



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

Notice of Decision

Decision Date: April 24, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028179

[REDACTED]

[REDACTED]

On April 11, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 10, 2017 disenrollment notice and February 3, 2018 plan enrollment 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 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
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Decision

Decision Date: April 24, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028179



Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly determine that your newborn's enrollment in her Child Health Plus terminated effective November 30, 2017?

Did NYSOH properly determine that your newborn's re-enrollment in her Child Health Plus plan was effective March 1, 2018?

Procedural History

On July 12, 2017, NYSOH received income documentation by upload into your NYSOH account. That same day, NYSOH reviewed the income documentation you submitted and determined it was sufficient to verify your household's income.

On September 5, 2017, you added your newborn onto your NYSOH account and submitted an application for health insurance on her behalf.

Also on September 5, 2017, NYSOH verified the documentation you submitted on July 11, 2017 as sufficient proof of your income for the second time.

On September 6, 2017, NYSOH issued an eligibility determination notice stating that, for a limited time, your newborn was eligible for Child Health Plus with a \$30.00 monthly premium, effective August 1, 2017. That notice also directed you to provide proof of income for your newborn by November 4, 2017, and proof of her citizenship status and social security number by December 4, 2017.

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Also on September 6, 2017, NYSOH issued a plan enrollment notice stating that your newborn was enrolled in a Child Health Plus plan, effective August 1, 2017.

On November 10, 2017, NYSOH issued an eligibility determination notice stating that, for a limited time, your newborn was eligible for Child Health Plus with a \$30.00 monthly premium, effective December 1, 2017. That notice also directed you to provide proof of income by December 4, 2017.

Also on November 10, 2017, NYSOH issued a disenrollment notice stating that your newborn's enrollment in her Child Health Plus plan was to end effective November 30, 2017.

Finally, on November 10, 2017, NYSOH issued a plan enrollment notice stating that your newborn needed to select a plan in order for her coverage with Child Health Plus to begin.

On November 11, 2017, NYSOH received documentation of your newborn's social security number and birth certificate by upload into your NYSOH account.

On November 13, 2017, NYSOH updated the information in your NYSOH account based on this documentation, and then submitted an application on your newborn's behalf.

On November 14, 2017, NYSOH issued an eligibility determination notice stating that, for a limited time, your newborn was eligible for Child Health Plus with a \$30.00 monthly premium, effective December 1, 2017. That notice also directed you to provide proof of income by January 12, 2017.

Also on November 14, 2017, NYSOH issued a plan enrollment notice stating that your newborn needed to select a plan in order for her coverage with Child Health Plus to begin.

On February 1, 2018, you selected a plan for your newborn's enrollment. That day, a preliminary determination was prepared stating that your newborn's enrollment in her Child Health Plus plan would begin March 1, 2018.

Also on February 1, 2018, you spoke to NYSOH's Account Review Unit and appealed the gap in your newborn's coverage in her Child Health Plus plan for the months of December 2017, January 2018, and February 2018.

On February 2, 2018 and February 3, 2018, NYSOH issued plan enrollment notices confirming your newborn's enrollment in her Child Health Plus plan on March 1, 2018.

On April 11, 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 you are seeking to re-enroll your newborn into her Child Health Plus plan for the months of December 2017, January 2018, and February 2018.
2. You testified that you submitted proof of your household income numerous times, and that you also submitted a copy of your newborn's social security card and birth certificate as required by NYSOH.
3. According to your NYSOH account, on July 12, 2017 you uploaded paystubs into your NYSOH account which were verified by NYSOH account as sufficient proof of your income that same day (see Documents [REDACTED]).
4. You added your newborn to your NYOSH account on September 5, 2017. According to the Verified Documents tab of your NYSOH account, that same day, Document [REDACTED] was labeled as "Verification Type Income" and marked verified, with an expiration date of July 11, 2018.
5. According to you NYSOH account and your testimony, on November 11, 2017, you uploaded a copy of your newborn's social security card which contains her social security number (see Documents [REDACTED] and [REDACTED]).
6. According to your NYSOH account, NYSOH never determined whether this document was sufficient proof of your newborn's social security number.
7. According to you NYSOH account and your testimony, on November 11, 2017, you uploaded a copy of your newborn's Certificate of Birth Registration ("birth certificate") issued by the [REDACTED] the Department of Health and Mental Hygiene, as proof of her citizenship status (Documents [REDACTED]). This document reflects that your newborn was born on [REDACTED] in [REDACTED] in the State of New York, in the United States.

8. According to an entry in the Account Notes section of your account, on November 13, 2017 at [REDACTED], NYSOH determined your newborn's birth certificate was insufficient proof of her citizenship. That note reads:

Invalid proof of CITIZENSHIP. [Newborn] submitted U.S. Birth Certificate [REDACTED] Required documentation is U.S. Birth Certificate AND an affidavit may be submitted, does not need to be notarized needed to fulfill request.

9. You re-enrolled your newborn into her Child Health Plus plan on February 1, 2018, with coverage beginning March 1, 2018.

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 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 (NY 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

(NY PHL § 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 Child Health Plus 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).

