



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

## Notice of Decision

Decision Date: October 3, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000019331

[REDACTED]

Dear [REDACTED],

On August 29, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 27, 2017 eligibility determination and plan 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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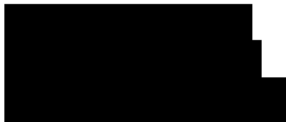


STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
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## Decision

Decision Date: October 3, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000019331



## Issues

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

Did NY State of Health properly determine that your infant child's eligibility for Child Health Plus terminated effective May 1, 2017?

Did NY State of Health properly determine that your infant child's enrollment in a Child Health Plus plan was effective July 1, 2017?

## Procedural History

On January 25, 2017, NY State of Health (NYSOH) issued an eligibility determination notice, based on your January 24, 2017 updated application, stating in part that your infant child (child) was eligible for Child Health Plus for a limited time, effective March 1, 2017, and he no longer qualified for Medicaid through NYSOH as of February 28, 2017. The notice also directed you to provide proof of your child's citizenship status and Social Security number by April 24, 2017.

Also on January 25, 2017, NYSOH issued a plan enrollment notice informing you in part that your child's coverage in a Child Health Plus plan would not begin until you picked a plan for him.

On March 30, 2017, your child's U.S. certificate of birth was uploaded to your NYSOH account.

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 April 6, 2017, NYSOH issued a notice stating that the documentation you submitted was reviewed and did not confirm the information in your application. The notice again directed you to send in more proof to verify your child's citizenship status and Social Security number by April 24, 2017.

On April 30, 2017, NYSOH issued a discontinuance notice stating that, effective May 1, 2017, your child no longer qualified for Medicaid through NYSOH; or for coverage through Child Health Plus or the Essential Plan; or to receive premium tax credits or cost sharing reductions; or to purchase a qualified health plan. The reason provided was because you did not submit proof of his citizenship status or a valid Social Security card, which was required to confirm your child's eligibility for Child Health Plus and for your child to remain eligible for coverage through NYSOH. The notice further informed you to call NYSOH if you cannot get the proof needed to confirm the information in your application.

On May 26, 2017, you updated your NYSOH account and your child's eligibility was preliminarily redetermined. Your child was found eligible for Child Health Plus and enrolled in a Child Health Plus plan as of July 1, 2017.

Also on May 26, 2017, you contacted NYSOH's Account Review Unit and appealed your child's eligibility and enrollment in a Child Health Plus plan insofar as the effective date was not June 1, 2017.

On May 27, 2017, NYSOH issued an eligibility determination notice stating in part that your child was eligible for Child Health Plus with a \$30.00 monthly premium, effective July 1, 2017.

Also on May 27, 2017, NYSOH issued a plan enrollment notice confirming in part that your child was enrolled in a Child Health Plus plan with a \$30.00 monthly premium and a July 1, 2017 enrollment start date.

On August 29, 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) According to your NYSOH account, your child was born on [REDACTED] and had coverage with Medicaid Fee-For-Service from January 1, 2017 through February 28, 2017.
- 2) On January 24, 2017, your child was redetermined eligible for Child Health Plus for a limited time, effective March 1, 2017.

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).

- 3) According to your NYSOH account, you selected a Child Health Plus plan for your two older children, but did not pick a Child Health Plus plan for your child's coverage to begin March 1, 2017.
- 4) According to your NYSOH account, you were directed to submit proof of your child's citizenship status and Social Security number to NYSOH by April 24, 2017.
- 5) According to your January 24, 2017 and April 29, 2017 online applications, you were in the process of applying for a Social Security number for your child.
- 6) According to your NYSOH account, you had telephone conversations with NYSOH representatives on January 25, 2017 and May 26, 2017, and your child's eligibility for Child Health Plus was redetermined both times.
- 7) You testified that you had trouble obtaining a Social Security card for your child in that it was first sent to the wrong address.
- 8) According to your NYSOH account, your child's U.S. certificate of birth was uploaded to your NYSOH account on March 30, 2017 (see Document [REDACTED]).
- 9) According to your NYSOH account, on April 5, 2017, NYSOH deemed your child's birth certificate to be invalid proof of his Social Security number and the deadline within which to provide the same remained as "by April 24, 2017," as stated in the notice.
- 10) According to the April 30, 2017 discontinuance notice, your child was disqualified from all insurance affordability programs through NYSOH and could not enroll in a qualified health plan at full cost, because you had not provided proof of his citizenship status or Social Security number. That notice informed you to call NYSOH if you could not get the proof needed to confirm your child's information in your application.
- 11) You testified that you did not receive the April 30, 2017 discontinuance notice.
- 12) Your NYSOH account indicates that you receive notices from NYSOH by electronic means.
- 13) According to your NYSOH account, on May 26, 2017, a NYSOH representative assisted you in updating your application and your child's Social Security number was added to your account.

- 14) According to your NYSOH account, you first selected a Child Health Plus plan for your child on May 26, 2017, with a July 1, 2017 enrollment start date.
- 15) You testified that you are seeking to have your child's enrollment in his Child Health Plus plan made effective June 1, 2017, because you have medical bills for your child's medical care that month.
- 16) You further testified that, ideally, you would like his Child Health Plus coverage to begin April 1, 2017.

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).

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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).

### 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 within 1 day of the notice being generated (45 CFR §155.230(d); 42 CFR §435.918(b)(3) and (4)). If an electronic notice is undeliverable, NYSOH must send a notice by regular mail within three business days of the date of a failed electronic communication (42 CFR §435.918(b)(5)).

