



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

## Notice of Decision

Decision Date: September 30, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006799

[REDACTED]

Dear [REDACTED],

On August 5, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 28, 2016 and April 21, 2016 eligibility determination 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.

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STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
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## Decision

Decision Date: September 30, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006799

[REDACTED]

## 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 spouse's enrollment in an Essential Plan was effective March 1, 2016, rather than February 1, 2016?

Can NYSOH Appeals Unit consider your appeal regarding the cancellation of coverage in your Essential Plan for you and your spouse, because of non-payment of premiums?

Did NYSOH properly determine that your daughter was eligible for coverage through Child Health Plus at \$9.00 per month, rather than Medicaid, as reflected in the April 21, 2016 eligibility determination notice?

## Procedural History

On February 5, 2015, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for Medicaid, effective February 1, 2015. You and your spouse enrolled in a Medicaid Managed Care (MMC) plan that same day, with coverage to begin effective March 1, 2015. At the time you applied, you indicated that your daughter did not need coverage.

On December 21, 2015, NYSOH issued a notice that it was time to renew health insurance for you and your spouse for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you and your spouse would qualify for

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financial help paying for your health coverage, and that you needed to update your account by January 15, 2016 or you and your spouse might lose the financial assistance then being received.

No updates were made to your account by January 15, 2016.

On January 17, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You and your spouse also could not enroll in a qualified health plan (QHP) at full cost. This was because you had not responded to the renewal notice and had not completed the renewal for you and your spouse within the required time frame. Eligibility for you and your spouse would end January 31, 2016.

Also on January 17, 2016, NYSOH issued a disenrollment notice confirming that MMC coverage for you and your spouse ended effective January 31, 2016.

On January 27, 2016, NYSOH you updated your application twice. In the first update, you indicated your annual earnings were \$30,966.00; in the second, your earnings were \$30,366.00.

On January 28, 2016, NYSOH issued an eligibility redetermination notice stating that you and your spouse were each eligible to enroll in the Essential Plan 1, with a monthly premium of \$20.00. This eligibility determination was effective March 1, 2016.

Also on January 28, 2016, NYSOH issued a notice of enrollment confirming your selection of an Essential Plan on January 27, 2016. The notice stated that the Essential Plan coverage for you and your spouse would begin effective March 1, 2016.

On February 3, 2016, NYSOH received a revised application for health insurance, with annual expected earnings of \$29,196.00. That day, a preliminary eligibility determination was prepared with regard to that application, stating that you and your spouse were eligible to enroll in an Essential Plan, with no monthly premium, effective March 1, 2016.

Also on February 3, 2016, you spoke to NYSOH's Account Review Unit and appealed the preliminary eligibility determination insofar as you and your spouse were found eligible to enroll in the Essential Plan effective March 1, 2016, rather than February 1, 2016.

On February 4, 2016, NYSOH issued a notice of eligibility redetermination stating that you and your spouse were each eligible to enroll in the Essential Plan 2, with no monthly premium. This eligibility determination was effective March 1, 2016.

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Also on February 4, 2016, NYSOH issued a notice of enrollment confirming your selection of an Essential Plan as of February 3, 2016. The notice stated that the Essential Plan 2 coverage for you and your spouse would begin effective March 1, 2016.

On April 12, 2016, you updated your application multiple times, with varying incomes listed, and for the first time, you requested coverage for your daughter through NYSOH. The last application submitted that day declined financial assistance. The second to last application listed income of \$28,509.60.

On April 13, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to enroll in the Essential Plan, with no premium, effective May 1, 2016.

Also on April 13, 2016, NYSOH issued an eligibility determination notice stating that it needed more documentation regarding your family income before a determination could be made regarding your daughter's eligibility.

On April 13, 2016, NYSOH issued a notice confirming enrollment for you and your spouse in you Essential Plan through UnitedHealthcare, with no premium.

On April 14, 2016, you modified your application again, listing income of \$28,571.00, and requesting financial assistance.

