



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

Notice of Decision

Decision Date: May 18, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP0000000029843



Dear [REDACTED]

On May 7, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 25, 2018 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 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: May 18, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029843



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 oldest seven children's enrollment in their Child Health Plus plan ended effective March 1, 2018?

Procedural History

On February 14, 2018, you submitted an application for financial assistance with health insurance.

On February 15, 2018, NYSOH issued an eligibility determination notice stating that all eight of your children were eligible to enroll in Child Health Plus with a \$60.00 monthly premium each, effective March 1, 2018.

Also on February 15, 2018, NYSOH issued a plan enrollment notice based on your plan selection on February 14, 2018, confirming your children's enrollment in a Child Health Plus plan as of March 1, 2018.

Also on February 15, 2018, NYSOH issued a notice confirming your address.

Also on February 15, 2018, NYSOH issued a notice confirming that you selected to get information from NYSOH by email.

On February 23, 2018, the February 15, 2018 email confirmation notice was returned to NYSOH as undeliverable.

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On February 25, 2018, NYSOH issued a discontinuance notice stating that your children were no longer eligible to receive health insurance through NYSOH, effective March 1, 2018, because notices regarding your household's eligibility and coverage sent to you by NYSOH were returned to the Marketplace as undeliverable. This notice also stated that you needed to update your mailing address so that your children could remain eligible for health coverage through NYSOH.

Also on February 25, 2018, NYSOH issued a disenrollment notice stating that your children's Child Health Plus coverage would end March 1, 2018.

On March 6, 2018, NYSOH received your updated application for financial assistance. That day, a preliminary determination was made stating that your oldest seven children were eligible for Child Health Plus, effective April 1, 2018.

Also on March 6, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your oldest seven children's Child Health Plus plan insofar as they did not have coverage in March 2018.

On March 7, 2018, NYSOH issued an eligibility determination notice stating that your oldest seven children were eligible for Child Health Plus, effective April 1, 2018, and that your youngest child was eligible for Child Health Plus for a limited time, effective January 1, 2018. You were directed to provide proof of your youngest child's social security number by June 4, 2018.

Also on March 7, 2018, NYSOH issued a plan enrollment notice stating that your oldest seven children were enrolled in Child Health Plus, effective April 1, 2018, and that your youngest child was enrolled in Child Health Plus, effective January 1, 2018.

On May 7, 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 oldest [REDACTED] children's disenrollment from their Child Health Plus plan, effective March 1, 2018.
- 2) You testified, and your NYSOH account indicates, that your oldest [REDACTED] children were enrolled in a Child Health Plus plan with a \$60.00 monthly premium each, effective March 1, 2018.

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- 3) Your NYSOH account indicates that your oldest [REDACTED] children were disenrolled from their Child Health Plus plan, effective March 1, 2018.
- 4) According to your NYSOH account, the February 15, 2018 email confirmation notice was returned as undeliverable to NYSOH on February 23, 2018, and on February 24, 2018, NYSOH marked your mailing address as invalid.
- 5) Your NYSOH account indicates that no other NYSOH notices were returned as undeliverable.
- 6) The record reflects that all notices sent to you have been addressed to [REDACTED]
- 7) You testified that this address was correct, and that your family has lived at that address for [REDACTED] [REDACTED].
- 8) You testified that you need to have your oldest [REDACTED] children's Child Health Plus plan reinstated for March 2018, because you have outstanding medical bills for services rendered that month.

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) (NY Public Health Law § 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

(NY Public Health Law § 2511(2)(a)-(e)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your oldest [REDACTED] children's enrollment in a Child Health Plus plan ended effective March 1, 2018.

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.

According to your NYSOH account, on February 15, 2017, NYSOH issued an email confirmation notice that was returned to NYSOH as undeliverable on February 23, 2018.

As a result, your oldest [REDACTED] children were subsequently disenrolled from their Child Health Plus plan because NYSOH received mail addressed to you that was undeliverable; therefore, the system assumed that your children no longer met the state residency requirement for enrollment in a Child Health Plus plan. As such, on February 25, 2018, NYSOH issued a discontinuance notice and a plan disenrollment notice stating that your oldest [REDACTED] children were no longer eligible to enroll in a Child Health Plus plan and their coverage in a Child Health Plus plan would end effective March 1, 2018.

However, a review of the record reflects that the February 15, 2017 email confirmation notice was the only notice returned as undeliverable, despite several other notices being successfully sent to the exact same address on that same date. You testified, and the record reflects, that your address is: [REDACTED] [REDACTED] and that your family has lived there for [REDACTED]

Based on the credible evidence of the record, since the February 15, 2017 notice was the only notice returned as undeliverable to NYSOH despite other notices being sent to the same mailing address, it is reasonable to conclude that this notice was returned as undeliverable through no fault of your own, and was the result of an error of the United State Postal Service. As such, it is reasonable to conclude that your oldest seven children's disenrollment from their Child Health Plus plan was in error because they continued to meet the state residency requirement.

Therefore, the February 25, 2018 discontinuance notice and February 25, 2018 plan disenrollment notice must be RESCINDED.

You submitted an updated application on March 6, 2018. Your oldest [REDACTED] children were determined eligible for and enrolled in a Child Health Plus plan, effective April 1, 2018, and your youngest child was determined eligible for and enrolled in a Child Health Plus plan, effective January 1, 2018. Although there is

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a gap in coverage for your oldest [REDACTED] children in March 2018, there is no gap in coverage for your youngest child.

Therefore, your case is RETURNED to NYSOH to reinstate your oldest [REDACTED] children in their Child Health Plus plan, effective March 1, 2018, and to notify you accordingly.

Decision

The February 25, 2018 discontinuance notice is RESCINDED.

The February 25, 2018 plan disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your oldest [REDACTED] children in their Child Health Plus plan, effective March 1, 2018, and to notify you accordingly.

Effective Date of this Decision: May 18, 2018

How this Decision Affects Your Eligibility

Your case is sent back to NYSOH to reinstate your oldest [REDACTED] children in their Child Health Plus plan effective March 1, 2018.

NYSOH will notify you once this change has been completed.

It is your responsibility to pay all the monthly premiums due as a result of your oldest seven children's reinstatement directly to their Child Health Plus plan for coverage to resume for the month of March 2018.

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.

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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):

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- 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 February 25, 2018 discontinuance notice is RESCINDED.

The February 25, 2018 plan disenrollment notice is RESCINDED.

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Your case is RETURNED to NYSOH to reinstate your oldest [REDACTED] children in their Child Health Plus plan, effective March 1, 2018, and to notify you accordingly.

Your case is sent back to NYSOH to reinstate your oldest [REDACTED] children in their Child Health Plus plan effective March 1, 2018.

NYSOH will notify you once this change has been completed.

It is your responsibility to pay all the monthly premiums due as a result of your oldest [REDACTED] children's reinstatement directly to their Child Health Plus plan for coverage to resume for the month of March 2018.

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 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।

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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 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.

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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