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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 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 in order to allow Child Health Plus 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 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).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your newborn's enrollment in her Child Health Plus ended effective November 30, 2017.

For an applicant to remain eligible for enrollment in a Child Health Plus plan through NYSOH, they must meet both the financial and non-financial requirements. NYSOH is required to verify, among other things, household income as part of the financial requirements and citizenship status and social security number as part of the non-financial requirements.

If NYSOH cannot verify an individual's household income, it must provide the individual with notice of the inconsistency and provide the individual an opportunity to resolve it. Similarly, if NYSOH cannot verify an individual's citizenship status or social security number, it must provide the individual with notice of the inconsistency and provide the individual with a period of 90 days from the date notice is received to resolve the inconsistency.

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You added your newborn to your NYSOH account on September 5, 2017. In the eligibility determination notice, dated September 6, 2017, you were advised that your newborn was only eligible for Child Health Plus for a limited time, and that you needed to submit proof of income before November 4, 2017, and proof of her citizenship status and social security number by December 4, 2017.

The credible evidence of the record reflects that you provided proof of your household's income, and that income was verified by NYSOH on September 5, 2017, before the November 4, 2017 deadline.

Specifically, on July 12, 2017, you uploaded paystubs into your NYSOH account that were verified by NYSOH as sufficient proof of your household's income that same day. On September 5, 2017, the day you added your newborn to your NYSOH account, the income documentation you submitted on July 12, 2017 was verified by NYSOH a second time with a verification date of September 5, 2017, and an expiration date of July 11, 2018. Since NYSOH verified your income documentation as sufficient proof of your household's income on September 5, 2017, you provided NYSOH with proof of your income before November 4, 2017 due date.

The credible evidence of the record reflects that you provided proof of your newborn's social security number and citizenship status was received on November 11, 2017, before the December 4, 2017 deadline.

On November 11, 2017, you uploaded a copy of your newborn's social security card, which contains her social security number. This is valid proof of her social security number, however, there is no evidence in the record to suggest that NYSOH reviewed this documentation to validate it.

Also on November 11, 2017, you uploaded a copy of your newborn's birth certificate, which was determined insufficient proof of her citizenship status on November 13, 2017 because the "[r]equired documentation is U.S. Birth Certificate AND an affidavit may be submitted, does not need to be notarized needed to fulfill request." This determination is in error. The copy of your newborn's birth certificate is a copy of an official Certificate of Birth Registration, issued by the [REDACTED] the Department of Health and Mental Hygiene, which reflects that your newborn was born on [REDACTED] in [REDACTED] in the State of New York, in the United States. Therefore, it is sufficient proof of your newborn's citizenship.

Since the record reflects that you submitted all the required documentation to verify your income, your newborn's social security number and citizenship status before the required deadlines, the November 10, 2017 disenrollment notice is **RESCINDED**.

Your case is RETURNED to NYSOH to re-enroll your child into her Child Health Plus plan with a \$30.00 monthly premium for the months of December 2017, January 2018 and February 2018.

The second issue is whether NYSOH properly determined that your newborn's enrollment in her Child Health Plus plan was effective March 1, 2018.

You testified that you contacted NYSOH on February 1, 2018 and re-enrolled your newborn into a Child Health Plus plan.

The date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

Therefore, the February 3, 2018 plan enrollment notice stating that your newborn's enrollment in her Child Health Plus plan was effective March 1, 2018, is correct and must be AFFIRMED.

Decision

The November 10, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to re-enroll your child into her Child Health Plus plan with a \$30.00 monthly premium for the months of December 2017, January 2018 and February 2018, and to notify you accordingly.

The February 3, 2018 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: April 24, 2018

How this Decision Affects Your Eligibility

NYSOH erred in terminating your newborn's Child Health Plus plan with a \$30.00 monthly premium effective November 30, 2017.

Your case is being sent back to NYSOH to re-enroll your newborn child into her Child Health Plus plan with a \$30.00 monthly premium for the months of December 2017, January 2018 and February 2018. NYSOH will notify you once this has been done.

You are responsible to pay to the health plan directly any premium payments due for those months.

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NYSOH properly determined that your child's enrollment in her Child Health Plus plan with a \$30.00 monthly premium began effective March 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)).

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:

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NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The November 10, 2017 disenrollment notice is RESCINDED.

NYSOH erred in terminating your newborn's Child Health Plus plan with a \$30.00 monthly premium effective November 30, 2017.

Your case is RETURNED to NYSOH to re-enroll your child into her Child Health Plus plan with a \$30.00 monthly premium for the months of December 2017, January 2018 and February 2018, and to notify you accordingly.

Your case is being sent back to NYSOH to re-enroll your newborn child into her Child Health Plus plan with a \$30.00 monthly premium for the months of December 2017, January 2018 and February 2018. NYSOH will notify you once this has been done.

You are responsible to pay to the health plan directly any premium payments due for those months.

The February 3, 2018 plan enrollment notice is AFFIRMED.

NYSOH properly determined that your child's enrollment in her Child Health Plus plan with a \$30.00 monthly premium began effective March 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 مجانًا.

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&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.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען איר געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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