



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

Notice of Decision

Decision Date: September 25, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020010

[REDACTED]

[REDACTED]

On September 19, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 20, 2017 eligibility determination and June 21, 2017 disenrollment notices, and the June 24, 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).

This page intentionally left blank.



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

Decision

Decision Date: September 25, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020010

[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 (CHP) terminated effective June 30, 2017?

Procedural History

On March 16, 2017, your three children were added to your NYSOH account and an application was submitted on their behalf.

On March 17, 2017, NYSOH issued a notice of eligibility determination stating that your two older children were eligible to enroll in CHP with a premium of \$9.00 per month and your youngest child (child) was eligible to enroll in CHP for a limited time with a \$9.00 per month premium, effective May 1, 2017. The notice requested that you provide documentation confirming your child's citizenship status and Social Security Number before June 14, 2017.

Also on March 17, 2017, NYSOH issued a notice confirming your children's enrollment in a CHP plan, effective May 1, 2017.

On March 27, 2017, you submitted a letter from the Social Security Administration which included your child's Social Security Number and your child's birth certificate [REDACTED]

On April 1, 2017, NYSOH issued a notice stating that the documentation reviewed does not confirm the information in the application. The notice directed you to provide a Social Security Number for your child.

On June 20, 2017, NYSOH issued an eligibility determination notice stating that 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, and could not enroll in a qualified health plan at full cost. The reason stated was because you had not confirmed her Social Security Number within the required timeframe.

On June 21, 2017, NYSOH issued a disenrollment notice stating that your three children's enrollments in their CHP plans would end effective June 30, 2017, because they were no longer eligible to enroll in health insurance through NYSOH.

On June 23, 2017, your child's Social Security Number was added to your NYSOH account.

On June 24, 2017, NYSOH issued an eligibility determination notice stating that your three children were eligible to enroll in CHP with a \$9.00 per month premium each, effective August 1, 2017.

Also on June 24, 2017, NYSOH issued a plan enrollment notice confirming your three children's enrollment in a CHP plan, effective August 1, 2017.

On June 26, 2017, you spoke to NYSOH's Account Review Unit and appealed your three children's disenrollment from their CHP plan as of June 30, 2017, lapse in coverage for the month of July 2017, and re-enrollment as of August 1, 2017.

On September 19, 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 all three of your children's disenrollment from their CHP plans as of June 30, 2017, resulting in a gap in coverage for the month of July 2017. You are also appealing the August 1, 2017 re-enrollment start date.
- 2) According to your NYSOH account, your child was added to your NYSOH account on March 16, 2017. The application that was

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).

submitted that day indicates that she was a U.S Citizen and you were in the process of applying for her Social Security Number.

- 3) You testified that, while you did not have a Social Security card for your child, you did have her Social Security Number at that time.
- 4) On March 27, 2017, you submitted a letter from the Social Security Administration (SSA) which included your child's Social Security Number and your child's birth certificate, [REDACTED]
[REDACTED]
- 5) According to your NYSOH account, your child's birth certificate was verified, but the SSA letter which included your child's Social Security Number was not.
- 6) According to your NYSOH, [REDACTED] were disenrolled from their CHP plan, effective June 30, 2017 and were re-enrolled on August 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 CHP 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 CHP 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 CHP eligibility (42 CFR § 457.340(e)). When CHP 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 CHP 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 CHP 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 all three of your children's eligibility for and enrollment in CHP terminated effective June 30, 2017, and then resumed as of August 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 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 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 credible evidence of record indicates that your child was added to your NYSOH account on March 16, 2017. The application that was submitted that day indicates she was a U.S. Citizen and you were in the process of applying for her Social Security Number. However, you testified that you did have her Social Security Number, but not a copy of her Social Security card.

In the eligibility determination issued on March 17, 2017 you were advised that your child's eligibility for CHP was only conditional, and that you needed to confirm her Social Security Number and citizenship status before June 14, 2017.

On June 19, 2017, it appears that NYSOH systematically reran your children's eligibilities following the June 14, 2017 deadline and issued an eligibility determination notice stating that, effective June 30, 2017, your child was no longer eligible for health insurance through NYSOH because NYSOH did not receive documentation of her Social Security Number by the June 14, 2017 deadline. NYSOH also issued a June 21, 2017 disenrollment notice stating that, because all three of your children were no longer being eligible to enroll through NYSOH, their coverage in their CHP plans were to end June 30, 2017.

However, the record reflects that, on March 27, 2017, you submitted your child's Social Security Number and birth certificate (see Documents [REDACTED] and [REDACTED]). The record further reflects that NYSOH did not verify your child's Social Security Number within 30 days of receipt, but instead simply added the number to the account on June 23, 2017.

Since you provided your child's birth certificate and Social Security Number in a timely manner; that is, before the June 14, 2017 deadline, NYSOH erred in redetermining all three of your children ineligible for health insurance through NYSOH and further erred in terminating all three of your children from their CHP coverage as of June 30, 2017. Therefore, the June 20, 2017 eligibility determination and June 21, 2017 disenrollment notices are **RESCINDED**.

Notwithstanding the fact that NYSOH mistakenly disenrolled all three of your children, had the required documents that you submitted on March 27, 2017 been properly reviewed and timely verified, your children would not have been disenrolled from their CHP plan as of June 30, 2017 and would have been covered by health insurance in July 2017. Therefore, your case is **RETURNED** to NYSOH to reinstate all three of your children into their CHP plans for the month of July 2017, and to notify you accordingly.

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).

Decision

The June 20, 2017 eligibility determination and June 21, 2017 disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate all three of your children into their CHP plans for the month of July 2017, and to notify you accordingly.

Effective Date of this Decision: September 25, 2017

How this Decision Affects Your Eligibility

You timely submitted proof of your child's Social Security Number and citizenship status. Therefore, all three of your children should not have been terminated from their CHP plans as of June 30, 2017.

Your case is being sent back to NYSOH to reinstate all three of your children into their CHP plans for the month of July 2017. NYSOH will notify you once this is done.

You will be responsible to pay your monthly premium responsibility to the CHP plans directly for your children's coverage to resume that month.

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:

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).

- 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 June 20, 2017 eligibility determination and June 21, 2017 disenrollment notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate all three of your children into their CHP plans for the month of July 2017, and to notify you accordingly.

You timely submitted proof of your child's Social Security Number and citizenship status. Therefore, all three of your children should not have been terminated from their CHP plans as of June 30, 2017.

Your case is being sent back to NYSOH to reinstate all three of your children into their CHP plans for the month of July 2017. NYSOH will notify you once this is done.

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 will be responsible to pay your monthly premium responsibility to the CHP plans directly for your children's coverage to resume that month.

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)

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).

0000 00 0000000000000000 0000 000 00000 000000 000 0000000000 000000000 00 000000,
00000000 0000 1-855-355-5777 0000000 00 000000 00000 00 0000000 0000 00000 00000000000 00000
0000000 00000 00000000 00000 000000

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&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)

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).

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).