



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

## Notice of Decision

Decision Date: January 13, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000009695

[REDACTED]

[REDACTED]

On December 14, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 20, 2016 eligibility determination notice and the March 20, 2016 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 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

Decision Date: January 13, 2017

NY State of Health Account ID [REDACTED]  
Appeal Identification Number: AP000000009695

[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 newborn child was disenrolled from his child-only qualified health plan, effective January 1, 2016?

## Procedural History

On December 12, 2015, NYSOH received an update to your application for health insurance, in which you added your newborn child to your account.

On December 13, 2015, NYSOH issued an eligibility determination notice based on the information contained in the December 12, 2015 application. The notice stated that your child was conditionally eligible to purchase a qualified health plan (QHP) at full cost through NYSOH, effective December 1, 2015. The notice further stated that your child's eligibility was conditional pending your providing documentation by March 11, 2016, confirming his Social Security number and Citizenship status.

On December 15, 2015, NYSOH issued an enrollment notice confirming your son's enrollment in a child-only QHP as of December 14, 2015. The notice stated that your child's enrollment would begin effective January 1, 2016. This notice also directed you to provide documentation by March 11, 2016 confirming your child's Social Security number and Citizenship status.

No documentation was provided to your account by March 11, 2016.

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On March 20, 2016, NYSOH issued an eligibility determination notice stating that your son was no longer eligible to enroll in a full-cost QHP through NYSOH. This was because you had not responded to the notices requesting that you provide documentation proving his Social Security number and Citizenship status.

On March 20, 2016, NYSOH issued a disenrollment notice confirming that your child's coverage would end effective January 1, 2016.

On April 6, 2016, NYSOH received an update to your application for health insurance.

On April 7, 2016, NYSOH issued an eligibility redetermination notice based on the information contained in the April 6, 2016 application. The notice stated that your child was conditionally eligible to purchase a QHP at full cost through NYSOH, effective May 1, 2016. The notice further stated that your child's eligibility was conditional pending you providing documentation by July 5, 2016 confirming his Social Security number and Citizenship status.

On April 9, 2016, NYSOH issued an enrollment notice confirming your son's enrollment in a child-only QHP as of April 8, 2016. The notice stated that your child's enrollment would begin effective April 1, 2016. This notice also stated that you were requested to provide providing documentation by July 5, 2016 confirming your child's Social Security number and Citizenship status.

On May 18, 2016, you spoke with NYSOH's Account Review Unit and appealed your child's enrollment in the child-only QHP as of April 1, 2016, insofar as you were seeking for his coverage to begin January 1, 2016.

On December 14, 2016, 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 support the following findings of fact:

- 1) You testified, and your account reflects, that your child was born on [REDACTED]
- 2) You testified that you knew you had to contact NYSOH within 60 days from the date of his birth to ensure that he would have coverage as of the date he was born.
- 3) The record reflects that you contacted NYSOH on December 11, 2015 to add your child to your NYSOH account. At that time you requested that

your child be added to your health plan, however, you subsequently enrolled him in a child-only QHP as of December 14, 2015.

- 4) You testified that you were aware that you eventually had to provide documentation to confirm your child's Social Security number and Citizenship status; however, you were unsure of the date by which those documents were required to be provided.
- 5) You testified that you contacted NYSOH to reconfirm when you needed to provide documentation to confirm your child's Social Security number and Citizenship status, and were told by a NYSOH representative that you could provide that information at any time.
- 6) The record reflects that you ultimately provided your child's Social Security number on May 18, 2016.
- 7) You testified that due to your child being born through a surrogate, you experienced delays in obtaining the birth certificate with the correct address, which in turn caused you not to be able to obtain a Social Security number in a more timely manner.
- 8) You testified that you are appealing because NYSOH terminated your child's QHP coverage effective January 1, 2016 for failure to provide his Social Security number and documentation proving his citizenship status.
- 9) Your child was subsequently found eligible to enroll in a child-only QHP effective April 1, 2016. You were seeking to have your child's enrollment backdate to January 1, 2016 since you incurred significant out-of-pocket medical expenses after his birth.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Citizenship and Immigration Status

To enroll in a qualified health plan through the Marketplace, an applicant must be a citizen or national of the United States, or a non-citizen lawfully present in the United States and reasonably expects to become a citizen or remain a lawfully present noncitizen for the entire period for which enrollment is being sought (45 CFR § 155.305(a)(1)). Furthermore, the Marketplace must require an applicant who has a Social Security number to provide such a number (45 CFR § 155.310(a)(3)(i)).

