



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

Notice of Decision

Decision Date: January 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011197

[REDACTED]

[REDACTED]

On January 11, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 11, 2016 eligibility redetermination and disenrollment notices regarding your infant child.

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).

This page intentionally left blank.



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

Decision

Decision Date: January 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011197



Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health properly determine that your newborn child's eligibility for and enrollment in Child Health Plus terminated effective July 31, 2016?

Procedural History

On April 5, 2016, your newborn child (child) was added to your NY State of Health (NYSOH) account and an application was submitted on his behalf.

On April 6, 2016, NYSOH issued a notice of eligibility determination stating that your child was conditionally eligible to enroll in Child Health Plus with a \$30.00 per month premium, effective May 1, 2016. The notice requested that you provide documentation confirming his citizenship status and Social Security number before July 4, 2016.

Also on April 6, 2016, NYSOH issued an enrollment notice confirming your child's enrollment in a Child Health Plus plan.

On July 11, 2016, NYSOH issued an eligibility determination notice stating that your newborn child was not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. He also could not enroll in a qualified health plan at full cost because you had not confirmed his citizenship status and social security number within the required timeframe.

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).

Also on July 11, 2016, NYSOH issued a disenrollment notice stating that your child's coverage in his Child Health Plus plan would end effective July 31, 2016 because he is no longer eligible to enroll in health insurance through NYSOH.

On August 1, 2016, your child's Social Security number was added to your NYSOH account. That day, a preliminary eligibility determination was prepared stating that he was eligible to enroll in Child Health Plus and you selected a plan for his enrollment.

Also on August 1, 2016, you spoke to NYSOH's Account Review Unit and appealed your child's disenrollment from his Child Health Plus plan in the month of July 2016.

On August 2, 2016, NYSOH issued an eligibility determination notice, based on the August 1, 2016 application, stating that your child was eligible to enroll in Child Health Plus with a \$30.00 per month premium, effective September 1, 2016.

Also on August 2, 2016, NYSOH issued an enrollment confirmation notice, based on the August 1, 2016 plan selection, stating that your child was enrolled in a Child Health Plus plan.

On January 11, 2017, 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 only appealing your youngest child's disenrollment from his Child Health Plus plan in the month of July 2016 and are seeking coverage for the month of August 2016.
- 2) The record indicates that your child was added to your NYSOH account on April 5, 2016. The application that was submitted that day indicates that he was a U.S Citizen but he did not have a Social Security number because you were in the process of applying for one.
- 3) In the eligibility determination issued on April 6, 2016 by NYSOH, a notice was issued stating that your child's eligibility was only conditional, and that you needed to confirm his citizenship status and Social Security number before July 4, 2016. You testified that you received that notification.

- 4) You testified that you were unsure of the exact date when you received his Social Security number, but remembered that it was later than the due date on your notice and that you had to contact the Social Security Administration to get the number sent to you. You called NYSOH and added your child's Social Security number to his account as soon as you received it.
- 5) You testified that you did not know your child had been disenrolled from his Child Health Plus plan until you received the July 11, 2016 disenrollment notice.
- 6) The record indicates that on August 1, 2016, your newborn child's Social Security number was added to your NYSOH account.
- 7) You testified that you are seeking reinstatement for your newborn child into his Child Health Plus plan as of August 1, 2016 because he has a doctor's bill for 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) (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)).

As a condition of eligibility for Child Health Plus, an individual, including children, must furnish their Social Security Number and evidence of their citizenship or status as a qualified immigrant or PRUCOL alien to NY State of Health for verification purposes (42 CFR § 435.910(a) and (b)(3); 42 CFR § 457.340(b); 18 NYCRR § 360-3.2(j)(2) and (3); see *generally* 18 NYCRR § 360-3.2(j)).

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).

NYSOH must require an applicant who has a Social Security Number to provide the number but does not require an applicant's Social Security Number as a condition of enrollment for Child Health Plus if the applicant is not eligible to receive one or his or his number is not yet available (42 CFR § 457.340(b), 42 CFR § 435.910(h)(1); Model State Children's Health Insurance Program Plan, Section 4.1.9).