On April 15, 2016, in response to your April 14, 2016 application, NYSOH issued an eligibility determination notice, stating that you and your spouse were temporarily eligible to enroll in the Essential Plan, with no premium, effective May 1, 2016. However, the notice also stated that additional documentation was needed in order to confirm your household income.

Also on April 15, 2016, NYSOH received several earning statements reflecting income you received from your employer, [REDACTED] for pay periods ending on March 12, 2016, March 26, 2016, and April 9, 2016. It is not clear when these checks were actually paid.

Also on April 15, 2016, NYSOH received several earning statements reflecting income your spouse received from her employer, [REDACTED] payable on March 17, 2016, March 31, 2016, and April 14, 2016.

On April 20, 2016, NYSOH redetermined your eligibility based on information contained in your account as of April 20, 2016, including your submitted pay stubs.

On April 21, 2016, NYSOH issued an eligibility redetermination notice stating that you and your spouse were eligible to enroll in the Essential Plan with a premium

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of \$20.00 per month, based on annual earnings of \$34,773.96. The notice also stated that your daughter was found eligible for coverage through Child Health Plus (CHP) with a monthly premium of \$9.00. This eligibility determination was effective June 1, 2016.

On May 2, 2016, NYSOH received a revised application for health insurance.

On May 4, 2016, NYSOH issued an eligibility determination notice based on the information contained in the May 2, 2016 application. The notice stated that you and your spouse were eligible to enroll in the Essential Plan at a premium of \$0.00 per month, effective June 1, 2016. The notice also stated that your daughter was eligible for Medicaid. This eligibility determination was effective May 1, 2016.

On August 5, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and remained open as the Hearing Officer directed you to provide as additional evidence to corroborate your testimony: the earning statement issued to you by your employer, [REDACTED], on or about April 23, 2016, and an earning statement issued to spouse by her employer, [REDACTED] on or about April 28, 2016. The record was to be closed 15 days after the hearing date, or upon the receipt of the above referenced documents, whichever occurred earlier.

That same day, you provided the above referenced documents to the Appeals Unit through your NYSOH account.

Accordingly, the record was closed on August 5, 2016.

## **Findings of Fact**

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

- 1) Your NYSOH account indicates that you receive notices from NYSOH by regular mail.
- 2) You testified that you do not recall receiving any notices from NYSOH telling you that you needed to update the information in your NYSOH account to ensure that your coverage would not be interrupted and that your financial assistance would continue.
- 3) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 4) You testified that you did not know you needed to renew your application until your claim for coverage for medical services rendered on February 3,

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2016 were rejected. You incurred a total of \$397.74 in out-of-pocket costs, which consisted of \$301.42 from [REDACTED] and \$96.32 in prescription costs.

- 5) You testified, and the record reflects, that you updated the information in your NYSOH account on January 27, 2016. That day you and your spouse enrolled into an Essential Plan. You and your spouse ultimately enrolled in an Essential Plan with no premium amount on February 3, 2016.
- 6) You testified that you were seeking to have the Essential Plan for you and your spouse begin as of February 1, 2016, rather than March 1, 2016.
- 7) Your application reflects that you expect to file your 2016 taxes with a tax filing status of married filing jointly. You will claim your daughter as a dependent on that tax return.
- 8) The eligibility determination notice that that was issued on April 21, 2016, which was based on the information you provided the NYSOH as of April 20, 2016, and relied on annual household income of \$34,773.96, consisting of \$24,061.53 from your employment, \$11,102.43 from your spouse's employment, and \$390.00 in a deduction you expect to claim from your student loan interest payments.
- 9) On April 20, 2016, your daughter was 3 years old.
- 10) You live in Onondaga County, New York.
- 11) On April 15, 2016, you provided NYSOH with earning statements reflecting that you received from your employer, [REDACTED]: (1) \$913.65 on March 12, 2016, (2) \$930.64 on March 26, 2016, (2) \$932.04 on April 9, 2016.
- 12) Also on April 15, 2016, you provided NYSOH with earning statements reflecting that your spouse received from her employer, [REDACTED] (1) \$501.30 on March 17, 2016, (2) \$528.00 on March 31, 2016 and (3) \$251.70 on April 14, 2016.
- 13) On August 5, 2016, you provided NYSOH with an earning statement reflecting that you received from your employer, [REDACTED], \$931.81 on April 23, 2016.
- 14) On August 5, 2016, you provided NYSOH with an earning statement reflecting that your spouse received from her employer, [REDACTED] \$220.00 on April 28, 2016.