### **Legal Analysis**

The first issue under review is whether NYSOH properly determined that your child's eligibility for and enrollment in Child Health Plus terminated effective May 1, 2017.

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NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, their 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 then provide the individual with a period of 90 days from the date notice is received to resolve the inconsistency.

The record indicates that your child was added to your NYSOH account on January 24, 2017. The application that was submitted that day indicates that he was a U.S Citizen, but did not have a Social Security number because you were in the process of applying for one.

In the eligibility determination issued on January 25, 2017, you were advised that your child's eligibility for Child Health Plus was only conditional, effective March 1, 2017, and that you needed to confirm his citizenship status and Social Security number by April 24, 2017. Notably, you did not select a health plan for your child's enrollment in a Child Health Plus plan to take effect as of March 1, 2017, and his coverage under Medicaid Fee-For-Service ended February 28, 2017.

On March 30, 2017, you uploaded a copy of your child's U.S. certificate of birth. On April 5, 2017, your child's birth certificate was invalidated as to proof of his Social Security number.

You testified that your child's Social Security card was sent to the wrong address and you could not provide it by April 24, 2017 deadline. As such, NYSOH did not have his Social Security number by that deadline.

On April 30, 2017, NYSOH issued a discontinuance notice stating that your child was disqualified from all insurance affordability programs through NYSOH and could not enroll in a qualified health plan at full cost, because you had not provided proof of his citizenship status or Social Security number. That notice informed you to call NYSOH if you could not get the proof needed to confirm your child's information in your application.

However, you testified that you elected to receive alerts regarding notices from NYSOH electronically. Since you elected to receive communications from NYSOH electronically, NYSOH was required to post notices to your account within one business day of notice generation. It was also required to send an e-mail or other electronic communication alerting you that a notice had been posted to your account.

You testified that you did not receive an electronic alert regarding your child's eligibility being discontinued and, therefore, did not know to contact NYSOH to inform them of the delay in receiving his Social Security card.

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 April 30, 2017 discontinuance notice was posted to your NYSOH account, but the record contains no evidence that NYSOH sent the required e-mail alert to notify you that it was available in your account for your review. The record also does not indicate, if the electronic alert was not delivered, a paper notice was sent by regular mail within three business days of the date of a failed electronic communication.

Lacking evidence of delivery of any email alert or paper notice, it is concluded that you did not receive notice regarding your child's discontinuance of eligibility or the need for additional information to confirm his eligibility through NYSOH.

Therefore, it is concluded that NYSOH did not give you the proper notice that your child's eligibility for health insurance through NYSOH terminated May 1, 2017.

Since you were not made aware of and did not receive proper notice that your child was disqualified from all insurance affordability programs and could not purchase a qualified health plan at full cost because you failed to submit his Social Security number, the April 30, 2017 discontinuance notice is **RESCINDED**.

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.

Had you been able to select a Child Health Plus plan on April 30, 2017, the earliest your child could be eligible for Child Health Plus and enrolled in a Child Health Plus plan would be June 1, 2017. To effectuate these changes, the May 27, 2017 eligibility determination and plan enrollment notices are **MODIFIED** to state your child was eligible for Child Health Plus and enrolled in the Child Health Plus plan you selected as of June 1, 2017.

Your case is **RETURNED** to NYSOH to effectuate these changes, and to notify you accordingly.

You will be responsible to pay the premium due for coverage to commence as of June 1, 2017.

## **Decision**

The April 30, 2017 discontinuance notice is RESCINDED.

The May 27, 2017 eligibility determination and plan enrollment notices are MODIFIED to state your child was eligible for Child Health Plus and enrolled in the Child Health Plus plan you selected as of June 1, 2017.

Your case is RETURNED to NYSOH to effectuate these changes, and to notify you accordingly.

**Effective Date of this Decision:** October 3, 2017

## **How this Decision Affects Your Eligibility**

Your child's coverage under Medicaid Fee-For-Service ended February 28, 2017.

You did not select a Child Health Plus plan for your child's enrollment to begin March 1, 2017.

Your child should not have been terminated from his Child Health Plus eligibility as of May 1, 2017, because NYSOH failed to give proper notice.

Your case is being sent back to NYSOH to change your child's Child Health Plus plan start date from July 1, 2017 to June 1, 2017. NYSOH will notify you once this has been done.

You will be responsible to pay the premium due for coverage to commence as of June 1, 2017.

Your child did not have health insurance coverage through NYSOH from March 1, 2017 through May 31, 2017, because you did not select a health plan for his coverage to start March 1, 2017.

## **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.

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).

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):**

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 April 30, 2017 discontinuance notice is RESCINDED.

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 May 27, 2017 eligibility determination and plan enrollment notices are MODIFIED to state your child was eligible for Child Health Plus and enrolled in the Child Health Plus plan you selected as of June 1, 2017.

Your case is RETURNED to NYSOH to effectuate these changes, and to notify you accordingly.

Your child's coverage under Medicaid Fee-For-Service ended February 28, 2017.

You did not select a Child Health Plus plan for your child's enrollment to begin March 1, 2017.

Your child should not have been terminated from his Child Health Plus eligibility as of May 1, 2017, because NYSOH failed to give proper notice.

Your case is being sent back to NYSOH to change your child's Child Health Plus plan start date from July 1, 2017 to June 1, 2017. NYSOH will notify you once this has been done.

You will be responsible to pay the premium due for coverage to commence as of June 1, 2017.

Your child did not have health insurance coverage through NYSOH from March 1, 2017 through May 31, 2017, because you did not select a health plan for his coverage to start March 1, 2017.

## **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)**

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 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 b etumi ama wo obi a okyer e 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 דאלמענטשער 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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