



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

Notice of Decision

Decision Date: January 12, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023586

[REDACTED]

[REDACTED]

On December 14, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 12, 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.

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
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Decision

Decision Date: January 12, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023586

[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 newborn child's eligibility to enroll in a qualified health plan ended October 1, 2017, and their enrollment in a qualified health ended effective September 30, 2017?

Procedural History

On June 8, 2017, you added your newborn child to your NYSOH account and submitted a non-financial application on their behalf.

On June 9, 2017, NYSOH issued an eligibility determination notice stating that your newborn child was conditionally eligible to purchase a qualified health plan at full cost, effective July 1, 2017. The notice further directed you to provide documentation confirming their citizenship status and Social Security Number before September 6, 2017.

On June 9, 2017, NYSOH issued a plan enrollment notice confirming your newborn child's enrollment in a gold-level qualified health plan, effective March 1, 2017.

No verification documentation was received before the requested deadline of September 6, 2017.

On September 11, 2017, NYSOH redetermined your newborn child's eligibility.

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 September 12, 2017, NYSOH issued an eligibility determination notice stating in relevant part that your newborn child could not enroll in a qualified health plan at full cost because you had not confirmed their citizenship status and Social Security Number within the required timeframe. Their eligibility ended effective October 1, 2017.

On September 12, 2017, NYSOH issued a disenrollment notice stating your newborn child's coverage with their gold-level qualified health plan would end on September 30, 2017, because they were no longer eligible to enroll in health insurance through NYSOH.

On October 20, 2017, you uploaded copies of your newborn child's Social Security card and Certificate of Birth ([REDACTED])

On October 20, 2017, NYSOH received your newborn child's updated non-financial application. That day, a preliminary eligibility determination was made stating they were eligible to purchase a qualified health plan, effective December 1, 2017.

On October 20, 2017, you spoke to NYSOH's Account Review Unit and appealed the September 12, 2017 eligibility determination notice insofar as your child's eligibility to enroll in a qualified health plan ended October 1, 2017, and their disenrollment from their qualified health plan was effective September 30, 2017.

On December 14, 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 you were told by NYSOH representatives that you were signed up to receive paperless e-mail alerts for correspondence from NYSOH. You testified you switched this preference back to regular mail notices after your newborn child was disenrolled from her health insurance.
- 2) You testified you were not sure if you received an electronic alert notifying you that there was a letter in your NYSOH account alerting you to the need to provide verification documentation.
- 3) During your hearing, you stated you did see the alert in your e-mail's spam folder.

- 4) You testified that you did not know that you needed to submit documentation of your newborn child's citizenship status and Social Security Number until you logged into your account with your child's health plan. This notified you that your child's coverage had ended. You testified you believed this was on October 20, 2017.
- 5) You testified after realizing your child's coverage had ended, you uploaded proof of your newborn child's citizenship and Social Security Number on October 20, 2017.
- 6) According to your NYSOH account, on October 20, 2017, NYSOH received documentation of your newborn child's Social Security Card and Certificate of Birth ([REDACTED]).
- 7) You testified that you are seeking to have your child's enrollment in their qualified health plan made effective as of October 1, 2017.

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

Applicable Law and Regulations

Citizenship and Immigration Status

To enroll in a qualified health plan through NYSOH, an applicant must be a citizen or national of the United States, or a non-citizen who is lawfully present in the United States and reasonably expects to become a citizen or remain a lawfully present noncitizen for the entire period for which enrollment is being sought (45 CFR § 155.305(a)(1)).

NYSOH must verify or obtain information in order to determine that an applicant is eligible for enrollment in a qualified health plan, including the certification of citizenship, status as a national, or lawful presence (45 CFR § 155.315(a), (c)).

If an applicant attests to citizenship, status as a national, or lawful presence, and NYSOH is unable to verify such attestation, NYSOH must provide the applicant with notice of the inconsistency. NYSOH must then provide the applicant with 90 days to provide satisfactory documentary evidence, from the date the notice of inconsistency is received by the applicant. 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)).

Social Security Number Verification Process

For any individual who provides his or her Social Security number to NYSOH, NYSOH must transmit the number and other identifying information to Health and Human Services which will submit it to the Social Security Administration. If NYSOH is unable to validate an individual Social Security number, it must provide the applicant with 90 days to provide satisfactory documentary evidence, from the date the notice of inconsistency is received by the applicant. 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 (b)(2)).

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 (45 CFR §155.230(d); 42 CFR §435.918(b)(4)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your newborn child was no longer eligible to enroll in a qualified health plan through NYSOH, effective October 1, 2017.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, that their citizenship status is satisfactory and they have a valid 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. For purposes of verifying citizenship, notice is considered received 5 days after the date on the notice.

In the eligibility determination issued on June 9, 2017, you were advised that your newborn child's eligibility was only conditional, and that you needed to confirm their citizenship status and Social Security Number by providing documentation before September 6, 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).

The record reflects that NYSOH did not receive the requested citizenship status and Social Security Number documentation before the deadline.

If NYSOH remains unable to verify the inconsistency after the 90-day period ends, then it must determine the applicant's eligibility based on the information available in the data sources. Your child's eligibility was redetermined on September 11, 2017, and they were determined no longer eligible to receive health insurance effective October 1, 2017.

During your telephone hearing, you testified you signed up for electronic notifications. You explained you were told that electronic notification was your method of contact by NYSOH representatives and you elected to change this method of contact to receive notices through regular U.S. mail after your newborn child had been disenrolled. While speaking with the Hearing Officer, you indicated you could now see in your e-mail account's spam folder that NYSOH had issued alerts to you to go into your account.

Since you acknowledged receipt of NYSOH's electronic notifications, albeit at the time of the hearing and in your spam account, it is determined that NYSOH properly notified you of the need to provide citizenship status and Social Security documentation for your newborn child.

When the requested documentation was not received within the 90-day period, NYSOH was required to redetermine your newborn child's eligibility without verification of her citizenship status and Social Security Number.

As a result, NYSOH properly determined that your newborn child was no longer eligible to be enrolled in a qualified health plan through NY State of Health, effective October 1, 2017, because you did not provide the information requested by NYSOH. As such, your child's citizenship status and Social Security Number could not be verified to confirm her eligibility to enroll in a qualified health plan.

Therefore, the September 12, 2017 eligibility determination and disenrollment notices are correct and are AFFIRMED.

Decision

The September 12, 2017 eligibility determination and disenrollment notices are AFFIRMED.

This Decision does not affect any subsequent eligibility determinations and plan enrollments made by NYSOH with regard to your newborn child.

Effective Date of this Decision: January 12, 2018

How this Decision Affects Your Eligibility

Your newborn child was no longer eligible to be enrolled in a qualified health plan as of October 1, 2017.

Your newborn child's enrollment in a qualified health plan ended September 30, 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 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 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 September 12, 2017 eligibility determination and disenrollment notices are **AFFIRMED**.

Your newborn child was ineligible for financial assistance effective October 1, 2017.

Your newborn child's enrollment in a qualified health plan ended September 30, 2017.

This Decision does not affect any subsequent eligibility determinations and plan enrollments made by NYSOH with regard to your newborn child.

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).

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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&btumi 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)

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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.

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