- 15) As of April 23, 2016, your year-to-date earnings were \$7,892.11. As of April 28, 2016, your spouse's earnings year-to-date were \$2,955.40.
- 16) You testified that your daughter was covered by Medicaid through your Local Department of Social Services until January 31, 2016.
- 17) You submitted a revised application to NYSOH on April 20, 2016 in which you were seeking insurance for your daughter as well as you and your spouse.
- 18) You testified that you were seeking for your daughter to have been found eligible for Medicaid rather than CHP, as reflected in the April 21, 2016 eligibility determination. You further testified that since your daughter was not covered by Medicaid until May 1, 2016, you incurred \$222.00 in out-of-pocket costs associated with a hospital visit that occurred on or about April 12, 2016.
- 19) You testified that you were also seeking for your spouse's Essential Plan coverage to continue during the month of April 2016, since she was apparently not covered during that month for failure to pay premium amounts. You further testified that this interruption of coverage caused you to incur approximately \$1,500.00 in out-of-pocket costs associated with a [REDACTED].

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

## **Applicable Law and Regulations**

### Annual Eligibility Redetermination

Generally, NYSOH must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

NYSOH must send an annual renewal notice that contains the information by which NYSOH will use to redetermine a qualified individual's projected eligibility for that year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the information and projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this

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redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

### Redetermination During a Benefit Year

Any change resulting from redeterminations during a benefit year should be made effective the first day of the month following the date of the notice of redetermination, except that redeterminations resulting from changes made after a date specified by the state, which can be no earlier than the 15<sup>th</sup> of the month, may not be made effective until the first day of the month after the month following the date of the notice of redetermination. (45 CFR § 155.330(f)(1) and (2). New York has specified that changes made after the 15<sup>th</sup> of a given month will take effect the month after the following month.

### Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

The effective date of coverage by an Essential 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); see also 42 CFR § 600.320). 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)).

### Appealable Issues

An applicant has the right to appeal to the Appeals Unit of NYSOH: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination; and (5) the denial of a request for a special enrollment period (45 CFR § 155.505, 45 CFR § 155.420(d)).

## Child Health Plus

A child who meets the eligibility requirements for Child Health Plus (CHP) 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 to enroll in CHP with subsidy payments, a child must not be “eligible for medical assistance”; that is, must not be eligible for Medicaid (NY Public Health Law § 2511(2)(b)).

Child Health Plus (CHP) is a sliding-scale-premium program for children who are in a household that is over income for regular Medicaid (see NY Public Health Law § 2510 *et seq.* and 42 USC § 1397(a)). Eligibility rules are set out in NY Public Health Law § 2511(2), as well as in the NYSDOH 2008-2012 Contract and Plan Manual.

The amount of the premium payment, if any, that must be made on behalf of a child who enrolls in CHP depends upon the child’s family household income (PHL § 2510(9)(d)). No payments are required for eligible children whose family household income is less than 160% of the FPL. If the family household income is 160% or higher, premiums range from \$9.00 per month to \$60.00 per month (PHL § 2510(9)(d)).

The CHP premium is \$9.00 per month for a child whose family household income is between 160% and 222% of the FPL (PHL § 2510(9)(d)(ii)).

In an analysis of Child Health Plus eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application, that was the 2016 FPL, which was \$20,160.00 for a three-person household (81 Federal Register 4036).

## Medicaid for Children

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 154% of the FPL for the applicable family size (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13ADM-03).

