



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

## Notice of Decision

Decision Date: March 2, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025087

[REDACTED]

Dear [REDACTED],

On February 27, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's October 1, 2017 eligibility determination notice, October 1, 2017 disenrollment notice, December 1, 2017 eligibility determination notice and December 1, 2017 enrollment confirmation notice.

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 NY State of Health 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: March 2, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025087

[REDACTED]

## 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 newborn's eligibility for and enrollment in a qualified health plan ended effective September 30, 2017?

Did NY State of Health properly determine that your newborn's eligibility for and reenrollment in a qualified health plan was effective January 1, 2018?

## Procedural History

On June 26, 2017, you updated your household's application for health insurance. Specifically, you added your newborn to your account.

On June 27, 2017, NY State of Health (NYSOH) issued a notice of eligibility determination stating that your newborn was conditionally eligible to purchase a qualified health plan at full cost through NYSOH, effective August 1, 2017. The notice further requested that you provide documentation confirming your newborn's citizenship status and Social Security number before September 24, 2017.

Also on June 27, 2017, NYSOH issued a notice confirming your newborn's enrollment in a qualified health plan.

On October 1, 2017, NYSOH issued an eligibility determination notice stating that your newborn was no longer eligible for health insurance through NYSOH. This

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was because you had not confirmed his citizenship status or Social Security number within the required timeframe. Your newborn's eligibility for coverage ended effective September 30, 2017.

Also on October 1, 2017, NYSOH issued a disenrollment notice stating that your newborn's coverage with his qualified health plan would end on September 30, 2017. This was because he was no longer eligible to enroll in health insurance through NYSOH.

On November 30, 2017, you updated your household's application for health insurance. That day, NYSOH prepared a preliminary eligibility determination with regard to that application, stating that your newborn was eligible to reenroll in a qualified health plan effective January 1, 2018.

Also on November 30, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your newborn was without coverage for October 2017, November 2017, and December 2017.

On December 1, 2017, NYSOH issued a notice of eligibility determination, based on the November 30, 2017 application, stating that your newborn was eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2018.

Also on December 1, 2017, NYSOH issued a notice of enrollment confirmation stating that your newborn was enrolled in a qualified health plan with a plan enrollment start date of January 1, 2018.

On February 27, 2018, 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 your youngest child was born on [REDACTED] and that you contacted NYSOH shortly thereafter to add him to your qualified health plan.
- 2) The record indicates that your child was added to your NYSOH account on June 26, 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) You testified, and the record reflects, that you receive all of your notices from NYSOH via regular mail.
- 4) You testified that you did not receive any notices stating that your newborn's eligibility was only conditional and that you needed to provide documentation of his citizenship status and Social Security number.
- 5) No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable.
- 6) You testified that you did not know your child had been disenrolled from his qualified health plan until late November or December, when your spouse took your newborn to a doctor's appointment at which your newborn was prescribed medications. After that appointment, your spouse attempted to fill the prescription, and was advised that your child had been disenrolled from his coverage.
- 7) The record indicates that on November 30, 2017, your newborn's Social Security number was added to your NYSOH account.
- 8) You testified that you are seeking for your newborn to be reinstated in your qualified health plan as of October 1, 2017, as he has outstanding medical bills for October 2017, November 2017, and December 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

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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)).

### Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i)). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

## **Legal Analysis**

The first issue under review is whether NYSOH properly determined that your newborn's eligibility for and enrollment in a qualified health plan ended effective September 30, 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.

If NYSOH cannot verify an individual's citizenship 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. For purposes of verifying citizenship, notice is considered received 5 days after the date on the notice.

In the eligibility determination issued on June 27, 2017, you were advised that your newborn's eligibility was only conditional, and that you needed to confirm his citizenship status and Social Security number before September 24, 2017.

You testified, and the record reflects, that you receive all of your notices from NYSOH via regular mail. You testified that you did not receive any notices stating that your newborn's eligibility was only conditional and that you needed to provide documentation of his citizenship status or Social Security number. No notices that were sent to the address listed on your NYSOH account have been

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returned as undeliverable. Therefore, NYSOH issued proper notice that your newborn's eligibility was only conditional and that additional documentation was needed to confirm his eligibility.

NYSOH did not receive the requested citizenship documentation before the deadline.

Therefore, NYSOH properly notified you of an inconsistency in your account and you did not submit the requested citizenship 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.

Since the requested citizenship documentation was not received within the 90-day period, NYSOH was required to redetermine your newborn's eligibility without verification of his citizenship status. As a result, NYSOH properly determined that your newborn could not enroll in coverage through NY State of Health effective September 30, 2017, because you did not provide the information requested by NYSOH.

Therefore, NYSOH's October 1, 2017 eligibility determination notice and October 1, 2017 disenrollment notice are correct and are AFFIRMED.

The second issue is whether NYSOH properly determined that your newborn's eligibility for and reenrollment in a qualified health plan was effective January 1, 2018.

The record shows that on November 30, 2017 you updated the information in your NYSOH account and submitted a request to reenroll your newborn in a qualified health plan. On December 1, 2017, NYSOH issued an enrollment confirmation notice stating that your newborn's enrollment in a qualified health plan was effective January 1, 2018.

When an individual changes information in their application after the 15th of any month, NYSOH will make the redetermination that results from the change effective the first day of the second following month. Additionally, the date on which a qualified health plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you updated your household's application on November 30, 2017 and selected a qualified health plan for reenrollment for your newborn that day, your newborn's reenrollment properly took effect on the first day of the second month following November 2017; that is, on January 1, 2018.

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Therefore, NYSOH's December 1, 2017 eligibility determination notice and December 1, 2017 enrollment confirmation notice are AFFIRMED because they properly began your newborn's eligibility for and reenrollment in his qualified health plan on January 1, 2018.

## **Decision**

The October 1, 2017 notice of eligibility determination is AFFIRMED.

The October 1, 2017 disenrollment notice is AFFIRMED.

The December 1, 2017 notice of eligibility determination is AFFIRMED.

The December 1, 2017 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** March 2, 2018

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

NYSOH properly found your newborn ineligible to enroll in a qualified health plan because you did not submit proof of his citizenship status and disenrolled him from his qualified health plan effective September 30, 2017.

NYSOH properly began your newborn's reenrollment in his qualified health plan January 1, 2018.

## **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)).

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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  
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Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The October 1, 2017 notice of eligibility determination is AFFIRMED.

The October 1, 2017 disenrollment notice is AFFIRMED.

NYSOH properly found your newborn ineligible to enroll in a qualified health plan because you did not submit proof of his citizenship status and disenrolled him from his qualified health plan effective September 30, 2017.

The December 1, 2017 notice of eligibility determination is AFFIRMED.

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The December 1, 2017 enrollment confirmation notice is AFFIRMED.

NYSOH properly began your newborn's reenrollment in his qualified health plan January 1, 2018.

### **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)

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।

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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&etumi 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.

## **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 דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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