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

Notice of Decision

Decision Date: July 5, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000017126

[redacted]

Dear [redacted],

On June 29, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 15, 2017, eligibility redetermination notice and 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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nystateofhealth
The Official Health Plan Marketplace

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

Decision

Decision Date: July 5, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000017126

[redacted]

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 child's eligibility for and enrollment in Child Health Plus terminated effective March 1, 2017?

Procedural History

On November 10, 2016, NY State of Health (NYSOH) received your child's application for health insurance.

On November 11, 2016, NYSOH issued an eligibility determination notice stating your child was eligible for Child Health Plus at a cost of $30.00 per month for a limited time, effective December 1, 2016. The notice stated [redacted] eligibility was based on the condition you provide proof of [redacted] Citizenship Status and Social Security Number by February 8, 2017.

On November 11, 2016, an enrollment notice was issued stating on November 10, 2016 you enrolled your child in a Child Health Plus plan effective December 1, 2016.

NYSOH records do not show an upload of your child's verification documents before February 8, 2017.

On February 15, 2017, NYSOH issued an eligibility redetermination notice stating your child's eligibility was redetermined on February 14, 2017 and [redacted] 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. [redacted] also could not enroll in a qualified health plan at full cost because you had not confirmed [redacted] Citizenship Status and Social Security number within the required timeframe. [redacted] eligibility ended March 1, 2017.

Also on February 15, 2017, NYSOH issued a disenrollment notice stating that your child's coverage in [redacted] Child Health Plus plan would end effective February 28, 2017 because they were no longer eligible to enroll in health insurance through NYSOH.

On February 23, 2017, NYSOH uploaded your child's citizenship and Social Security number documentation to your account. See Documents [redacted].

On March 4, 2017, NYSOH received your child's updated application for financial assistance.

On March 5, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible to enroll in Child Health Plus with a $30.00 per month premium, effective April 1, 2017.

On March 7, 2017, NYSOH issued an enrollment confirmation notice stating on March 6, 2017, your child was enrolled in a Child Health Plus plan for a cost of $30.00 per month with a start date of April 1, 2017.

On March 22, 2017, you spoke to NYSOH's Account Review Unit and appealed your child's disenrollment from [redacted] Child Health Plus plan in the month of March, 2017.

On June 29, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the 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 child's disenrollment from [redacted] Child Health Plus plan for the month of March, 2017.

2) You submitted an application for financial assistance for your child on November 10, 2016. The application that was submitted that day indicates that your [redacted] is a U.S. citizen and was in the process of applying for a Social Security Number.

3) You testified you were aware of the November 11, 2016 eligibility determination notice which requested proof of your child's Social Security Number and Citizenship Status documentation before February 8, 2017.

4) NYSOH records do not show an upload of your child's verification documents before February 8, 2017.

5) You testified in response to the request for documentation you faxed a copy of your child's Birth Certificate and Social Security Card on February 3, 2017.

6) Your NYSOH account events tab shows on February 23, 2017, NYSOH uploaded your [redacted] documentation to your account.

7) The documentation uploaded to your account on February 23, 2017 both have dates on the top of the pages stating February 3, 2017. See Documents [redacted].

8) Your child's eligibility was redetermined on February 14, 2017, and [redacted] was found no longer eligible to remain enrolled in [redacted] Child Health Plus plan effective March 1, 2017.

9) The two documents you provided to NYSOH were reviewed on March 4, 2017 and accepted as proof of Citizenship Status and Social Security number.

10) You testified you paid your premium responsibility to your child's health plan for the month of March, 2017.

11) You testified you incurred medical costs in the amount of approximately $500.00 in the month of March, 2017 which were not covered due to the gap in coverage.

12) The record shows you enrolled your [redacted] back into a Child Health Plus plan on March 6, 2017, for a start date of April 1, 2017.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

<u>Child Health Plus</u>

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 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 child's eligibility for and enrollment in [redacted] Child Health Plus terminated effective March 1, 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.

The record indicates you submitted an application for financial assistance on November 10, 2016. The application that was submitted that day states your child is U.S Citizen and was still in the process of applying for a Social Security number.

In the eligibility determination issued on November 11, 2016, you were advised that your child's eligibility for Child Health Plus was only conditional, and that you needed to confirm [redacted] Citizenship Status and Social Security number before February 8, 2017. You testified you were aware of the deadline for submission of documentation.

NYSOH records do not show an upload to your account of documentation before February 8, 2017.

On February 15, 2017, NYSOH issued an eligibility redetermination notice stating your child's eligibility was redetermined on February 14, 2017 and [redacted] 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. [redacted] also could not enroll in a qualified health plan at full cost. The notice stated that this was because you had not confirmed [redacted] Citizenship Status and Social Security number within the required timeframe. [redacted] eligibility ended March 1, 2017, and a disenrollment

notice was issued that same day terminating [redacted] enrollment effective February 28, 2017.

However, the record contains and your testimony confirms, that on February 3, 2017 you faxed to NYSOH your child's birth certificate and Social Security number.

Therefore, it is concluded you sent your child's proof of Citizenship Status and Social Security number before the deadline of February 8, 2017.

Since you complied with the November 11, 2016, notice to provide proof of your child's Citizenship Status and Social Security number with the stated deadline of February 8, 2017 your child should have remained enrolled in [redacted] Child Health Plus plan until the documentation was reviewed by NYSOH.

Furthermore, 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 February 15, 2017. Accordingly, the notice terminating your child's enrollment would be considered received as of February 20, 2017.

Therefore, NYSOH failed to provide you with sufficient time to allow you to update your child's application, or apply for an extension of the deadline for producing documentation before the termination of your child's health plan effective February 28, 2017.

As a result, the February 15, 2017, eligibility redetermination notice and disenrollment notice terminating your child's eligibility for and enrollment in [redacted] Child Health Plus plan effective March 1, 2017 were improper and are RESCINDED.

Your case is RETURNED, to NYSOH to reinstate your child into [redacted] Child Health Plus plan for the month of March, 2017.

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

Decision

The February 15, 2017, eligibility redetermination notice and disenrollment notice are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child into [redacted] Child Health Plus plan for the month of March, 2017.

Effective Date of this Decision: July 5, 2017

How this Decision Affects Your Eligibility

Your child should not have been terminated from [redacted] Child Health Plus plan effective February 28, 2017, for failure to submit proof of [redacted] Citizenship Status and Social Security number.

Your case is being sent back to NYSOH to reinstate your child into [redacted] Child Health Plus for the month of March, 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 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).

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 15, 2017, eligibility redetermination notice and disenrollment notice are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child into [redacted] Child Health Plus plan for the month of March, 2017.

Your child should not have been terminated from [redacted] Child Health Plus plan effective February 28, 2017, for failure to submit proof of [redacted] Citizenship Status and Social Security number.

Your case is being sent back to NYSOH to reinstate your child into [redacted] Child Health Plus for the month of March, 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:

[redacted]

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).

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)

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).

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 महत्त्वपूर्ण 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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.

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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