



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

Notice of Decision

Decision Date: July 19, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016232

[REDACTED]

Dear [REDACTED]

On June 15, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 19, 2017 eligibility determination and disenrollment 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: July 19, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016232

[REDACTED]

Issue

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

Did NY State of Health properly determine your son's eligibility for and enrollment in Child Health Plus ended effective February 28, 2017?

Procedural History

On November 14, 2016, NYSOH received an updated application for financial assistance with health insurance on behalf of your son.

On November 15, 2016, NYSOH issued a notice of eligibility determination stating your son was eligible to enroll in Child Health Plus, for a limited time, with a \$9.00 per month premium, effective December 1, 2016. The notice directed you to provide documentation confirming your son's citizenship status and Social Security number before February 12, 2017.

Also on November 15, 2016, NYSOH issued an enrollment notice, based on your November 14, 2016 plan selection, confirming your son was enrolled in a Child Health Plus plan, effective December 1, 2016.

On December 20, 2016, NYSOH issued a notice stating the documentation you submitted was insufficient to confirm the information in your application. The notice directed you to submit additional documentation of your son's Social Security number and citizenship status by February 12, 2017 or he might lose his insurance or receive less help paying for his coverage.

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On February 19, 2017, NYSOH issued an eligibility determination notice, based on a February 18, 2017 systematic eligibility redetermination, stating your son was no longer eligible for health insurance through NYSOH because you had not provided his Social Security number, which was necessary to confirm his eligibility.

Also on February 19, 2017, NYSOH issued a notice of disenrollment stating your son's Child Health Plus coverage would end on February 28, 2017, because he was no longer eligible to enroll in health insurance through NYSOH.

On February 24, 2017, NYSOH received an updated application for financial assistance with health insurance on behalf of your son. That day, a preliminary eligibility determination was prepared finding your son eligible for Child Health Plus, effective April 1, 2017. You selected a health plan for your son the same day.

Also on February 24, 2017, you spoke to NYSOH's Account Review Unit and appealed your son's disenrollment from his Child Health Plus plan for the month of March 2017.

On February 25, 2017, NYSOH issued an eligibility determination notice, based on your February 24, 2017 updated application, stating your son was eligible for Child Health Plus with a \$9.00 monthly premium, effective April 1, 2017.

Also on February 25, 2017, NYSOH issued an enrollment notice, based on your February 24, 2017 plan selection, confirming your son's enrollment in a Child Health Plus plan, effective April 1, 2017.

On June 15, 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 this appeal only concerns your son's coverage.
- 2) You testified, and your account confirms, you contacted NYSOH on August 3, 2016 to enroll your son in coverage through NYSOH. The application submitted on that date indicated you were in the process of applying for a Social Security number for your son.

- 3) You testified that your son had been issued a Social Security number at the time of the application, but you did not know the number at that time.
- 4) Your account indicates your son was determined conditionally eligible for Child Health Plus, effective September 1, 2016, with proof of his citizenship status and Social Security number required to confirm his eligibility by November 1, 2016.
- 5) You testified, and your account confirms, you contacted NYSOH on October 20, 2016 to update your application with your son's Social Security number, but the application was submitted with the wrong Social Security number.
- 6) Your son was disenrolled from his Child Health Plus plan, effective November 30, 2016, because NYSOH was unable to confirm your son's citizenship status and Social Security number.
- 7) An updated application was submitted on behalf of your son on November 14, 2016 with the same incorrect Social Security number. Your son was again determined conditionally eligible for Child Health Plus with documentation of citizenship and Social Security number required to confirm his eligibility by February 12, 2017. Your son was reenrolled in a Child Health Plus plan, effective December 1, 2016, and did not experience a gap in health coverage at that time.
- 8) On December 2, 2016, NYSOH received a copy of your son's Social Security card, but the full number was illegible ([REDACTED]). NYSOH invalidated the document on December 19, 2016 because the last number on the Social Security card did not match the number listed in the application.
- 9) Your account confirms that on December 30, 2016, you uploaded a fully legible copy of your son's Social Security card confirming the number on the card did not match the number in the application.
- 10) On February 18, 2017, NYSOH systematically redetermined your son's eligibility and determined him ineligible for health insurance through NYSOH, on the grounds you failed to submit sufficient documentation of his Social Security number to confirm his eligibility by the February 12, 2017 deadline.
- 11) The disenrollment notice, dated February 19, 2017, indicated your son's coverage would end on February 28, 2017, because he was no longer eligible to enroll in health insurance through NYSOH.

- 12) Your account confirms, you updated your son's application on February 24, 2017 with his correct Social Security number and he was determined fully eligible to enroll in Child Health Plus. You selected a plan for your child the same day, but coverage through that plan did not become effective until April 1, 2017, resulting in a gap in coverage for the month of March 2017.
- 13) You testified you are seeking to have your son's Child Health Plus coverage backdated to March 1, 2017 to avoid a gap in coverage, because you provided the requested documentation prior to the deadline and any discrepancy in your son's Social Security number in the application was due to the NYSOH representative inputting incorrect information in the application.

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

(NY Public 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

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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 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), (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 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 your son's eligibility for and enrollment in Child Health Plus terminated effective February 28, 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.

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.

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Your account confirms an updated application was submitted on behalf of your child on November 14, 2016, however the Social Security number listed for your son was incorrect. As a result, he was determined conditionally eligible for Child Health Plus with proof of his citizenship status and Social Security number required to confirm his eligibility by February 12, 2017. Your child was enrolled in a plan that day with coverage effective December 1, 2016. Your account confirms that on December 30, 2016, NYSOH received a fully legible copy of your son's Social Security card confirming the number on the card did not match the number in the application. It does not appear this document was ever validated by NYSOH nor was the Social Security number listed in the application corrected to reflect the number listed on the document.

On February 18, 2017, NYSOH systematically redetermined your son's eligibility and determined him ineligible for health insurance through NYSOH, on the grounds you failed to submit sufficient documentation of his Social Security number to confirm his eligibility by the February 12, 2017 deadline. As discussed above, this is not accurate because NYSOH received a legible copy of your son's Social Security card on December 30, 2016. Similarly, the disenrollment notice issued by NYSOH, dated February 19, 2017, indicated your son's coverage would end on February 28, 2017, because he was no longer eligible to enroll in health insurance through NYSOH.

Pursuant to the above cited regulations, 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 can 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 son from his Child Health Plus plan was dated February 19, 2017. Therefore, the notice terminating your son's enrollment would be considered received as of February 24, 2016, four days prior to the coverage end date.

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 son's Child Health Plus eligibility after the 15th day of February 2017, pursuant to the regulations, any changes you would have made to your account to prevent a gap in coverage would not have been effective until April 1, 2017. Therefore, this did not allow adequate time to prevent a gap in your son's coverage for the month of March 2017.

It is noted that notwithstanding any defects in the notice of disenrollment as discussed above, it is further concluded that you provided the requested documentation prior to the deadline for same and, thus, your son's coverage should not have been terminated for any alleged failure to submit documentation. Instead, the application should have been corrected.

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Therefore, the February 19, 2017 eligibility determination and disenrollment notices are RESCINDED.

Decision

The February 19, 2017 eligibility determination and disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your son into his Child Health Plus plan for the month of March 2017.

Effective Date of this Decision: July 19, 2017

How this Decision Affects Your Eligibility

Your son's Child Health Plus coverage should not have been terminated for the month of March 2017 for failure to submit proof of his citizenship status and Social Security number.

Your case is being sent back to NYSOH to reinstate your son into his Child Health Plus for the month of March 2017.

You may owe an additional premium.

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)).

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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):

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 February 19, 2017 eligibility determination and disenrollment notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your son into his Child Health Plus plan for the month of March 2017.

Your son's Child Health Plus coverage should not have been terminated for the month of March 2017 for failure to submit proof of his 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 son into his Child Health Plus for the month of March 2017.

You may owe an additional premium.

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 مجانًا.

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 bɛtumi ama wo obi a okyerɛ 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.

אידיש (Yiddish)

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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