In the case of an individual who expects to file a tax return and does not expect to be claimed by another taxpayer, the household consists of the taxpayer and all persons whom such individual expects to claim as a tax dependent (42 CFR § 435.603(f)(1)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR

§ 435.4). On the date of your application, that was the 2016 FPL, which was \$20,160.00 for a three-person household (81 Federal Register 4036).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

## **Legal Analysis**

The first issue under review is whether NYSOH properly determined that the enrollment of you and your spouse in an Essential Plan was effective March 1, 2016, rather than February 1, 2016.

NYSOH must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. NYSOH must issue a renewal notice that contains the individual's projected eligibility. If an individual does not respond to this notice, NYSOH must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On December 21, 2015, NYSOH issued an annual renewal notice in your case. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether or not you would qualify for financial help with paying for your health coverage. You were asked to update the information in your account by January 15, 2016 or the financial help you were receiving might end.

Because there was no timely response to this notice, your eligibility for financial assistance was terminated effective January 31, 2016.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, the record reflects that NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated in order to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

The record shows that on January 27, 2016 you updated the information in your NYSOH account.

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When an individual changes information in their application on or before the 15th of any month, NYSOH must make the redetermination that results from the change effective the first day of the 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. 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.

Therefore, NYSOH's January 28, 2016 eligibility determination notice is AFFIRMED because they properly began your enrollment for you and your spouse in an Essential Plan on March 1, 2016.

The next issue under review is whether NYSOH Appeals Unit can consider your appeal regarding the cancellation of you and your spouse's enrollment in an Essential Plan because of non-payment of premiums.

You testified that your spouse was disenrolled from coverage during the month of April 2016 due to failure to pay premium amounts. You stated that this happened because NYSOH issued two separate determinations indicating that your spouse's Essential Plan premium was either \$20.00 per month or \$0.00 per month. You stated that your spouse was ultimately disenrolled from her coverage because the Essential Plan insurance carrier had not received the expected premium amount.

It is noted that you filed multiple applications in a short period with varying incomes listed. This resulted in different determinations as to the amount of premium, if any, you would have to pay. NYSOH was required to issue a new determination when a new income amount changed your eligibility.

Further, with regard to a cancellation of coverage due to a failure to pay a premium, the NYSOH Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure by NYSOH to provide timely notice of an eligibility determination and (5) a denial of a request to vacate dismissal made by the NYSOH Appeals Unit.

Since the NYSOH Appeals Unit is not given the authority to review a termination of enrollment due to non-payment of premiums, we cannot reach the merits as to whether you or your spouse might have been properly terminated from the Essential Plan for non-payment of premiums.

However, our records indicate that as of May 3, 2016, your spouse's Essential Plan coverage with UnitedHealthcare Community Plan (UHC) has continued

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uninterrupted from March 1, 2016 to date. Had your plan terminated due to nonpayment of premiums, your plan should have so advised you and there should have been notices in your account.

Accordingly, it is found that coverage for you and your spouse should have continued, without interruption throughout April 2016, because nothing in your NYSOH account confirms that there was ever a termination of coverage. You should resubmit your claims for that month to your carrier, with a copy of this decision.

The third issue under review is whether NYSOH properly determined that your daughter was eligible to enroll in Child Health Plus with a \$9.00 per month premium, rather than Medicaid, as reflected in the April 21, 2016 eligibility determination.

According to the record, you expected to file a joint federal income tax return for the 2016 tax year and claim your three-year-old daughter as your sole dependent. Therefore, your child is in a three-person household.

On April 20, 2016, NYSOH recalculated your expected annual earnings based on the pay stubs you submitted, and determined that your expected annual household earnings were \$34,773.96, which consisted of \$24,061.53 you expect to earn from your employment with [REDACTED], \$11,102.43 your spouse expected to earn from her employment with [REDACTED] and \$390.00 in deductions you expect to claim from your student loan interest payments. NYSOH used this information to determine your eligibility.

A review of the pay documentation shows that your year-to-date earnings were \$7,892.11 as of April 23, 2016 and your spouse's year-to-date earnings were \$2,955.40 as of April 28, 2016. With a \$390.00 deduction, it is found that \$34,773.96 is a reasonable estimate of your annual earnings for 2016; this equals 172.49% of the FPL for a three-person family.

