified that your address has always been "[REDACTED]"; however, from time to time you have not received mailings from NYSOH. You testified that you lived at that address for many years, and you are not clear on why you had not been receiving the mailings from NYSOH.
- 4) You testified, and your NYSOH account reflects, that both you and your children have maintained NY State residency since at least as early as September 2014.
- 5) Your NYSOH account reflects that the June 8, 2017 eligibility determination notice was returned to the Marketplace as undeliverable and uploaded to your NYSOH account on July 4, 2017.
- 6) NYSOH redetermined your household's eligibility on July 4, 2017, and found that you were not eligible for coverage through NYSOH because you did not have a valid mailing address. Your children's CHP plan coverage was terminated effective July 31, 2017.
- 7) You attempted to reenroll your children in a CHP plan effective October 1, 2017, but their enrollment was cancelled when an additional NYSOH mailing, an August 18, 2017 eligibility determination notice, was returned to NYSOH and uploaded to your account on September 1, 2017.
- 8) You testified that your children have twice been disenrolled from their CHP plan coverage due to returned mailings, and were seeking for their CHP plan coverage to be reinstated for the period from August 1, 2017 through November 30, 2017. You further testified that you wanted their CHP plan coverage reinstated during this period because you incurred medical expenses because of their non-coverage.

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)).

NYSOH is required to provide proper written notice to an applicant of any decision effecting an enrollee's CHP eligibility (42 CFR § 457.340(e)). When CHP 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 CHP 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 CHP 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 under review is whether NYSOH properly determined that your children's eligibility for, and enrollment in, their CHP coverage terminated effective July 31, 2017, and subsequently cancelled effective October 1, 2017.

A child will be eligible for CHP through NYSOH if that child meets the financial and non-financial requirements. One of the requirements for CHP eligibility is NY State residency.

On June 8, 2017, NYSOH issued an eligibility determination notice stating that your two children were each eligible for Child Health Plus (CHP) with a \$9.00 monthly premium, effective July 1, 2017. This notice was issued to you at [REDACTED]. 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).

[REDACTED].” You credibly testified, and your NYSOH account reflects, that you have not moved from this residence and have had the same mailing address since at least as early as September 2014.

The record reflects that the June 8, 2017 was returned to the Marketplace as undeliverable. In response, NYSOH disenrolled your children from their CHP plan coverage effective July 31, 2017.

You updated your application on August 17, 2017, to reenroll your children in a CHP plan effective October 1, 2017. Based on the same set of facts noted above, your children’s coverage had been cancelled after an eligibility determination notice issued on August 18, 2017 was returned to the Marketplace and uploaded to your NYSOH account on August 31, 2017. Accordingly, your children’s CHP plan coverage due to begin effective October 1, 2017 was cancelled.

Your credible testimony, and the information in your NYSOH account, make it clear that your children never lacked NY State residency, and were never ineligible for coverage through NYSOH.

Therefore, the Appeals Unit finds that your children’s coverage through NYSOH should not have been ended, because your address was improperly changed and your children never changed their residency.

Accordingly, the we find that the July 4, 2017 eligibility determination and disenrollment notices, and September 1, 2017 eligibility determination notice, are no longer supported by the record and are hereby RESCINDED.

Furthermore, your case is RETURNED to NYSOH to reinstate your children’s CHP plan coverage for the period between August 1, 2017 and November 30, 2017.

Decision

The July 4, 2017 eligibility determination and disenrollment notices are RESCINDED.

The September 1, 2017 eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your children’s CHP plan coverage for the period between August 1, 2017 and November 30, 2017.

Effective Date of this Decision: March 1, 2018

How this Decision Affects Your Eligibility

Your children's CHP plan coverage is reinstated for the period between August 1, 2017 and November 30, 2017.

Please note, however, that you are responsible for any premium amounts due regarding the reinstatement of your children's coverage during that period.

Please also keep a copy of this decision, should the problem with your mail delivery arise again.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the 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.

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).

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
PO Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The July 4, 2017 eligibility determination and disenrollment notices are RESCINDED.

The September 1, 2017 eligibility determination notice is RESCINDED.

Your children's CHP plan coverage is reinstated for the period between August 1, 2017 and November 30, 2017.

Please note, however, that you are responsible for any premium amounts due regarding the reinstatement of your children's coverage during that period.

Please also keep a copy of this decision, should the problem with your mail delivery arise again.

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

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 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 איך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.