



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

Notice of Decision

Decision Date: November 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019980

[REDACTED]

Dear [REDACTED],

On October 25, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 1, 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.

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Decision

Decision Date: November 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019980



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 youngest child's eligibility for and enrollment in Child Health Plus terminated, effective May 31, 2017?

Procedural History

On February 25, 2017, your youngest child was added to your NY State of Health (NYSOH) account and an application was submitted on his behalf.

On February 26, 2017, NYSOH issued a notice of eligibility determination stating your child was conditionally eligible to enroll in Child Health Plus with a \$30.00 per month premium, effective February 1, 2017. The notice directed you to provide documentation confirming your child's citizenship status and Social Security number before May 26, 2017.

Also on February 26, 2017, NYSOH issued a notice confirming your child's enrollment in a Child Health Plus plan, effective February 1, 2017.

On May 31, 2017, NYSOH systematically redetermined your child's eligibility.

On June 1, 2017, NYSOH issued an eligibility determination notice stating 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. The notice further indicated that your child was not eligible to enroll in a qualified health plan at full

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cost, because you had not confirmed his citizenship status and Social Security number within the required timeframe.

Also on June 1, 2017, NYSOH issued a disenrollment notice stating your child's coverage in his Child Health Plus plan would end, effective May 31, 2017, because he was no longer eligible to enroll in health insurance through NYSOH.

On June 23, 2017, NYSOH received an updated application submitted on your child's behalf including his Social Security number. That day a preliminary eligibility determination was prepared finding your child eligible to enroll in Child Health Plus with a \$30.00 per month premium, effective August 1, 2017. You selected a plan for your child the same day.

Also on June 23, 2017, you spoke to NYSOH's Account Review Unit and appealed your child's disenrollment from his Child Health Plus plan for the months of June and July 2017.

On June 24, 2017, NYSOH issued an eligibility determination notice, based on your June 23, 2017 updated application, stating your child was eligible to enroll in Child Health Plus with a \$30.00 per month premium, effective August 1, 2017.

Also on June 24, 2017, NYSOH issued an enrollment notice confirming your child was enrolled in a Child Health Plus plan, effective August 1, 2017.

On June 27, 2017, NYSOH issued an eligibility determination notice and an enrollment notice confirming your child was granted Aid to Continue in his Child Health Plus plan pending the decision in your appeal. Your child was reenrolled in his plan, effective June 1, 2017.

On October 25, 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 are only appealing your child's disenrollment from his Child Health Plus plan for the months of June and July 2017.
- 2) The record indicates your child was added to your NYSOH account on February 25, 2017. The application that was submitted that day indicates that he was a US Citizen but he did not have a Social Security number, because you were in the process of applying for one.

- 3) According to your account, NYSOH issued an eligibility determination notice on February 26, 2017 indicating that your child's eligibility for Child Health Plus was only conditional and directing you to submit proof of your child's citizenship and Social Security number by May 26, 2017.
- 4) According to your account, NYSOH did not receive any documentation or updates to your account by May 26, 2017.
- 5) On May 31, 2017, NYSOH redetermined your child's eligibility and found your child ineligible to enroll in health insurance through NYSOH, because NYSOH had not received the requested documentation to confirm your child's Social Security number and citizenship status within the required time frame.
- 6) According to your account, NYSOH issued a disenrollment notice on June 1, 2017 indicating your child's coverage was terminated, effective May 31, 2017.
- 7) According to your account, NYSOH received an updated application submitted on behalf of your child on June 23, 2017. That application contained your child's Social Security number.
- 8) Your child was determined fully eligible to enroll in Child Health Plus, effective August 1, 2017.
- 9) According to your account, you selected a health plan for your child on June 23, 2017 and coverage through that plan became effective on August 1, 2017.
- 10) You appealed insofar as your child had a gap in coverage for the months of June and July 2017.
- 11) According to your account, your child was granted Aid to Continue pending the decision in your appeal and he was reenrolled into his Child Health Plus plan, effective June 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

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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 (NY 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 PHL § 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 to allow Child Health Plus coverage to continue without interruption (42 CFR § 457.340(e)(2); 42 CFR § 457.1130(a)(3)).

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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 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 child's eligibility for and enrollment in Child Health Plus terminated, effective May 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.

According to the above cited regulations, 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 youngest child was added to your NYSOH account on February 25, 2017. The application that was submitted that day indicates that he was a U.S Citizen but he did not have a Social Security number, because you were in the process of applying for one.

In the eligibility determination issued on February 26, 2017 you were advised that your child's eligibility for Child Health Plus was only conditional and you were directed to submit proof of your child's citizenship and Social Security number by May 26, 2017.

According to your account, NYSOH did not receive any documentation or updates to your account by May 26, 2017.

On June 1, 2017, NYSOH issued a disenrollment notice stating your child's coverage in his Child Health Plus plan would end, effective May 31, 2017, because he was 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 child's citizenship status and Social Security number.

In accordance with the regulations, when NYSOH denies, terminates, or suspends a child's Child Health Plus coverage, they are required to provide

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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 June 1, 2017. Therefore, the notice terminating your child's enrollment would be considered received as of June 6, 2017.

Since you would not have received notice of your child's disenrollment until after that disenrollment became effective, it was not possible for you to have taken action in response to that notice to prevent a gap in coverage for your child. Thus, NYSOH did not provide you with adequate notice of your child's disenrollment.

Therefore, the June 1, 2017 eligibility determination and disenrollment notices are RESCINDED.

Decision

The June 1, 2017 eligibility determination and disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child into his Child Health Plus plan for the months of June and July 2017.

Effective Date of this Decision: November 6, 2017

How this Decision Affects Your Eligibility

Your child's Child Health Plus coverage should not have been terminated for the months of June and July 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 child into his Child Health Plus for the months of June and July 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.

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

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The June 1, 2017 eligibility determination and disenrollment notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your child into his Child Health Plus plan for the months of June and July 2017.

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

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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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