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The Marketplace must verify or obtain information in order to determine that an applicant is eligible for enrollment in a qualified health plan, including the validation of Social Security numbers and the certification of citizenship, status as a national, or lawful presence (45 CFR § 155.315(a),(b), (c)).

If an applicant attests to citizenship, status as a national, or lawful presence, and the Marketplace is unable to verify such attestation, the Marketplace must provide the applicant 90 days to provide satisfactory documentary evidence, from the date the notice of inconsistency is received by the applicant. Notice is considered received five days after the date on the notice, unless the applicant demonstrates that he or she did not receive the notice within the five day period. (45 CFR § 155.315(c)(3)).

### QHP Termination

NYSOH permits a qualified health plan to terminate an individual's coverage if (1) the enrollee is no longer eligible for coverage or (2) non-payment of the premiums by the enrollee (45 CFR § 155.430(b)(2)(i)-(ii)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your newborn child was no longer eligible to enroll in a child-only QHP through NYSOH, effective January 1, 2016.

According to the application that was submitted on December 11, 2015, your child did not have a Social Security number but was in the process of applying for one.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm that they have a valid Social Security number and that their citizenship status is satisfactory.

If NYSOH cannot verify an individual's citizenship status or validate their social security number, it must provide the individual a period of 90 days from the date notice is received to resolve the inconsistency.

In the eligibility determination issued on December 13, 2015 you were advised that your child's eligibility was only conditional, and that you needed to confirm your child's citizenship status and Social Security number before March 11, 2016

The record reflects that NYSOH did not receive the requested citizenship documentation or a valid Social Security number before the deadline.

If NYSOH remains unable to verify the inconsistency after the 90-day period ends, then it must determine the applicant's eligibility based on the information available in the data sources.

Since the requested citizenship documentation was not received within the 90 day period, NYSOH was required to redetermine your child's eligibility without verification of his citizenship status or Social Security number.

As a result, on March 20, 2016, NYSOH issued an eligibility determination notice stating that your child could not enroll in a qualified health plan through NYSOH because there is no evidence that you timely provided the information requested by NYSOH.

However, your child was retroactively disenrolled from such coverage effective January 1, 2016, rather than the final date of the month of his then current enrollment, which was March 2016.

When you failed to submit a Social Security number, your child's enrollment was appropriately terminated; however, it should have continued until March 31, 2016, assuming all premiums had been paid. Therefore, NYSOH's March 20, 2016 disenrollment notice is MODIFIED to state that your child's enrollment in his QHP would end effective March 31, 2016.

Your case is RETURNED to NYSOH to reinstate your child's QHP coverage from January 1, 2016 to March 31, 2016.

## **Decision**

The March 20, 2016 disenrollment notice is MODIFIED to state that your child's enrollment in his QHP would end effective March 31, 2016.

Your case is RETURNED to NYSOH to reinstate your child's QHP coverage from January 1, 2016 to March 31, 2016.

**Effective Date of this Decision:** January 13, 2017

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

Your child's enrollment in his QHP was effective as of January 1, 2016. His coverage is, therefore, in effect during the months of January, February and March 2016, provided the necessary premiums, if any, are remitted to the insurance carrier.

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## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. 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 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 March 20, 2016 disenrollment notice is MODIFIED to state that your child's enrollment in his QHP would end effective March 31, 2016.

Your case is RETURNED to NYSOH to reinstate your child's QHP coverage from January 1, 2016 to March 31, 2016.

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).



Your child's enrollment in his QHP was effective as of January 1, 2016. His coverage is, therefore, in effect during the months of January, February and March 2016, provided the necessary premiums, if any, are remitted to the insurance carrier.

### **Legal Authority**

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

**A Copy of this Decision Has Been Provided To:**

