



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

Notice of Decision

Decision Date: February 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011745

[REDACTED]

Dear [REDACTED],

On January 13, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 2, 2016 notice of eligibility determination, June 4, 2016 disenrollment notice, and August 30, 2016 enrollment confirmation 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).

This page intentionally left blank.



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

Decision

Decision Date: February 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011745

[REDACTED]

Issues

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

Did NYSOH properly determine that your child's eligibility for and enrollment in her Child Health Plus plan terminated effective June 30, 2016?

Did NYSOH properly determine that your child's reenrollment in her Child Health Plus plan was effective October 1, 2016?

Procedural History

On January 12, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, based on your January 11, 2016 application, stating that your child was conditionally eligible for Child Health Plus effective February 1, 2016. The notice stated that you needed to provide your child's Social Security number and proof of citizenship to NYSOH by April 10, 2016 or your child could be found ineligible for health insurance or for less help with health insurance.

Also, on January 12, 2016, NYSOH issued a notice of enrollment, based on your plan selection on January 11, 2016, stating that your child was enrolled in a Child Health Plus plan. That notice also stated that you had to provide your child's citizenship status and Social Security number to NYSOH by April 10, 2016 or your child could receive less or no financial help to pay for coverage or your child's health insurance could be cancelled.

No updates were made to your account by April 10, 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).

On June 2, 2016, NYSOH issued an eligibility determination notice stating that your 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. Your child also could not enroll in a qualified health plan. This was because you had not responded to the January 12, 2016 notices and had not provided your child's Social Security number or citizenship status within the required time frame. Your child's eligibility would end June 30, 2016.

On June 4, 2016, NYSOH issued a disenrollment notice stating that your child's coverage in her Child Health Plus plan would end effective June 30, 2016.

On August 29, 2016, NYSOH received your child's updated application for health insurance including her Social Security number and citizenship status.

Also on August 29, 2016, NYSOH issued a preliminary eligibility determination, based on your August 29, 2016 application, stating that your child was eligible to enroll in Child Health Plus with a \$9.00 monthly premium.

Also on August 29, 2016, 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 July 1, 2016.

On August 30, 2016 NYSOH issued an eligibility determination notice stating that your child was eligible for Child Health Plus, with a \$9.00 monthly premium, effective October 1, 2016.

Also on August 30, 2016, NYSOH issued a notice of enrollment, based on your plan selection on August 29, 2016, stating that your child was enrolled in a Child Health Plus plan and that coverage would start on October 1, 2016.

On January 13, 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, and the record reflects, that you receive all of your notices from NYSOH by regular mail.
- 2) Your application dated January 11, 2016 stated that your daughter had the citizenship/immigration status of other and that she did not yet

have a Social Security number; you were in the process of applying for one.

- 3) You testified that you received the January 12, 2016 notices telling you that you needed to update your application in order to renew your child's coverage.
- 4) You testified that you provided NYSOH with your child's Social Security number by telephone and by fax on or about January 15, 2016.
- 5) You testified that you did not possess any documentation verifying that you faxed information to NYSOH on or about January 15, 2016. There is no indication in your account that any such document was received.
- 6) You testified that you did not receive NYSOH's June 2, 2016 eligibility notice advising that your child's Child Health Plus eligibility would end June 30, 2016.
- 7) You testified that you did receive NYSOH's June 4, 2016 disenrollment notice stating that your child's Child Health Plus coverage would end June 30, 2016.
- 8) The documents in your account reflect that only one notice to you has been returned to NYSOH as undeliverable; a notice issued on June 26, 2015, that had an extra street printed in the address. No other notices have been returned.
- 9) The record reflects that on August 29, 2016 NYSOH received your child's updated application for health insurance including her Social Security number and citizenship status.
- 10) You testified that you are seeking that your child be enrolled in her Child Health Plus plan as of July 1, 2016.

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 (NY 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

(NY PHL § 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 NYSOH 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)).

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 her 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).

NYSOH is required to provide proper written notice to an applicant of any decision effecting 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 first issue under review is whether NYSOH properly determined that your child's enrollment in her Child Health Plus plan terminated effective June 30, 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 90 days from the date the notice is received to resolve the inconsistency.

The record indicates that the application submitted on January 11, 2016 stated that your child had a citizenship/immigration status of other and that she did not have a Social Security number because you were in the process of applying for one.

In the January 12, 2016 eligibility determination notice you were advised that your child's eligibility for Child Health Plus was only conditional, and that you needed to confirm her Social Security number and citizenship status before April 10, 2016.

You testified that on or about January 15, 2016 that you called NYSOH and provided your child's Social Security number and faxed your child's Social Security number to NYSOH. However, your account indicates that NYSOH did not receive the requested information or documentation.

You testified that you did not receive NYSOH's June 2, 2016 eligibility notice advising that your child's Child Health Plus eligibility would end June 30, 2016.

On June 4, 2016, NYSOH issued a disenrollment notice stating that your child's Child Health Plus coverage would end June 30, 2016 because she was no longer eligible to enroll in health insurance through NYSOH. This was because NYSOH did not receive documentation of her citizenship status and Social Security number. You testified that you received this notice from NYSOH.

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 ending your daughter's eligibility was issued on June 2, 2016, and the notice formally disenrolling your child from her Child Health Plus plan was dated June 4,

2016. Therefore, the notice terminating your daughter's coverage would be considered received as of June 9, 2016.

When changes are made to an individual's application before the 15th of any month, NYSOH must make the redetermination that results from a change effective the first day of the following month. Since you received NYSOH's notice terminating your child's Child Health Plus coverage before the 15th of the month, any changes you would have made to prevent a gap in coverage would have been effective July 1, 2016.

You testified that you did not receive the June 2, 2016 notice from NYSOH telling you that your child's Child Health Plus eligibility would end June 30, 2016. You testified, and your NYSOH account confirms, that you elected to receive notifications via regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, the record reflects that NYSOH properly notified you that the information in your NYSOH account needed to be updated in order to ensure your child's enrollment in her Child Health Plus plan and eligibility for financial assistance would continue.

The second issue is whether NYSOH properly determine that your child's eligibility for and enrollment in her Child Health Plus plan was effective October 1, 2016.

You first renewed your child's eligibility for financial assistance through NYSOH for 2016 on August 29, 2016, and enrolled your child 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 between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

Therefore, NYSOH's August 30, 2016 enrollment confirmation notice is AFFIRMED because it properly began your child's enrollment in her Child Health Plus on October 1, 2016.

Decision

The June 2, 2016 eligibility determination notice and the June 4, 2016 disenrollment notice 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 August 30, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: February 6, 2017

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

The effective date of your child's Child Health Plus plan is October 1, 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 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 June 2, 2016 eligibility determination notice and the June 4, 2016 disenrollment notice are AFFIRMED.

The August 30, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your child's eligibility.

The effective date of your child's Child Health Plus plan is October 1, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

