



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

## Notice of Decision

Decision Date: May 15, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015160  
AP000000015709

[REDACTED]

Dear [REDACTED],

On April 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 5, 2017 and February 16, 2017 plan 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.

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: May 15, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015160  
AP000000015709

[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 you were enrolled in a qualified health plan (QHP), with a plan enrollment start date of February 1, 2017?

Did NYSOH properly determine that your children were enrolled in a Child Health Plus plan with an enrollment start date of March 1, 2017?

## Procedural History

On December 10, 2015, NYSOH issued an enrollment notice confirming that you were enrolled in a QHP with an enrollment start date of January 1, 2016.

On April 8, 2016, NYSOH issued a disenrollment notice stating that your QHP coverage was terminated effective February 29, 2016 because a premium payment had not been received by your health plan.

On January 4, 2017, you submitted a financial assistance application through NYSOH for yourself.

On January 5, 2017, NYSOH issued an eligibility determination notice that you were eligible to receive \$0.00 per month of tax credits effective as of February 1, 2017.

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Also on January 5, 2017, NYSOH issued an enrollment notice confirming that as of January 4, 2017, you enrolled in a QHP with an enrollment start date of February 1, 2017.

On January 25, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal relative to your enrollment start date of your QHP ([REDACTED]).

On February 9, 2017, you updated your account and submitted an application for financial assistance through NYSOH.

Also on February 9, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the enrollment start date of your children's health plan ([REDACTED]).

On February 10, 2017, NYSOH issued an eligibility determination notice stating in part that your children were eligible to Child Health Plus, each with a monthly premium of \$45.00, effective as of March 1, 2017.

On February 16, 2017, NYSOH issued an enrollment notice confirming that as of February 9, 2017, your children were enrolled in a Child Health Plus plan with an enrollment start date of March 1, 2017.

On April 28, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was closed at the end of the hearing.

## **Findings of Fact**

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

- 1) According to your NYSOH account, you applied for health insurance and enrolled in a QHP on January 4, 2017.
- 2) You testified that you found out at a doctor's appointment in January 2017 that you were not enrolled in health insurance.
- 3) You testified that you were enrolled in a QHP through NYSOH for the entire year of 2016.
- 4) According to your NYSOH account and NYSOH's April 8, 2016 disenrollment notice, your QHP coverage was terminated effective February 29, 2016 because a premium payment had not been received by your health plan (see Document [REDACTED]).

- 5) You testified you incurred medical expenses because you did not have health insurance coverage for yourself in the month of January 2017.
- 6) According to your NYSOH account, you applied for and enrolled your children in a Child Health Plus plan on February 9, 2017.
- 7) You testified that incurred medical expense for your children because they were not enrolled in coverage for the month of February 2017.

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

## **Applicable Law and Regulations**

### 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)).

### 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

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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).

## **Legal Analysis**

Initially, it is noted that your NYSOH account reflects that you were disenrolled from your QHP, effective February 29, 2016, for nonpayment of premium. Therefore, it is concluded your testimony that you had health insurance coverage through NYSOH for the entire year of 2016 is not credible.

As to the merits of your first appeal (AP000000015160), the issue under review is whether NYSOH properly determined that you were enrolled in a QHP, with a plan enrollment start date of February 1, 2017.

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 after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you selected your QHP on January 4, 2017, it must take effect on the first day of the following month after January 4, 2017; that is, on February 1, 2017.

Therefore, the January 5, 2017 plan enrollment notice properly stated that your QHP would have a plan enrollment start date of February 1, 2017 and is **AFFIRMED**.

The second issue under review (AP000000015709) is whether NYSOH properly determined that your children's enrollment in their Child Health Plus plan was effective March 1, 2017.

The record reflects that, on February 9, 2017, an application was submitted on their behalf, and they were enrolled in a health plan.

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

Since your children's health plan was selected on February 9, 2017, it must take effect on the first day of the following month after February 9, 2017; that is, on March 1, 2017.

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Therefore, the February 16, 2017 enrollment notice, properly stated that your children's Child Health Plus plan would have an enrollment start date of March 1, 2017 and is AFFIRMED.

## **Decision**

The January 5, 2017 plan enrollment notice is AFFIRMED

The February 16, 2017 plan enrollment notice is AFFIRMED.

**Effective Date of this Decision:** May 15, 2017

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

Your QHP enrollment start date is February 1, 2017.

Your children's Child Health Plus plan enrollment start date is March 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 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

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).

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 5, 2017 plan enrollment notice is AFFIRMED.

The February 16, 2017 plan enrollment notice is AFFIRMED.

Your QHP enrollment start date is February 1, 2017.

Your children's Child Health Plus plan enrollment start date is March 1, 2017.

### **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:**



## **Getting Help in a Language Other than English**

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

### **Español (Spanish)**

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

### **中文 (Traditional Chinese)**

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

### **Kreyòl Ayisyen (Haitian Creole)**

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

### **中文 (Simplified Chinese)**

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

### **Italiano (Italian)**

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

### **한국어 (Korean)**

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

### **Русский (Russian)**

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

### **العربية (Arabic)**

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجانًا.

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## বাংলা (Bengali)

এই নথি গুরুত্বপূর্ণ। আপনি যদি এটি বুঝতে সাহায্যের প্রয়োজন হয়, তবে দয়া করে 1-855-355-5777-এ কল করুন। আমরা আপনার ভাষায় একটি ব্যক্তিগত ব্যাচেলর প্রদান করতে সক্ষম।

## Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

## हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

## 日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

## नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

## Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

## Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye bɛtumi 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.

## אַײַדיש (Yiddish)

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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.

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