



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

Notice of Decision

Decision Date: March 12, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026744

[REDACTED]

Dear [REDACTED]

On March 6, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 30, 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).

This page intentionally left blank.



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

Decision

Decision Date: March 12, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026744

[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 youngest child (child) was no longer eligible for Child Health Plus and ended their coverage effective December 31, 2017?

Procedural History

On September 26, 2017, NYSOH issued a plan enrollment notice confirming that as of September 25, 2017, your child was enrolled in a Child Health Plus plan with an enrollment start date of September 1, 2017.

On October 1, 2017, NYSOH issued an eligibility determination notice stating in part that your child was eligible to enroll in Child Health Plus for a limited time, with a \$15.00 monthly premium, effective September 1, 2017. The notice directed you to submit documentation confirming your child's citizenship status and Social Security number (SSN) by December 24, 2017.

On December 29, 2017, your NYSOH account was systemically updated.

On December 30, 2017, NYSOH issued an eligibility determination notice stating that your child was no longer eligible for health insurance, effective January 1, 2018, because you did not provide proof of their citizenship status and SSN.

Also on December 30, 2017, NYSOH issued a disenrollment notice stating that your child's Child Health Plus coverage would end effective December 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).

because they were no longer eligible to enroll in health insurance through NYSOH.

On January 4, 2018, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as your child's health insurance coverage was discontinued as of December 31, 2017.

On January 5, 2018, NYSOH issued an eligibility determination notice stating in part that your youngest child was eligible to enroll in Child Health Plus, with a \$30.00 monthly premium, effective February 1, 2018.

Also on January 5, 2018, NYSOH issued a plan enrollment notice confirming that as of January 4, 2018, your child was enrolled in a Child Health Plus plan with an enrollment start date of February 1, 2018.

On March 6, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken and the record was fully developed during the hearing. The record was 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 appealing your child not being enrolled in a Child Health Plus plan for the month of January 2018.
- 2) According to your NYSOH account and testimony, your child was born on [REDACTED].
- 3) According to your NYSOH account, on September 25, 2017, your child was added to your account and an application was submitted on their behalf.
- 4) According to your September 25, 2017 application, your child was a U.S. citizen, and you were in the process of applying for their SSN.
- 5) You testified that you did not receive any notice from NYSOH stating that proof of your child's citizenship status or SSN was needed to confirm their eligibility.
- 6) You testified that, on January 4, 2018, you changed the manner that you receive notices from NYSOH from electronically to receiving notices by regular mail through the United States Postal Service.

- 7) You testified that your child had a medical emergency on [REDACTED], and you were notified at [REDACTED] that your child's coverage was not active.
- 8) According to your NYSOH account, on January 4, 2018, your child's SSN was provided to NYSOH.
- 9) According to your NYSOH account, on January 4, 2018, your child was re-enrolled in a Child Health Plus.
- 10) You testified that your child incurred medical expenses during the month of January 2018, and want the Child Health Plus plan to cover those expenses.

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

Applicable Law and Regulations

Child Health Plus - Eligibility

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)).

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).

Child Health Plus – Social Security Number

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).

NYSOH must request, as a condition of eligibility, that each individual, including children, furnish their Social Security Number (SSN) for verification purposes (42 CFR § 457.340(b), 42 CFR § 435.910(a) and (b)(3)).

New York does not require an applicant's SSN as a condition of enrollment, as when their number is not yet available, but does request the SSN if available or (42 CFR § 457.340(b), 42 CFR § 435.910(h)(1); Model State Children's Health Insurance Program Plan, Section 4.1.9).

Child Health Plus – Citizenship

All individuals seeking Child Health Plus must make a declaration of their U.S. citizenship or satisfactory immigration status. Such declaration may be made by an adult member of the individual's household, authorized representative, or someone acting responsibly for the individual provided that such individual attests to having knowledge of the individual's status (42 CFR § 457.320(d)).

