



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

## Notice of Decision

Decision Date: November 21, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022384

[REDACTED]

Dear [REDACTED],

On November 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 20, 2017 eligibility determination and August 21, 2017 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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## Decision

Decision Date: November 21, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022384

[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 child, [REDACTED] was no eligible for Child Health Plus and ended their coverage as of August 31, 2017?

## Procedural History

On May 15, 2017, your child was added to your NYSOH account and an application was submitted on their behalf.

On May 16, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible to enroll in Child Health Plus with a \$9.00 per month premium, effective June 1, 2017, for a limited time. The notice directed you to provide documentation confirming their citizenship status and Social Security number before August 13, 2017.

Also on May 16, 2017, NYSOH issued a plan enrollment notice confirming that as of May 15, 2017, your child was enrolled in a Child Health Plus plan with an enrollment start date of June 1, 2017. The notice directed you to provide documentation confirming their citizenship status and Social Security number before August 13, 2017.

On July 11, 2017, your account was updated.

On July 12, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible to enroll in Child Health Plus with a \$15.00 per month premium, effective August 1, 2017, for a limited time. The notice directed you to provide documentation confirming their citizenship status before August 13, 2017.

Also on July 12, 2017, NYSOH issued a plan enrollment notice confirming that, as of July 11, 2017, your child was enrolled in a Child Health Plus plan with an enrollment start date of June 1, 2017. The notice directed you to provide documentation confirming their citizenship status before August 13, 2017.

On August 19, 2017, your account was systemically updated.

On August 20, 2017, NYSOH issued an eligibility determination notice stating that your child was no longer eligible for health insurance, effective September 2, 2017, because you did not provide proof of your child's citizenship status.

On August 21, 2017, NYSOH issued a disenrollment notice stating you're your child's Child Health Plus enrollment ended on September 1, 2017, because they were no longer eligible to enroll in health insurance through NYSOH.

On August 23, 2017, your account was updated.

On August 24, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible to enroll in Child Health Plus with a \$15.00 per month premium, effective October 1, 2017, for a limited time. The notice directed you to provide documentation confirming their citizenship status before November 21, 2017.

Also on August 24, 2017, NYSOH issued a plan enrollment notice confirming that, as of August 23, 2017, your child was enrolled in a Child Health Plus plan with an enrollment start date of October 1, 2017. The notice directed you to provide documentation confirming their citizenship status before November 21, 2017.

On September 13, 2017, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as your child was not enrolled in health insurance for the month of September 2017.

On November 10, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was left open until November 10, 2017, to allow you to submit the July 16, 2017, fax confirmation.

On November 10, 2017, you faxed two-pages of documentation to NYSOH Appeals Unit. That documentation has been made part of the record as "Appellant Exhibit A." The record is complete and closed.

## 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].
- 2) You testified that you want your child's health insurance coverage to be active for the month of September 2017.
- 3) Your NYSOH account indicates that your child was added to your NYSOH account on May 15, 2017. The application that was submitted indicates that you attested that your child was a U.S Citizen, and you were in the process of applying for a Social Security number.
- 4) On May 16, 2017, NYSOH issued notices stating that your child was eligible for and enrolled in a Child Health Plus plan, effective June 1, 2017, for a limited time. The notices directed you to provide documentation confirming their citizenship status and Social Security number before August 13, 2017. The notices directed you to fax the documentation to 1-855-900-5557 [REDACTED].
- 5) According to your NYSOH account, you receive notices from NYSOH, electronically.
- 6) You testified that you did receive an electronic notice from NYSOH requesting documentation of your child's citizenship status and Social Security number.
- 7) According to your NYSOH account, on July 11, 2017, you entered your child's Social Security number into your account.
- 8) You testified that on July 14, 2017, you received your child's U.S. Certificate of Naturalization.
- 9) You testified that on July 16, 2017, you faxed three-pages of documentation to NYSOH. You faxed: (1) A cover sheet; (2) the corresponding bar code page that accompanied the electronic notice requesting the citizenship status documentation; and (3) your child's U.S. Certificate of Naturalization.

