



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

Notice of Decision

Decision Date: March 16, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026077

[REDACTED]

Dear [REDACTED],

On February 21, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 21, 2017 eligibility determination and disenrollment notices, and the October 20, 2017 plan enrollment 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 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 (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 Date: March 16, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026077

[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health properly determine your child was no longer eligible for Child Health Plus, effective January 31, 2017?

Did NY State of Health properly determine that your child's enrollment in his Child Health Plus plan was effective December 1, 2017?

Procedural History

On December 3, 2016, NY State of Health (NYSOH) issued an eligibility determination notice, based on your December 2, 2016 application, stating that your child was eligible to enroll in Child Health Plus with no monthly premium, effective January 1, 2017. The notice was issued to [REDACTED]

Also on December 3, 2016, NYSOH issued a plan enrollment notice, based on your plan selection on December 2, 2016, stating that your child was enrolled in a Child Health Plus plan, and that this enrollment in the plan would start December 1, 2016. The notice was issued to [REDACTED]

The December 3, 2016 eligibility determination notice and enrollment notice were returned to NYSOH by the U.S. Postal Service as undeliverable on December 15, 2016.

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On January 21, 2017, NYSOH issued a notice stating your child was no longer eligible to enroll in health insurance through NYSOH, effective February 1, 2017. The notice stated this was because NYSOH sent you notices by U.S. mail to the address you provided but the mail was returned as undeliverable. The notice was issued to [REDACTED].

On January 21, 2017, NYSOH issued a disenrollment notice stating your child's enrollment in his Child Health Plus plan was ending on January 31, 2017. The notice was issued to [REDACTED].

On October 19, 2017, NYSOH received your child's updated application for financial assistance with his health insurance.

On October 19, 2017, you updated your address with NYSOH to [REDACTED].

On October 20, 2017, NYSOH issued an eligibility determination notice, based on your last application, stating your child was eligible for Child Health with no monthly premium, effective December 1, 2017.

On October 20, 2017, NYSOH issued a plan enrollment notice, based on your plan selection on October 19, 2017, stating that your child was enrolled in a Child Health Plus plan, with an enrollment start date of December 1, 2017.

On December 19, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Child Health Plus plan insofar as it did not begin October 1, 2017.

On February 21, 2018, with the aid of Spanish Interpreter # [REDACTED], 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 only your child's eligibility.
- 2) You submitted an application to NYSOH for financial assistance on October 19, 2017.
- 3) NYSOH received your updated address information on October 19, 2017.
- 4) According to your NYSOH account, you enrolled your child into a Child Health Plus plan on October 19, 2017.

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- 5) You testified that you need your child's Child Health Plus plan to begin on October 1, 2017, because you incurred medical bills for him that month.
- 6) You testified you first realized your child had been disenrolled from his Child Health Plus plan when you went to renew his insurance in September 2017 or October 2017.
- 7) You testified you were living at [REDACTED] and moved to your current address [REDACTED] in 2016.
- 8) Your application states your child resides with you in [REDACTED] NY.

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 Child Health Plus 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).

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Requirement for Individuals to Report Changes

NYSOH must require an applicant to report any change which may affect eligibility, such as citizenship status, incarceration, residency, household size, and income within 30 days of such change (45 CFR §155.330(b), 45 CFR §155.305, 42 CFR §435.403, 42 CFR §435.406, 42 CFR §425.603).

Legal Analysis

The first issue under review is whether NYSOH properly determined your child was no longer eligible for Child Health Plus, effective January 31, 2017.

Your child was determined eligible for Child Health Plus with a \$0.00 monthly premium and enrolled him in a plan, effective January 1, 2017.

NYSOH received return mailings from your address that was on file with NYSOH, including your December 3, 2016 eligibility determination and enrollment notices. The notices were issued to [REDACTED]. Additional notices were issued to your old address on January 21, 2017, stating NYSOH sent you information about your child's eligibility and coverage and these notices were returned as undeliverable. Your child was subsequently disenrolled from his coverage with Child Health Plus effective January 31, 2017.

A child is an eligible child and will remain enrolled in a Child Health Plus plan for a twelve-month period unless a disqualifying event occurs, such as when the child no longer resides in New York State. In your child's case, the returned mail indicated that your child no longer met the state residency requirements such that he could not remain enrolled in Child Health Plus.

NYSOH also requires an applicant to report any change which may affect eligibility, such as citizenship status, incarceration, residency, household size, and income, within 30 days of such change.

You testified your previous address was [REDACTED], and you and your child moved to your new address in 2016. It was not until October 19, 2017 that NYSOH first received your updated address at [REDACTED]. This update is beyond the 30-day requirement for you to have report changes that would affect your child's eligibility, such as a change in mailing and residential address when you moved in 2016. Because your address was not timely updated, NYSOH sent the January 2017 notices to your mailing address that was then listed on your NYSOH account

Therefore, the January 21, 2017 eligibility determination and disenrollment notices are proper and are AFFIRMED.

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).

The second issue under review is whether NYSOH properly determined that your child's enrollment in his Child Health Plus plan was effective December 1, 2017.

You testified that you contacted NYSOH on October 19, 2017 after realizing your child had been disenrolled from his coverage. Your child was determined eligible for Child Health Plus and you enrolled him into a Child Health Plus plan that day.

The date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

Since you enrolled your child in a plan on October 19, 2017, his plan would properly take effect the first day of the second month following October 2017; that is, on December 1, 2017.

Therefore, the October 20, 2017 plan enrollment notice stating that your child's enrollment in his Child Health Plus plan was effective December 1, 2017, is correct and must be AFFIRMED.

Decision

The January 21, 2017 eligibility determination and disenrollment notices are AFFIRMED.

The October 20, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: March 16, 2018

How this Decision Affects Your Eligibility

Your child was properly determined ineligible for Child Health Plus and disenrolled from his Child Health Plus plan, effective January 31, 2017, because returned mail indicated he was no longer a state resident.

The next effective start date of your child's Child Health Plus plan is December 1, 2017.

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

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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.
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:

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- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
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- By fax: 1-855-900-5557

Summary

The January 21, 2017 eligibility determination and disenrollment notices are **AFFIRMED**.

The October 20, 2017 plan enrollment notice is **AFFIRMED**.

Your child was properly determined ineligible for Child Health Plus and disenrolled from his Child Health Plus plan, effective January 31, 2017, because returned mail indicated he was no longer a state resident.

The next effective start date of your child's Child Health Plus plan is December 1, 2017.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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&etumi ama wo obi a okyer& 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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