NYSOH must electronically verify the citizenship or immigration status of each applicant. If NYSOH cannot promptly verify the citizenship or immigration status of an individual, NYSOH must provide a reasonable opportunity to resolve the inconsistency. During the reasonable opportunity period, NYSOH must continue efforts to complete the verification or request documentation, if necessary. The reasonable opportunity period begins on the date on which the notice is received by the individual. The period ends on the earlier of the date NYSOH verifies the applicant's citizenship or immigration status or 90 days after the receipt of the notice (42 CFR § 457.380(b), 42 CFR § 435.956(a)(1), (2)). 42 CFR § 435.956(b)(1), (2); *see e.g.* State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Child Health Plus – Notice Requirement

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)(1)(D)(ii), (iii)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your child was no longer eligible for health insurance and ended their Child Health Plus coverage effective December 31, 2017.

NYSOH must request, as a condition of eligibility, that each individual attest to their citizenship or immigration status and furnish their SSN.

If NYSOH is unable to verify an individual's citizenship or immigration status or SSN, they must issue the individual with notice of the inconsistency and provide the individual with a period of 90 days to resolve the inconsistency.

The record indicates that on September 25, 2017, your child was added to your NYSOH account and an application was submitted on their behalf. The application that was submitted indicates that they are U.S Citizen, and you were in the process of applying for a SSN for them. Based on that application, on October 1, 2017, NYSOH issued an eligibility determination notice instructing you to submit proof of your child's citizenship status and their SSN by December 24, 2017.

The record reflects that you did not provide NYSOH with any additional information or documentation by the December 24, 2017 deadline. However, you testified that you never received any notice from NYSOH that additional documentation was needed for the continuation of your child's health insurance coverage.

On December 30, 2017, NYSOH issued eligibility determination and disenrollment notices stating that your child was no longer eligible for health insurance coverage and their Child Health Plus plan would end effective December 31, 2017. The notices specified that your child's coverage was no longer eligible because you did not provide the information regarding their citizenship status and their SSN.

Regardless of your testimony that you did not receive any notice, when NYSOH denies, terminates, or suspends a child's Child Health Plus coverage, they are required to 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.

When changes are made to an application, the effective date of the change is contingent on whether it was made after the 15th of the month. The December 30, 2017 notices stated that your child's coverage was ending effective December 31, 2017. Since you received the notices after the 15th of the month, and only one day before termination of coverage was effective, any changes made to your account would not have been effective until February 1, 2018, which is what occurred in your child's case. This resulted in a gap in your child's coverage, as opposed to preventing one.

Therefore, NYSOH failed to provide you with sufficient notice that would have allowed you to prevent a gap in your child's health insurance coverage such that

the December 30, 2017 eligibility determination and disenrollment notices must be RESCINDED.

Your child's case is RETURNED to NYSOH to reinstate their Child Health Plus coverage for the month of January 2018, and to notify you accordingly.

Decision

The December 30, 2017 eligibility determination notice is RESCINDED.

The December 30, 2017, disenrollment notice is RESCINDED.

Your child's case is RETURNED to NYSOH to reinstate their Child Health Plus coverage for the month of January 2018, and to notify you accordingly.

Effective Date of this Decision: March 12, 2018

How this Decision Affects Your Eligibility

Your child's health insurance coverage improperly ended as of December 31, 2017, without sufficient notice.

Your child's case is being returned to NYSOH to reinstate their coverage for the month of January 2018. NYSOH will notify you once this is done.

You will be responsible to pay any health insurance premiums to the health plan directly to effectuate coverage for January 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

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 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 December 30, 2017 eligibility determination notice is RESCINDED.

The December 30, 2017, disenrollment notice is RESCINDED.

Your child's case is RETURNED to NYSOH to reinstate their Child Health Plus coverage for the month of January 2018, 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 health insurance coverage improperly ended as of December 31, 2017, without sufficient notice.

Your child's case is being returned to NYSOH to reinstate their coverage for the month of January 2018. NYSOH will notify you once this is done.

You will be responsible to pay any health insurance premiums to the health plan directly to effectuate coverage for January 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.

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).

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।

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.