- 10) According to your NYSOH account, the documentation that was faxed to NYSOH on July 16, 2017, was not uploaded to your account.
- 11) On November 10, 2017, you faxed a fax confirmation to NYSOH Appeals Unit. The confirmation states that on July 16, 2017, you successfully faxed three-pages of documents to (855) 900-5557 (Appellant Exhibit A, p. 2).
- 12) You testified that you found out that your child's health insurance coverage was terminated when you received the electronic disenrollment notice from NYSOH.
- 13) According to your NYSOH account, on August 23, 2017, your child was re-enrolled in a Child Health Plus plan.

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

## **Applicable Law and Regulations**

### Child Health Plus - Generally

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)).

### Child Health Plus – Citizenship

An individual is eligible for Child Health Plus if they are citizens, nationals of the United States, or certain non-citizens. Individuals must be provided reasonable opportunity to submit verification of their citizenship or immigration status. An applicant who declares to being a citizen or national of the United States, or having satisfactory immigration status must be provided notice to submit verification of their citizenship or immigration status. The reasonable opportunity begins on and extends 90 days from the date the notice is received by the

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individual (42 CFR § 457.320 (b)(6), (c)) (see e.g. 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 was ineligible for health insurance and ended their Child Health Plus coverage as of August 31, 2017.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm an individual's citizenship or immigration status.

If NYSOH cannot verify an individual's citizenship or immigration status, 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.

On May 16, 2017, NYSOH issued notices stating that your child was eligible for and enrolled in a Child Health Plus plan, effective June 1, 2017, for a limited time. The notices requested that you provide documentation confirming their citizenship status and Social Security number before August 13, 2017. The notices directed you to fax the documentation to 1-855-900-5557 [REDACTED].

You testified that you did receive an electronic notice stating that your child's eligibility was only conditional and that you needed to submit citizenship status documentation to confirm their eligibility. However, your account reflects that the citizenship status documentation was not received by NYSOH before August 13, 2017. You testified that you first discovered that your child's coverage was ending when you received an electronic disenrollment notice from NYSOH.

You credibly testified that, on July 14, 2017, you received your child's U.S. Certificate of Naturalization. On July 16, 2017, you faxed three-pages of evidence, including your child's U.S. Certificate of Naturalization, to satisfy NYSOH's request for citizenship status documentation. Further, on November 10, 2017, you faxed a fax confirmation to NYSOH Appeals Unit stating that on July 16, 2017, you successfully faxed three-pages of documents to (855) 900-5557 (see Appellant Exhibit A, p. 2).

Based on the totality of the evidence, the record supports that you did provide your child's U.S. Certificate of Naturalization on July 16, 2017. Since the documentation was submitted before the August 13, 2017 deadline, your child was improperly determined ineligible for health insurance and their Child Health Plus coverage ended on August 31, 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).

Therefore, the August 20, 2017 eligibility determination and August 21, 2017, disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child's Child Health Plus coverage for the month of September 2017.

## **Decision**

The August 20, 2017 eligibility determination notice is RESCINDED.

The August 21, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child's Child Health Plus coverage for the month of September 2017, and to notify you accordingly.

**Effective Date of this Decision:** November 21, 2017

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

Your child's Child Health Plus plan was improperly terminated effective August 31, 2017, because you timely submitted proof of their citizenship status.

Your case has been returned to NYSOH to reinstate their Child Health Plus coverage for the month of September 2017. NYSOH will notify you once your child's coverage has been reinstated.

If applicable, you will be responsible to pay the September 2017 monthly premium to the Child Health Plus 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  
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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 August 20, 2017 eligibility determination notice is RESCINDED.

The August 21, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child's Child Health Plus coverage for the month of September 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).

Your child's Child Health Plus plan was improperly terminated effective August 31, 2017, because you timely submitted proof of their citizenship status.

Your case has been returned to NYSOH to reinstate their Child Health Plus coverage for the month of September 2017. NYSOH will notify you once your child's coverage has been reinstated.

If applicable, you will be responsible to pay the September 2017 monthly premium to the Child Health Plus plan.

### **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)

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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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