



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: AP000000015361

[REDACTED]

Dear [REDACTED],

On April 24, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 25, 2017, enrollment confirmation notice, and April 21, 2017, cancellation notice.

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

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NY State of Health Account ID: [REDACTED]  
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## 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 enrollment in an Essential Plan was effective March 1, 2017?

Did NY State of Health properly disenroll your child from her Child Health Plus Plan for non-payment of premium effective March 31, 2017?

## Procedural History

On December 29, 2016, NY State of Health (NYSOH) received your updated application for financial assistance. that day a preliminary eligibility determination was made stating you were eligible for advance payments of the premium tax credits of up to \$116.00 per month effective February 1, 2017. The determination also stated your child was now eligible for Child Health Plus with a premium responsibility of \$30.00 per month effective February 1, 2017.

No enrollments were submitted on your behalf. Your child was enrolled in a Child Health Plus plan on December 29, 2016 for a cost of \$30.00 per month effective February 1, 2017.

On December 30, 2016, NYSOH issued an eligibility determination notice based on your updated application for financial assistance on December 29, 2016. The notice stated you were eligible for advance payments of the premium tax credits of up to \$116.00 per month effective February 1, 2017. The determination also

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found your child was eligible for Child Health Plus with a premium responsibility of \$30.00 per month effective February 1, 2017.

On January 25, 2017, NYSOH issued a notice of eligibility determination, based on your January 24, 2017 application stating you were eligible to enroll in the Essential Plan, effective March 1, 2017.

Also on January 25, 2017, NYSOH issued a notice of enrollment, based on your plan selection on January 24, 2017, stating that you were enrolled in an Essential Plan, and that your plan would start March 1, 2017.

On January 31, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan insofar as it did not begin February 1, 2017.

On April 21, 2017, NYSOH issued a disenrollment notice stating your child's enrollment in her Child Health Plus plan was to be terminated effective March 31, 2017. The notice stated your child's coverage was ending because you did not pay your insurance bill by the payment deadline.

On April 24, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During your telephone hearing, you testified you would like to amend your appeal to include your child's disenrollment from her Child Health Plus plan effective March 31, 2017. 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 submitted an application to NYSOH for financial assistance on December 29, 2016.
- 2) You testified you did not choose to enroll in a plan at that time. You did enroll your child in a Child Health Plus plan.
- 3) You testified you then updated your application on January 24, 2017
- 4) You testified, and the record reflects, that you enrolled in an Essential Plan on January 24, 2017.
- 5) The application submitted on December 29, 2016 you attested to an annual household annual income of \$44,680.00.

- 6) A review of the call to an NYSOH agent on December 29, 2016, indicates you opted to not enroll in a Bronze level qualified health plan that day because you stated the premium amounts offered by NYSOH were too high.
- 7) In the application submitted on January 24, 2017 you attested to an annual household income of \$29,120.00.
- 8) You testified that you wanted your enrollment in an Essential Plan to begin on February 1, 2017.
- 9) You testified you are seeking to appeal your child's disenrollment from her Child Health Plus plan effective March 31, 2017 for non-payment of premium.
- 10) You testified you did not experience any outstanding medical bills 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**

### 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 NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax

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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 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

## **Legal Analysis**

The first issue is whether NYSOH properly determined that your enrollment in the Essential Plan was effective March 1, 2017.

NYSOH first received your updated application for financial assistance on December 29, 2016. A result of that application shows you were determined eligible for advance payments of the premium tax credits of up to \$116.00 per month effective February 1, 2017.

A review of the call made to NYSOH on December 29, 2016, shows you opted not to enroll in a qualified health plan at that time as you stated the premium amount for a Bronze level qualified health plan was too high.

You testified, and the record indicates, that you updated your NYSOH application on January 24, 2017. Because of the update, you were found eligible for the Essential Plan as of March 1, 2017 and enrolled into a plan that day.

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.

On January 24, 2017, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following January; that is, on March 1, 2017.

Therefore, the January 25, 2017, enrollment confirmation notice stating that your enrollment in the Essential Plan was effective March 1, 2017, is correct and must be AFFIRMED.

The second issue is whether your child was properly disenrolled from her Child Health Plus plan effective March 31, 2017.

The record reflects that you were enrolled in a Child Health Plus Plan with a \$30.00 monthly premium responsibility, effective February 1, 2017.

On April 21, 2017, NYSOH issued a disenrollment notice stating your child's enrollment in her Child Health Plus plan was to be terminated effective March 31, 2017. The notice stated your child's coverage was ending because you did not pay your insurance bill by the payment deadline.

This issue relates to payment of premiums to qualified health plan issuers which is not an issue that the NY State of Health Appeals Unit is authorized to address.

Therefore, we are **DISMISSING** your appeal on the basis of termination of your child's Child Health Plus plan for non-payment of premiums stated in the April 21, 2017, cancellation notice.

## **Decision**

The January 25, 2017, enrollment confirmation notice is **AFFIRMED**.

Your appeal of the April 21, 2017 cancellation notice for non-payment of premium for your child is **DISMISSED**.

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

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

The effective date of your Essential Health Plan is March 1, 2017.

NYSOH's Appeals Unit is not authorized to address your child's disenrollment from her Child Health Plus plan effective March 31, 2017 for non-payment of premium.

## **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.

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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 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  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The January 25, 2017, enrollment confirmation notice is AFFIRMED.

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Your appeal of the April 21, 2017 cancellation notice for non-payment of premium for your child is DISMISSED.

The effective date of your Essential Health Plan is March 1, 2017.

NYSOH's Appeals Unit is not authorized to address your child's disenrollment from her Child Health Plus plan effective March 31, 2017 for non-payment of premium.

### **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।

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## **Français (French)**

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

## **हिंदी (Hindi)**

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

## **日本語 (Japanese)**

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

## **नेपाली (Nepali)**

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

## **Polski (Polish)**

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

## **Twi (Twi)**

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a okyerE 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.

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