



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

Notice of Decision

Decision Date: February 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012157

[REDACTED]

Dear [REDACTED]

On January 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 12, 2016 disenrollment and September 23, 2016 enrollment 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 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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Issues

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

Did NY State of Health (NYSOH) properly determine that your child was not eligible for Child Health Plus as of September 12, 2016, and terminated their enrollment effective September 30, 2016?

Did NYSOH properly re-enroll your child in a Child Health Plus plan with an enrollment start date of November 1, 2016?

Procedural History

On June 8, 2016, your child was added to your NYSOH account and an application was submitted on their behalf.

On June 9, 2016, NYSOH issued a notice of eligibility determination stating that your child was eligible to enroll in Child Health Plus for a limited time, with a \$15.00 per month premium, effective July 1, 2016. The notice requested that you provide documentation confirming their citizenship status and Social Security number before September 6, 2016.

Also on June 9, 2016, NYSOH issued an enrollment notice confirming, in relevant part, that your child was enrolled in a Child Health Plus plan with an enrollment start date of July 1, 2016.

On September 12, 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. Furthermore, they could not enroll in a qualified health plan at full cost because

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you had not provided documentation of their citizenship status and Social Security number within the required timeframe.

Also on September 12, 2016, NYSOH issued a disenrollment notice stating that your child's coverage in their Child Health Plus plan would end effective September 30, 2016 because they were no longer eligible to enroll in health insurance through NYSOH.

On September 22, 2016, your NYSOH account was updated.

Also on September 22, 2016, you spoke to NYSOH's Account Review Unit and appealed your child's disenrollment from their Child Health Plus plan effective September 30, 2016, and re-enrollment effective November 1, 2016.

On September 23, 2016, NYSOH issued an eligibility determination notice stating that your child was eligible to enroll in Child Health Plus with a \$15.00 per month premium, effective November 1, 2016.

Also on September 23, 2016, NYSOH issued an enrollment notice confirming that your child was enrolled in a Child Health Plus plan with an enrollment start date of November 1, 2016.

On January 18, 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 want your child's health insurance coverage to be active for the month of October 2016.
- 2) Your child was born on [REDACTED]
- 3) Your NYSOH account reflects that your child was added to your NYSOH account on June 8, 2016. The application that was submitted indicates that you attested that your child was a U.S Citizen and was in the process of applying for a Social Security number.
- 4) You testified that you received your child's Social Security card at the end of June 2016.
- 5) You testified that you did receive an electronic notice from NYSOH requesting documentation of your child's citizenship status and Social Security number. However, you did not receive a notice in the mail.

- 6) According to your NYSOH account, you elected to receive paperless notices.
- 7) You testified that you have never changed your preference for how you receive notices from NYSOH.
- 8) You testified that you learned that your child's health insurance coverage was terminated when you received the electronic disenrollment notice from NYSOH.
- 9) Your NYSOH account was updated on September 22, 2016 to include your child's Social Security number.
- 10) You re-enrolled your child in a Child Health Plus plan on September 22, 2016.
- 11) You testified that you incurred \$705.00 in medical bills because your child did not have coverage in October 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 - Generally

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)).

Child Health Plus – Citizenship

An individual is eligible for Child Health Plus if they are citizens, nationals of the United States, or certain non-citizens. Individuals must be provided a reasonable opportunity to submit verification of their citizenship or immigration status.

An applicant who declares to being a citizen or national of the United States, or having satisfactory immigration status must be provided notice to submit verification of their citizenship or immigration status. The reasonable opportunity begins on and extends 90 days from the date the notice is received by the individual (42 CFR § 457.320 (b)(6), (c)) (see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Child Health Plus – Social Security Number

As a condition of eligibility for Child Health Plus, applicants must furnish their Social Security number for verification of eligibility (42 CFR § 457.340(b); 42 CFR § 435.910(a), (b)(3)).

However, NYSOH must only require an applicant who has a Social Security number to provide the number to NYSOH. Proof of a Social Security number is not necessary for applicants who are not eligible to receive one or their 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).

Child Health Plus - Notice

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)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH by either electronic or regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant’s account (45 CFR §155.230(d); 42 CFR §435.918(b)(4)).

Child Health Plus – Start Date

“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)).

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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).

Legal Analysis

The first issue under review is whether NYSOH properly terminated your child's coverage effective September 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 a period of 90 days from the date on the notice is received to submit verification.

The record indicates that your youngest child was added to your NYSOH account on June 8, 2016. The application that was submitted that day indicates that they are a U.S Citizen but did not have a Social Security number because you were in the process of applying for one.

You credibly testified that you did receive an electronic notice regarding the need to submit documentation for your child, which directed you that their eligibility was only conditional and that you needed to submit documentation to confirm their eligibility.

In the eligibility determination issued on June 9, 2016, you were advised that your child's eligibility for Child Health Plus was only for a limited time, and that you needed to provide documentation of their Social Security number and citizenship status before September 6, 2016.

You testified that you received your child's Social Security number in June 2016. However, your child's Social Security number was not provided to NYSOH until September 22, 2016.

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.

You testified that you learned that your child's health insurance coverage was terminated when you received the electronic disenrollment notice from NYSOH. The September 12, 2016, disenrollment notice states that your child's coverage would end effective September 30, 2016 because NYSOH did not receive documentation of your child's citizenship status and Social Security number.

The September 12, 2016 disenrollment notice is AFFIRMED.

The second issue is whether NYSOH properly determined that your child's enrollment in their Child Health Plus plan was November 1, 2016.

On September 22, 2016, your child was re-enrolled in a Child Health Plus plan.

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 your child was re-enrolled in a health plan on September 23, 2016, it properly took effect on the first day of the second month following after September 23, 2016; that is, on November 1, 2016.

Therefore, the September 23, 2016, enrollment notice confirming that your child's Child Health Plus plan enrollment start date of November 1, 2016 is AFFIRMED.

Decision

The September 12, 2016 disenrollment notice is AFFIRMED.

The September 23, 2016, enrollment notice is AFFIRMED.

Effective Date of this Decision: February 27, 2017

How this Decision Affects Your Eligibility

Your child's Child Health Plus plan was properly terminated effective September 30, 2016, for failure to submit proof of their citizenship status and Social Security number.

Your child was properly re-enrolled in a Child Health Plus effective November 1, 2016.

If You Disagree with this Decision (Appeal Rights)

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 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 September 12, 2016 disenrollment notice is AFFIRMED.

The September 23, 2016, enrollment notice is AFFIRMED.

Your child's Child Health Plus plan was properly terminated effective September 30, 2016, for failure to submit proof of their citizenship status and Social Security number.

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Your child was properly re-enrolled in a Child Health Plus effective November 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:

