



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

## Notice of Decision

Decision Date: December 8, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000010077



Dear [REDACTED],

On November 28, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's June 4, 2016 and July 19, 2016 eligibility determination notices, and June 4, 2016 and July 19, 2016 enrollment confirmation 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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## Decision

Decision Date: December 8, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000010077



## 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 daughter's enrollment in your family qualified health plan was effective September 1, 2016?

## Procedural History

On June 3, 2016, you updated your family's application for health insurance through NYSOH to indicate that your daughter was seeking coverage through NYSOH. That day, a preliminary determination was prepared with regard to that application, stating that you, your spouse, and one of your sons were eligible to purchase a qualified health plan through NYSOH, effective July 1, 2016. The preliminary determination also stated that your daughter was eligible to enroll in a Child Health Plus plan or a Child-only qualified health plan, effective July 1, 2016.

Also on June 3, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of that preliminary eligibility determination insofar as your daughter was ineligible to be enrolled on your family qualified health plan.

On June 4, 2016, NYSOH issued a notice of eligibility determination stating that you, your spouse, and one of your son's was eligible to purchase a qualified health plan at full cost through NYSOH, effective July 1, 2016, and that your daughter was eligible to enroll in a full price Child Health Plus plan or a Child-Only qualified health plan, effective July 1, 2016.

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Also on June 4, 2016, NYSOH issued an enrollment notice confirming your, your spouse's, and one of your son's enrollment in a full cost qualified health plan as of February 1, 2016 and your daughter's enrollment in her Child Health Plus plan as of July 1, 2016.

On July 18, 2016, you updated your NYSOH application from a financial assistance application to a non-financial assistance application.

On July 19, 2016, NYSOH issued an eligibility determination notice which found that you, your spouse, one of your sons, and your daughter were eligible to purchase a qualified health plan at full cost through NYSOH, effective September 1, 2016.

Also on July 19, 2016, NYSOH issued an enrollment notice confirming your, your spouse's, your son's, and your daughter's enrollment in a family qualified health plan.

On November 28, 2016, 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 are appealing only with regard to your daughter's eligibility.
- 2) You testified, and the record reflects, that your daughter's date of birth is [REDACTED].
- 3) You testified that your daughter previously had coverage outside of NYSOH through a Child Health Plus plan, which plan ended May 31, 2016.
- 4) You testified that on June 3, 2016 you contacted NYSOH to have your daughter enrolled into your family qualified health plan.
- 5) On June 3, 2016 you had a phone call with an NYSOH account representative. During that phone call, you expressed that you wanted to have your daughter added to your family qualified health plan. After the NYSOH account representative advised you that your daughter was not eligible to be on your family qualified health plan, because she was found eligible for financial assistance which made her eligible for Child Health Plus, you inquired if you could update your application so your daughter was not eligible for financial assistance. You were not offered the option of

changing your application from a financial assistance application to a non-financial assistance application at that time.

- 6) The record reflects that on July 18, 2016, you contacted NYSOH and updated your application from a financial assistance to a non-financial assistance application.
- 7) The record reflects, that you enrolled your daughter into your family qualified health plan on July 18, 2016.
- 8) You testified that you are seeking to have your daughter enrolled on your qualified health plan as of June 1, 2016.

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

## **Applicable Law and Regulations**

### Redetermination During a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that its policy will be that any change made after the 15<sup>th</sup> of any month will not be effective until the first of the second following month (45 CFR § 155.330(f)(2)).

### Enrollment in a Qualified Health Plan

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

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your daughter's enrollment in your family qualified health plan was effective September 1, 2016.

The record shows that on June 3, 2016 you updated the information in your NYSOH account and submitted a request to enroll your daughter in your family qualified health plan.

At that time, you were informed that your daughter could not be enrolled in your family qualified health plan and that she only qualified to enroll in a full cost Child Health Plus plan or Child-Only qualified health plan.

You requested to adjust your application so that your daughter would not be eligible for financial assistance and would therefore not be eligible for Child Health Plus, however, on June 3, 2016, the NYSOH account representative did not assist you with updating your application from a financial assistance application to a non-financial assistance application.

On June 18, 2016, you updated your application from a financial assistance application to a non-financial assistance application. As a result of this change, your daughter was found eligible to enroll on your family qualified health plan. That same day, you enrolled your daughter into your family qualified health plan, with an effective date of September 1, 2016.

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. A plan that is selected from the first day to and including fifteenth day of a month goes into effect on the first day of the following month.

The record reflects that you first attempted to enroll your daughter into your family qualified health plan on June 3, 2016 and were unable to because of misinformation given to you by an NYSOH account representative. Had you been permitted to enroll your daughter into your family qualified health plan on June 3, 2016, her enrollment effective date would have been July 1, 2016.

Therefore, the June 4, 2016 eligibility determination notice and enrollment confirmation notice are **RESCINDED** in so far as your daughter was found eligible for and enrolled into a Child Health Plus plan, effective July 1, 2016.

The July 19, 2016 eligibility determination notice is **MODIFIED** to state that your daughter is eligible to purchase a qualified health plan at full cost, effective July 1, 2016.

The July 19, 2016 enrollment notice is **MODIFIED**, in part, to reflect that your daughter is enrolled in your family qualified health plan, effective July 1, 2016.

The case is **RETURNED** to NYSOH to enroll your daughter in your family qualified health plan, effective July 1, 2016.

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**

The June 4, 2016 eligibility determination notice is RESCINDED with regard to your daughter ( [REDACTED] )

The June 4, 2016 enrollment confirmation notice is RESCINDED with regard to your daughter ( [REDACTED] )

The July 19, 2016 eligibility determination notice is MODIFIED to state that your daughter ( [REDACTED] ) is eligible to enroll in a qualified health plan at full cost effective July 1, 2016.

The July 19, 2016 enrollment confirmation notice is MODIFIED to state that your daughter ( [REDACTED] ) is enrolled in your family qualified health plan, effective July 1, 2016.

The case is RETURNED to NYSOH to enroll your daughter ( [REDACTED] ) into your family qualified health plan, effective July 1, 2016.

**Effective Date of this Decision:** December 8, 2016

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

Your daughter is eligible to enroll in your family qualified health plan, effective July 1, 2016.

This decision does not affect the eligibility of any other person on this account.

## **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.

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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.

### **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 June 4, 2016 eligibility determination notice is RESCINDED with regard to your daughter ( [REDACTED] )

The June 4, 2016 enrollment confirmation notice is RESCINDED with regard to your daughter ( [REDACTED] )

The July 19, 2016 eligibility determination notice is MODIFIED to state that your daughter ( [REDACTED] ) is eligible to enroll in a qualified health plan at full cost effective July 1, 2016.

The July 19, 2016 enrollment confirmation notice is MODIFIED to state that your daughter ( [REDACTED] ) is enrolled in your family qualified health plan, effective July 1, 2016.

Your daughter is eligible to enroll in your family qualified health plan, effective July 1, 2016.

This decision does not affect the eligibility of any other person on this account.

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).



The case is RETURNED to NYSOH to enroll your daughter ( [REDACTED] ) into your family qualified health plan, effective July 1, 2016.

### **Legal Authority**

We are issuing this determination in accordance with 45 CFR § 155.545.

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

