

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

## Notice of Decision

Decision Date: April 18, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000028598

[REDACTED]

[REDACTED]

On April 5, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 10, 2018 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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: April 18, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000028598

[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's eligibility for and enrollment in Child Health Plus ended effective January 31, 2018?

## Procedural History

On September 21, 2017, you submitted a financial assistance application on your son's behalf.

On September 22, 2017, NYSOH issued a notice confirming your son's enrollment in a Child Health Plus plan, effective November 1, 2017.

On September 30, 2017, NYSOH issued a notice of eligibility determination stating that your son was conditionally eligible to enroll in Child Health Plus with a \$30.00 per month premium effective November 1, 2017. The notice requested that you provide documentation confirming his citizenship status and Social Security number before December 20, 2017.

No documentation was provided by December 20, 2017.

On January 10, 2018, NYSOH issued an eligibility determination notice stating that your son was not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. He also could not enroll in a qualified health plan at full cost because you had not

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confirmed his citizenship status and Social Security number within the required timeframe.

Also on January 10, 2018, NYSOH issued a disenrollment notice stating that your son's coverage in his Child Health Plus plan would end effective January 31, 2018 because he was no longer eligible to enroll in health insurance through NYSOH.

On February 7, 2018, you updated your son's NYSOH account and submitted an application for financial assistance. On that date, a preliminary eligibility determination was prepared with respect to that application stating that your son was conditionally eligible for Child Health Plus, effective March 1, 2018.

Also on February 7, 2018, you spoke to NYSOH's Account Review Unit and appealed your son's disenrollment from his Child Health Plus plan in the month of February 2018.

On February 8, 2018, NYSOH issued an eligibility determination notice stating that your son was conditionally eligible to enroll in Child Health Plus with a \$30.00 per month premium, effective March 1, 2018. The notice requested that you provide documentation confirming his citizenship status and Social Security number before May 8, 2018.

Also on February 8, 2018, NYSOH issued an enrollment confirmation notice stating that your son was enrolled in a Child Health Plus plan, effective March 1, 2018.

On April 5, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open until April 12, 2018 for you to provide supporting documentation.

On April 10, 2018, you faxed supporting documentation to the Appeals Unit which were marked as Appellant's Exhibit #1. The record is now closed.

## **Findings of Fact**

A review of the record supports the following findings of fact:

- 1) You testified that you are only appealing your son's disenrollment from his Child Health Plus plan for the month of February 2018.
- 2) You testified that your son is [REDACTED].

- 3) The record indicates that you submitted an application on September 21, 2017 indicating that he did not have a Social Security number because you were in the process of applying for one.
- 4) Your son was determined conditionally eligible to enroll in Child Health Plus, effective November 1, 2017. The notice directed that you provide documentation confirming his citizenship status and Social Security number before December 20, 2017.
- 5) You testified that you did not submit any documentation to NYSOH by December 20, 2017.
- 6) You testified that your son is not eligible for a Social Security Number.
- 7) You testified that your son was adopted and born [REDACTED].
- 8) You testified that you are a U.S. citizen and that approximately [REDACTED] you applied for U.S. citizenship for your son and that the application is pending.
- 9) On April 10, 2018 you faxed to the Appeals Unit the following information: A letter dated April 5, 2018 stating that your son is not eligible for a Social Security number until his immigration status is finalized; a receipt from the Department of Homeland Security regarding your son's Application to Register Permanent Residence or Adjust Status; I-512L, Authorization for Parole of an Alien into the United States from the Department of Homeland Security and a receipt from the Department of Homeland Security regarding your Petition for Alien Relative for your son.

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;

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- 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).

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).

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## Legal Analysis

The issue under review is whether NYSOH properly determined that your son's eligibility for and enrollment in Child Health Plus ended effective January 31, 2018.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, their Social Security number and citizenship status.

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.

The application that was submitted to NYSOH lists your son's citizenship/immigration status as "Other" and that he did not have a Social Security number because you were in the process of applying for one.

In the eligibility determination issued on September 30, 2017, you were advised that your son's eligibility for Child Health Plus was only conditional, and that you needed to confirm his Social Security number and citizenship status before December 20, 2017.

You testified that you did not provide your son's Social Security number or any information to NYSOH by December 20, 2017.

On January 10, 2018, NYSOH issued a disenrollment notice stating that your son's coverage in his Child Health Plus plan would end effective January 31, 2018 because he was no longer eligible to enroll in health insurance through NYSOH. According to the eligibility determination issued on that day, this was because NYSOH did not receive documentation of his citizenship status and Social Security number.

Therefore, NYSOH provided you with sufficient notice that would have allowed you to provide documentation of your son's citizenship/immigration status in order to prevent a gap in Child Health Plus coverage for your son for the month of February and the January 10, 2018 eligibility determination and disenrollment notices are AFFIRMED.

However, after the hearing, you provided a letter dated April 5, 2018 stating that your son is not eligible for a Social Security number until his immigration status is finalized; a receipt from the Department of Homeland Security regarding your son's Application to Register Permanent Residence or Adjust Status; an I-512L, Authorization for Parole of an Alien into the United States from the Department of Homeland Security and a receipt from the Department of Homeland Security

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regarding your Petition for Alien Relative regarding your son. As such, your case is RETURNED to NYSOH to redetermine your son's citizenship/immigration status based on the documentation you provided.

## **Decision**

The January 10, 2018 eligibility determination and disenrollment notices are AFFIRMED.

Your case is RETURNED to NYSOH to redetermine your son's citizenship/immigration status based on the documentation you provided.

**Effective Date of this Decision:** April 18, 2018

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

Your case is RETURNED to NYSOH to redetermine your son's citizenship/immigration status based on the documentation you provided.

## **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:

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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 January 10, 2018 eligibility determination and disenrollment notices are **AFFIRMED**.

Your case is **RETURNED** to NYSOH to redetermine your son's citizenship/immigration status based on the documentation you provided.

### **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، يرجى 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 srε wo, frε 1-855-355-5777. ye&εtumi ama wo obi a okyerε 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.