



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

Notice of Decision

Decision Date: May 22, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015437

[REDACTED]

Dear [REDACTED],

On April 27, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 7, 2017, 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 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 22, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015437

[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 children's eligibility for and enrollment in Child Health Plus terminated effective January 31, 2017?

Procedural History

On December 15, 2016, NYSOH received your children's updated application for health insurance.

On December 16, 2016, NYSOH issued an eligibility determination notice stating your two children were conditionally eligible for Child Health Plus for a cost of \$9.00 per month each effective January 1, 2017. The notice stated their eligibility was based on the condition you provide proof of their Citizenship Status and your youngest child's Social Security Number by December 16, 2016.

On December 16, 2016, an enrollment notice was issued confirming your children's enrollment in a Child Health Plus plan effective September 1, 2016.

On January 7, 2017, NYSOH issued an eligibility determination notice stating that your youngest 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. She also could not enroll in a qualified health plan at full cost because you had not confirmed her social security number within the required timeframe.

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Also on January 7, 2017, NYSOH issued a disenrollment notice stating that your children's coverage in their Child Health Plus plan would end effective January 31, 2017 because they were no longer eligible to enroll in health insurance through NYSOH.

On January 7, 2017, NYSOH issued an enrollment notice stating your oldest child's Child Health Plus plan would not begin until you picked a plan.

On January 20, 2017, NYSOH received your children's updated application for health insurance.

On January 21, 2017, NYSOH issued an eligibility determination notice stating that your two children were conditionally eligible to enroll in Child Health Plus with a \$9.00 per month premium, effective March 1, 2017. The notice stated you had to provide proof of their Citizenship Status and your daughter's Social Security Number by April 20, 2017.

Also on January 21, 2017, NYSOH issued an enrollment confirmation notice stating that your children were enrolled in a Child Health Plus plan with a start date of March 1, 2017.

On February 1, 2017, you spoke to NYSOH's Account Review Unit and appealed your children's disenrollment from their Child Health Plus plan in the month of February, 2017.

On April 27, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing left open 15 days to May 15, 2017 for you to provide proof of your daughter's Social Security Number. As of the close of the record on May 15, 2017, NYSOH Appeals Unit did not receive the requested documentation and will therefore not be considered for purposes of your appeal.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) You testified that you are only appealing your children's disenrollment from their Child Health Plus plan for the months of February, 2017.
- 2) The record indicates that you submitted an updated application for financial assistance on December 15, 2016. The application that was submitted that day indicates that your son is a U.S. citizen and has a Social Security number. It also indicated your daughter was a U.S. citizen and was in the process of applying for a Social Security Number.

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- 3) You testified your children are adopted from outside of the United States, and their adoptions were finalized [REDACTED].
- 4) You testified that although your daughter is a U.S. Citizen, she is still in the process of applying for receipt of her Social Security Number because she was not provided a form "N-600" when she had applied and became eligible for a lawful permanent resident status.
- 5) An N-600 is an Application for Certificate of Citizenship.
- 6) On April 20, 2015, a copy of your daughter's birth certificate from Guatemala was uploaded to your NYSOH account. See Document [REDACTED].
- 7) On March 22, 2016, a copy of your son's I-551 Permanent Resident card was uploaded to your NYSOH account. See Document [REDACTED].
- 8) On March 29, 2016, NYSOH invalidated your son's Permanent Resident card.
- 9) On March 29, 2016, NYSOH invalidated your daughter's birth certificate from Guatemala as proof of her Social Security number.
- 10) You testified that you paid premiums for child's Child Health Plus plan for the month of February, 2017.
- 11) You testified that you did not know your children had been disenrolled from their Child Health Plus plan until you had already incurred medical bills for the month of February, 2017 in the amount of approximately \$800.00.
- 12) You testified you contacted NYSOH on January 3, and January 6, 2017 to see if you could be provided an extension for submission of your daughter's Social Security Number which you believe was granted to you.
- 13) The record indicates that as of the close of the record your child's Social Security number has not been added to your NYSOH account.

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)).

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).

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 she 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 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

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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).

Adopted Children Outside of the United States

“A child who immigrates to the United States as the adopted child of a U.S. citizen automatically becomes a U.S. citizen if the adoption is full and final before the child's 18th birthday, if the child is “admitted” as a permanent resident before his or her 18th birthday, and if he or she “is residing” in the United States in the citizen parent's legal and physical custody.”

<https://www.uscis.gov/adoption/bringing-your-internationally-adopted-child-united-states/after-your-child-enters-united-states>).

Legal Analysis

The issue under review is whether NYSOH properly determined that your children's eligibility for and enrollment in Child Health Plus terminated effective January 31, 2017.

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.

The record indicates you updated your application for financial assistance on December 15, 2016. The application that was submitted that day indicates that your children were U.S. Citizens but that your daughter was still in the process of applying for a Social Security number. Your son's Social Security number was provided at that time.

In the eligibility determination issued on December 16, 2016, you were advised that your children's eligibility for Child Health Plus was only conditional, and that you needed to confirm their Citizenship Status by December 16, 2016, your daughter's Social Security number and Citizenship Status before December 16, 2016.

On January 7, 2017, NYSOH issued a disenrollment notice stating that your children's coverage in her Child Health Plus plan would end effective January 31, 2017 because they were 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 your daughter's Citizenship Status and Social Security number.

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 provide the individual with a period of 90 days from the date notice is received to resolve the inconsistency.

90 days from your December 15, 2016 application would be March 15, 2017. According to the December 16, 2016 eligibility determination, NYSOH stated that you had until December 16, 2016 to provide the requested documentation.

Therefore, NYSOH failed to provide you with sufficient time to allow you to produce documentation showing proof of your son and daughter's Citizenship Status and your daughter's Social Security number. As a result, the January 7, 2017 disenrollment notice terminating your two children's enrollment in their Child Health Plus plan effective January 31, 2017, was improper and is **RESCINDED**.

Your case is **RETURNED**, to NYSOH to reinstate your children's Child Health Plus plan for the month of February, 2017.

You will be responsible for any premium payment required by your health plan.

Decision

The January 7, 2017, disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your two children into their Child Health Plus plan for the month of February, 2017.

Effective Date of this Decision: May 22, 2017

How this Decision Affects Your Eligibility

Your children should not have been terminated from their Child Health Plus plan January 31, 2017 for failure to submit proof of their Citizenship Status and Social Security number.

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 case is being sent back to NYSOH to reinstate your children into their Child Health Plus for the month of February, 2017.

You will be responsible for any premium payment required by your health plan.

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.

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):

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).

You can contact us in any of the following ways:

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Summary

The January 7, 2017, disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your two children into their Child Health Plus plan for the month of February, 2017.

Your children should not have been terminated from their Child Health Plus plan January 31, 2017 for failure to submit proof of their Citizenship Status and Social Security number.

Your case is being sent back to NYSOH to reinstate your children into their Child Health Plus for the month of February, 2017.

You will be responsible for any premium payment required by your health plan.

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。我们可以为您免费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 مجاناً.

বাংলা (Bengali)

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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।

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&tumi 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.

שׂוֹדֵשׁ (Yiddish)

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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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