A child is eligible to enroll in Child Health Plus if she meets the non-financial requirements, is not eligible for Medicaid, and has a household income below 400% of the federal poverty level (FPL). Household income between 160% and 222% of that FPL are responsible for a \$9.00 per month Child Health Plus premium payment. On the date of your application, the relevant FPL was \$20,160.00 for a three-person household. Since \$34,773.96 is 172.49% of the 2016 FPL the Marketplace properly found your child to be eligible for Child Health Plus with a \$9.00 per month premium payment.

Medicaid can be provided through NYSOH to children between the ages of one and nineteen who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is at or below 154% of the FPL for the applicable family size. Since \$34,773.96 is 172.49% of the 2016 FPL for a

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three-person household, NYSOH properly found your child to be not eligible for Medicaid based on an annual household income basis.

However, financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

You submitted earning statements reflecting that you received \$932.04 on April 9, 2016 and \$931.81 on April 23, 2016. You also submitted earning statements reflecting that your spouse received \$251.70 on April 14, 2016 and \$220.00 on April 28, 2016.

Accordingly, the credible evidence of record reflects that you and your spouse received a total of \$2,335.55 during the month of your application, April 2016.

For your daughter to be eligible for Medicaid, she would need to meet the non-financial criteria and have a household income no greater than 154% of the FPL, which is \$2,587.20 per month. Since the documentation you provided shows that you earned \$2,335.55 in April 2016, your daughter qualified for Medicaid on the basis of monthly income as of the date of your application, which was April 14, 2016.

Since the April 21, 2016 eligibility determination notice stated that your daughter was eligible for CHP coverage at \$9.00 per month, rather than Medicaid, it is **RESCINDED**.

Therefore, your case is **RETURNED** to NYSOH to redetermine your daughter's eligibility based on a three-person household in Onondaga County with a monthly household income during April 2016 of \$2,335.55.

## **Decision**

The January 28, 2016 eligibility determination notice is **AFFIRMED**.

The appeal of your spouse's disenrollment from her Essential Plan during the month of April 2016 is **DISMISSED**, because it is found that your spouse's coverage was still in effect according to NYSOH's records.

The April 21, 2016 eligibility determination notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to redetermine your daughter's eligibility based on a three-person household in Onondaga County with a monthly household income during April 2016 of \$2,335.55.

**Effective Date of this Decision:** September 30, 2016

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

The enrollment of you and your spouse in an Essential Plan properly began as of March 1, 2016.

While NYSOH is generally unable to address disenrollment from plan coverage resulting from non-payment of premium amounts, it is found that coverage for you and your spouse was never properly cancelled for April 2016 and therefore should have continued into effect. You are encouraged to resubmit your claims to your Essential Plan insurance carrier for medical expenses your spouse incurred during April 2016; you may owe additional premiums for this month.

Your daughter will receive a new eligibility determination based on a three-person household in Onondaga County with a monthly household income during April 2016 of \$2,335.55.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. 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 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.

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## **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 28, 2016 eligibility determination notice is **AFFIRMED**.

The appeal of your spouse's disenrollment from her Essential Plan during the month of April 2016 is **DISMISSED** as a non-appealable issue.

The April 21, 2016 eligibility determination notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to redetermine your daughter's eligibility based on a three-person household in Onondaga County with a monthly household income during April 2016 of \$2,335.55.

The enrollment of you and your spouse in an Essential Plan properly began as of March 1, 2016.

While NYSOH is unable to address disenrollment from plan coverage resulting from non-payment of premium amounts, you are encouraged to resubmit your claims to your Essential Plan insurance carrier for medical expenses your spouse incurred during April 2016.

Your daughter will receive a new eligibility determination based on a three-person household in Onondaga County with a monthly household income during April 2016 of \$2,336.36.

## **Legal Authority**

We are issuing this determination in accordance with 45 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).



**A Copy of this Decision Has Been Provided To:**