If an applicant attests to citizenship, status as a national, or lawful presence, and NYSOH is unable to verify such attestation, NY State of Health must then provide the applicant with 90 days to provide satisfactory documentary evidence. Notice is considered received 5 days after the date on the notice, unless the applicant demonstrates that he or he did not receive the notice within the 5 day period (45 CFR § 155.315(c)(3), (f)(2)(i)).

If NYSOH remains unable to verify the citizenship attestation after the 90 day period ends, it must determine the applicant's eligibility based on the information available (45 CFR § 155.315(f)(5)).

NYSOH is required to provide proper written notice to an applicant of any decision affecting 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 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 youngest child's eligibility for and enrollment in Child Health Plus terminated effective July 31, 2016.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, their Social Security number and citizenship status.

If NYSOH cannot verify an individual's citizenship status or Social Security number, it must provide the individual with notice of the inconsistency. NYSOH must then provide the individual with a period of 90 days from the date notice is received to resolve the inconsistency.

The record indicates that your child was added to your NYSOH account on April 5, 2016. The application that was submitted that day indicates that he was a U.S. Citizen but he did not have a Social Security number because he was a newborn and you were in the process of applying for one.

In the eligibility determination issued on April 6, 2016, you were advised that your child's eligibility for Child Health Plus was only conditional, and that you needed to confirm his citizenship status and Social Security number before July 4, 2016.

You testified that you were unsure of the exact date when you received his Social Security number, but remembered that it was later than the due date on your notice and that you had to contact the Social Security Administration to get the number sent to you. You called NYSOH and added your child's Social Security number to his account as soon as you received it. It was added to your NYSOH account on August 1, 2016. Therefore, NYSOH did not have his Social Security number before the July 4, 2016 deadline.

On July 11, 2016, NYSOH issued a disenrollment notice stating that your child's coverage in his Child Health Plus plan would end effective July 31, 2016 because he was no longer eligible to enroll in health insurance through NYSOH. According to the eligibility determination issued on that day, this was because NYSOH did not receive documentation of his citizenship status and Social Security number.

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, the notice formally disenrolling your child from his Child Health Plus plan was dated July 11, 2016. Therefore, the notice terminating your child's enrollment would be considered received as of July 16, 2016.

When changes are made to an individual's application after the 15th of any month, NYSOH must make the redetermination that results from a change effective the first day of the next following month. Since you would have received NYSOH's notice terminating your child's Child Health Plus eligibility after the 15th of the month, any changes you would have made to your account to prevent a gap in coverage would not have been effective until September 1, 2016.

Therefore, NYSOH failed to provide you with sufficient notice that would have allowed you to take action in order to prevent a gap in Child Health Plus

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).

coverage for your child for the month of August 2016. As such, the July 11, 2016 eligibility determination and disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your newborn child into his Child Health Plus plan for the month of August 2016 and to notify you accordingly.

Decision

The July 11, 2016 eligibility determination and disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child into his Child Health Plus plan for the month of August 2016 and to notify you accordingly.

Effective Date of this Decision: January 18, 2017

How this Decision Affects Your Eligibility

Since NYSOH failed to give you sufficient notice that resulted in your child's disenrollment and your inability to reinstate coverage for August 1, 2016, your case is being sent back to NYSOH to reinstate him into his Child Health Plus for the month of August 2016. NYSOH will notify you once this has been done.

You will be responsible to pay the premium for the month of August 2016.

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

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).

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 July 11, 2016 eligibility determination and disenrollment notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your child into his Child Health Plus plan for the month of August 2016 and to notify you accordingly.

Since NYSOH failed to give you sufficient notice that resulted in your child's disenrollment and your inability to reinstate coverage for August 1, 2016, your case is being sent back to NYSOH to reinstate him into his Child Health Plus for the month of August 2016. NYSOH will notify you once this has been done.

You will be responsible to pay the premium for the month of August 2016.

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:

