



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

Notice of Decision

Decision Date: April 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014756

[REDACTED]

Dear [REDACTED],

On April 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 4, 2016 eligibility determination, November 4, 2016 disenrollment, November 21, 2016 eligibility determination, November 26, 2016 disenrollment, December 30, 2016 eligibility determination, and December 31, 2016 enrollment 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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Decision

Decision Date: April 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014756



Issues

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

Did NY State of Health properly determine that your child's eligibility for and enrollment in his Child Health Plus plan with a \$9.00 monthly premium terminated effective November 30, 2016?

Did NY State of Health properly determine that your eligibility for the Essential Plan terminated effective December 31, 2016?

Did NY State of Health issue a timely eligibility determination of your eligibility for the Essential Plan and your child's eligibility for Child Health Plus with a \$9.00 premium on December 30, 2016?

Did NY State of Health properly determine that your child's eligibility for and reenrollment in his Child Health Plus plan with a \$9.00 monthly premium was effective January 1, 2017?

Did NY State of Health properly determine that your eligibility for and reenrollment in the Essential Plan was effective February 1, 2017?

Procedural History

On August 16, 2016, NY State of Health (NYSOH) received you updated application for financial assistance.

On August 17, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time, effective October 1, 2016, and that your child was eligible for Child Health Plus with a \$9.00 premium for a limited time, effective October 1, 2016. The notice further directed you to provide documentation confirming your household's income before October 15, 2016 in order to confirm your child's eligibility and before November 14, 2016 in order to confirm your eligibility.

Also on August 17, 2016, NYSOH issued a notice confirming your continued enrollment in an Essential Plan as of June 1, 2016, and your child's enrollment in a Child Health Plus plan with a \$9.00 premium and an enrollment start date of October 1, 2016.

On November 4, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time, effective December 1, 2016, and that your child was eligible to enroll in a full price Child Health Plus plan, effective December 1, 2016. The notice further directed you to provide documentation confirming your household's income before November 14, 2016 in order to confirm your eligibility. The notice stated that your child was eligible for Child Health Plus at full cost because federal and state data sources showed that your household income was more than \$64,080.00, which is above the allowable income range for the Child Health Plus reduced premium program.

Also on November 4, 2016, NYSOH issued a disenrollment notice stating that your child's coverage in his Child Health Plus plan would end effective November 30, 2016, as your child was no longer eligible to remain enrolled in his current health insurance.

Additionally, on November 4, 2016, NYSOH issued a notice confirming your continued enrollment in the Essential Plan as of June 1, 2016, and your child's enrollment in a full price Child Health Plus plan with an enrollment start date of December 1, 2016.

On November 21, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for advanced payments of the premium tax credit of up to \$116.00 per month, effective January 1, 2017, and that your child was eligible to enroll in a full price Child Health Plus plan, effective January 1, 2017. The notice stated that you were not eligible for Medicaid because state and federal data sources showed that your household income was between \$22,108.00 and \$64,080.00 which was the income range to be eligible for the premium tax credit based on your household size.

On November 21, 2016, NYSOH received your updated application for financial assistance.

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On November 22, 2016, NYSOH issued a notice stating that the income information on your application did not match what NYSOH had received from state and federal data sources, and that more information was needed to determine your and your child's eligibility. The notice requested that you submit income documentation for your household by December 6, 2016.

On November 26, 2016, NYSOH issued a disenrollment notice stating that your enrollment in the Essential Plan would end as of December 31, 2016, because you were no longer eligible to remain in your plan. On December 7, 2016, this notice was returned to NYSOH, with a stamp from the United States Postal Service of return to sender and a forwarding address was noted.

On December 5, 2016, you submitted a letter from the NY Department of Labor indicating that your unemployment benefits had been exhausted.

On December 16, 2016, NYSOH reviewed the income documentation and determined that this was invalid proof of the income in your application.

On December 17, 2016, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application, and that additional documentation was needed by January 5, 2017, in order to determine your and your child's eligibility.

On December 22, 2016, you submitted additional income documentation, in the form of your 2015 tax return.

On December 29, 2016, NYSOH verified the tax return you uploaded as documentation and a new application was submitted on your behalf.

On December 30, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan, effective February 1, 2017, and that your child was eligible for Child Health Plus with a \$9.00 premium, effective February 1, 2017. On January 6, 2017, this notice was returned to NYSOH, with a stamp from the United States Postal Service of return to sender and a forwarding address was noted.

On December 31, 2016, NYSOH issued a notice of enrollment confirmation, based on your plan selection on December 30, 2016, stating that you were enrolled in an Essential Plan effective February 1, 2017, and that your child was enrolled in a Child Health Plus plan with a \$9.00 premium, effective February 1, 2017. On January 10, 2017, this notice was returned to NYSOH, with a stamp from the United States Postal Service of return to sender and a forwarding address was noted.

On January 10, 2017, you spoke to NYSOH's Account Review Unit and appealed the termination of your Essential Plan for the month of January 2017 and the

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termination of your child's Child Health Plus plan with a \$9.00 premium for the month of December 2016.

Also on January 10, 2017, NYSOH created incident [REDACTED] in conjunction with your appeal request. A note within that incident from February 1, 2017 indicates that per plan approval your child's coverage was backdated to January 1, 2017 and the plan was sent the backdated transaction number for processing.

On January 30, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in an Essential Plan effective February 1, 2017, and that your child was enrolled in a Child Health Plus plan with a \$9.00 premium as of January 1, 2017.

On April 6, 2017, 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, and your application indicates, that you receive all of your notices from NYSOH via regular mail.
- 2) You testified, and your NYSOH account reflects, that you updated your application with a certified application counselor on August 16, 2016. You further testified that you later learned that the income that was submitted at that time was inaccurate.
- 3) You testified that you are not sure if you received any notices stating that your or your child's eligibility was only conditional and that you needed to provide documentation of your household's income.
- 4) Your NYSOH account indicates that on November 3, 2016 your application was run and your child was found no longer eligible for Child Health Plus with a reduced premium.
- 5) Your NYSOH account indicates that on November 20, 2016 your application was run and you were found no longer eligible for the Essential Plan as of December 31, 2016.
- 6) You testified that you did not know that your child's premium amount had changed until you took your child to the emergency room. When you were trying to update your account thereafter, you were advised that your enrollment was going to end as of December 31, 2016.

- 7) You updated the income information in your NYSOH account on November 21, 2016. You testified that this update was with a different certified application counselor, and that this income was correct.
- 8) You testified that your address was previously [REDACTED], and that this was your address until sometime at the end of November 2016.
- 9) You testified that since late November 2016 your address has been [REDACTED]. You testified that you updated your address with NYSOH when you filed the appeal.
- 10) Your NYSOH account reflects that on January 10, 2017 the mailing address in your account was updated.
- 11) You testified that when you moved, you provided the post office with your forwarding address.
- 12) The November 26, 2016 disenrollment notice, December 30, 2016 eligibility determination, and December 31, 2016 eligibility determination were returned to NYSOH by the United States Postal Service with an indication of your forwarding address.
- 13) On December 5, 2016, you submitted a letter from the NY Department of Labor advising that your unemployment benefits had been exhausted. The effective date of this notice was February 29, 2016.
- 14) On December 16, 2016, NYSOH reviewed this documentation and determined that it was invalid proof of income.
- 15) On December 22, 2016, you submitted your 2015 tax return.
- 16) On December 29, 2016, NYSOH reviewed this documentation and determined that it was valid proof of income.
- 17) You testified that you are seeking reenrollment in your Essential Plan as of January 1, 2017 and for your child to be enrolled in Child Health Plus with a \$9.00 monthly premium as of December 1, 2016.

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

Applicable Law and Regulations

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i), 42 CFR § 435.945).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f) 42 CFR § 435.952).

Child Health Plus

The "period of eligibility" for Child Health Plus is "that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date," unless the CHP premiums are not timely paid or the child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law § 2510(6)).

"A State must specify a method for determining the effective date of eligibility for [Child Health Plus], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [Child Health Plus] and other insurance affordability programs as family circumstances change and avoids gaps or overlaps in coverage" (42 CFR § 457.340(f)).

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 e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Timely Notice of Child Health Plus Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant

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submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Medicaid applicants who are a child at least one year of age but younger than 19 years of age notice of their eligibility determination within 30 days from the date of the application (18 NYCRR §360-2.4(a)(3)(ii)). NYS has elected to use a common application for Medicaid and Child Health Plus, therefore the timeliness standards for Child Health Plus determinations are the same as those for Medicaid determinations (see State Plan Amendment NY-CSPA-19, approved March 22, 2012 and effective November 11, 2011).

Verification of Eligibility for the Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

NYSOH must verify the eligibility of an applicant for the Essential Plan consistent with the standards set in 45 CFR § 155.315 and § 155.320 (New York's Basic Health Plan Blueprint, pgs. 16-17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>; 42 CFR § 600.345(a)(2)).

An applicant is required to attest to their household's projected annual income. (45 CFR § 155.320(c)(3)(ii)(B)). For all individuals whose household income is needed, NYSOH must request tax return data from the Secretary of the Treasury and data regarding Social Security benefits from the Commissioner of Social Security in order to confirm that the information the applicant is attesting to is accurate (45 CFR § 155.320(c)(1)(i); 45 CFR § 155.320(c)(3)(ii)(A)).

If income data is unavailable, or if an applicant's attestation is not reasonably compatible with the income data NYSOH obtains, NYSOH must request additional information from the applicant in order to resolve the inconsistency (45 CFR § 155.320 (c)(3)(iii), (iv)).

NYSOH must provide the applicant with notice of the inconsistency in their account and 90 days to provide satisfactory documentary evidence to resolve the

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inconsistency (45 CFR § 155.315 (f)(2)). If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine the applicant's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation (45 CFR § 155.315(f)(2), (g)).

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any updates in eligibility to the Essential Plan effective the first day of the following month for changes received by NYSOH from the first to the fifteenth of any month (45 CFR § 155.420(b)(1)(i); *see also* 42 CFR § 600.320(c)). For updates 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 § 155.420(b)(1)(ii); *see also* 42 CFR § 600.320(c)).

Timely Notice of Essential Plan Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH uses the same timeliness standards for eligibility determinations for the Essential Plan as for Medicaid (42 CFR §600.320(b)). NYSOH must provide Medicaid applicants, and therefore Essential Plan applications, notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

Requirement for Individuals to Report Changes

NYSOH must require an applicant to report any change which may affect eligibility, such as citizenship status, incarceration, residency, household size, and income within 30 days of such change (45 CFR §155.330(b), 45 CFR §155.305, 42 CFR §435.403, 42 CFR §435.406, 42 CFR §425.603).

Legal Analysis

The first issue is whether NYSOH properly determined that your child's eligibility for and enrollment in his Child Health Plus plan with a \$9.00 monthly premium terminated effective November 30, 2016.

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NYSOH's August 17, 2016 eligibility determination notice stated that additional income documentation was needed in order to confirm your child's eligibility for financial assistance, and that you needed to supply additional income documentation by October 15, 2016, in order for his eligibility to continue.

Because no additional income documentation was submitted in response to this notice, your children's eligibility was redetermined after the two-month period of presumptive eligibility had expired.

On November 4, 2016, your child was determined eligible to enroll in a full price Child Health Plus plan, effective December 1, 2016. On November 3, 2016, your child was enrolled into a full cost Child Health Plus plan, effective December 1, 2016. Because your child was found no longer eligible to enroll in a Child Health Plus plan with a \$9.00 monthly premium, he was terminated from his current Child Health Plus plan, effective November 30, 2016.

You testified that you are not sure if you received the August 17, 2016 notice from NYSOH telling you that you needed to submit additional income documentation to your NYSOH account. You testified, and your NYSOH account confirms, that you elected to receive notifications via regular mail. However, there is no evidence in the record that the August 17, 2016 notice that was sent to your mailing address was returned as undeliverable. You did testify to a change in address, however, this did not occur until late November 2016.

Therefore, the record reflects that NYSOH properly notified you of the need to submit additional income documentation in order to ensure your child's enrollment in his Child Health Plus plan and eligibility for financial assistance would continue.

As the record reflects that NYSOH properly notified you of the need to submit additional income documentation and you failed to submit such documentation by the October 15, 2016 deadline, NYSOH properly determined that your child was no longer eligible for financial assistance, effective November 30, 2016 and properly terminated your child from his Child Health Plus plan with a \$9.00 monthly premium, effective November 30, 2016.

Therefore, the November 4, 2016 notice of eligibility determination and November 4, 2016 disenrollment notice are correct and must be **AFFIRMED**.

The second issue under review is whether NYSOH properly determined that your eligibility for the Essential Plan terminated effective December 31, 2016.

An individual requesting financial assistance to help pay for the cost of coverage provided through NYSOH is required to attest to his or her household's projected annual income. For individuals seeking enrollment in the Essential Plan, NYSOH

must request income data from federal data sources in order to verify an individual's income attestation.

If NYSOH cannot verify an individual's attestation, it must provide the individual with notice of the inconsistency and provide a period of 90 days from the date notice is received to resolve the inconsistency.

In the eligibility determination issued on August 17, 2016, you were advised that you were eligible for the Essential Plan for a limited time, and that you needed to confirm your household's income before November 14, 2016. Additionally, the November 4, 2016 eligibility determination also advised you that you were eligible for the Essential Plan for a limited time, and that you needed to confirm your household's income before November 14, 2016.

You testified that you did not recall receiving any notice from NYSOH telling you that you needed to provide income documentation to confirm your eligibility. 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 the August 17, 2016 or November 4, 2016 notices that were sent to your mailing address were returned as undeliverable. You did testify to a change in address, however, this did not occur until late November 2016.

Therefore, NYSOH properly notified you of an inconsistency in your account and that documentation was needed to confirm the income you listed in the account.

If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine an individual's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation.

Accordingly, your eligibility for the Essential Plan terminated as of December 31, 2016 because you did not submit documentation and did not adequately demonstrate that you could not provide documentation to confirm your income.

Therefore, the November 21, 2016 eligibility determination notice and November 26, 2016 disenrollment notice are AFFIRMED.

The third issue is whether NYSOH issued a timely eligibility determination of your eligibility for the Essential Plan and your child's eligibility for Child Health Plus with a \$9.00 premium on December 30, 2016.

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income.

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

You updated your NYSOH account on November 21, 2016. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your household income.

On December 22, 2016, you uploaded a copy of your 2015 tax return and on December 29, 2016 NYSOH verified that tax return as acceptable proof of income.

Therefore, your household's application was considered complete as of December 22, 2016 for purposes of issuing an eligibility determination.

NYSOH must provide Child Health Plus applications notice of their eligibility determination within 30 days from the date of the completed application and Essential Plan applicants notice of their eligibility determination within 45 days from the date of the completed application. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH issued an eligibility determination notice on December 30, 2016 that stated you were eligible for the Essential Plan effective February 1, 2017 and that your child was eligible for Child Health Plus with a \$9.00 premium effective February 1, 2017. Since NYSOH issued an eligibility determination one day from the date your application was considered complete, the December 30, 2016 eligibility determination was timely.

The fourth issue under review is whether NYSOH properly determined that your child's reenrollment in his Child Health Plus plan with a \$9.00 monthly premium was effective February 1, 2017.

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 between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

On December 22, 2016, your household's application for financial assistance was complete, and on December 30, 2016, NYSOH issued an eligibility determination notice based on that completed application. As a result of this application for financial assistance, your child was found eligible to enroll in a Child Health Plus plan with a \$9.00 monthly premium, effective February 1, 2017. On December 31, 2016, you reenrolled your child into a Child Health Plus plan

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with a \$9.00 monthly premium. Therefore, your child's eligibility for and reenrollment in Child Health Plus properly took effect on the first day of the second month following December 2016; that is on February 1, 2017.

However, the record reflects that NYSOH conceded that your child's reenrollment in his Child Health Plus plan with a \$9.00 premium would begin on January 1, 2017, as is documented in the January 30, 2017 enrollment notice and in the February 1, 2017 note in incident [REDACTED].

Therefore, the December 30, 2016 eligibility determination notice and December 31, 2016 enrollment notice are MODIFIED insofar as they are inconsistent with the January 30, 2017 enrollment notice, to reflect that your child's eligibility for and enrollment in his Child Health Plus plan with a \$9.00 premium was effective January 1, 2017.

The fifth issue is whether NYSOH properly determined that your eligibility for and reenrollment in the Essential Plan was effective February 1, 2017.

On December 22, 2016, your household's application for financial assistance was complete, and on December 30, 2016, NYSOH issued an eligibility determination notice based on that completed application. On December 31, 2016, you selected an Essential Plan for enrollment.

The date on which enrollment in an Essential 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 the 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 to the end of the month goes into effect on the first day of the second following month.

Since on December 31, 2016, you selected an Essential Plan, your enrollment would properly take effect on the first day of the second month following December 2016; that is, on February 1, 2017.

Therefore, the December 30, 2016 eligibility determination notice, and the December 31, 2016 enrollment confirmation notice are correct and must be AFFIRMED, insofar as they stated that your eligibility for and enrollment in the Essential Plan was effective February 1, 2017.

Decision

The November 4, 2016 eligibility determination is AFFIRMED.

The November 4, 2016 disenrollment notice is AFFIRMED.

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The November 21, 2016 eligibility determination is AFFIRMED.

The November 26, 2016 disenrollment notice is AFFIRMED.

The December 30, 2016 eligibility determination notice is AFFIRMED insofar as it found you eligible for the Essential Plan effective February 1, 2017, and MODIFIED to state that your child was eligible for Child Health Plus plan with a \$9.00 monthly premium effective January 1, 2017.

The December 31, 2016 enrollment confirmation notice is AFFIRMED insofar as it found your reenrollment in your Essential Plan was effective February 1, 2017, and MODIFIED to state that your child was enrolled in his Child Health Plus plan with a \$9.00 monthly premium effective January 1, 2017.

Effective Date of this Decision: April 12, 2017

How this Decision Affects Your Eligibility

Your child's eligibility for and enrollment in his Child Health Plus plan with a \$9.00 premium properly ended as of November 30, 2016.

Your eligibility for and enrollment in your Essential Plan properly ended as of December 31, 2016.

Your eligibility for and reenrollment in your Essential Plan properly began as of February 1, 2017.

Your child's eligibility for and reenrollment in his Child Health Plus plan with a \$9.00 monthly premium began as of January 1, 2017.

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

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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:
NY State of Health Appeals
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The November 4, 2016 eligibility determination is AFFIRMED.

The November 4, 2016 disenrollment notice is AFFIRMED.

Your child's eligibility for and enrollment in his Child Health Plus plan with a \$9.00 premium properly ended as of November 30, 2016.

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The November 21, 2016 eligibility determination is AFFIRMED.

The November 26, 2016 disenrollment notice is AFFIRMED.

Your eligibility for and enrollment in your Essential Plan properly ended as of December 31, 2016.

The December 30, 2016 eligibility determination notice is AFFIRMED insofar as it found you eligible for the Essential Plan effective February 1, 2017, and MODIFIED to state that your child was eligible for Child Health Plus plan with a \$9.00 monthly premium effective January 1, 2017.

The December 31, 2016 enrollment confirmation notice is AFFIRMED insofar as it found your reenrollment in your Essential Plan was effective February 1, 2017, and MODIFIED to state that your child was enrolled in his Child Health Plus plan with a \$9.00 monthly premium effective January 1, 2017.

Your eligibility for and reenrollment in your Essential Plan properly began as of February 1, 2017.

Your child's eligibility for and reenrollment in his Child Health Plus plan with a \$9.00 monthly premium began as of January 1, 2017.

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.

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।

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).

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 srɛ wo, frɛ 1-855-355-5777. yɛbɛtumi ama wo obi a okyerɛ 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.

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).