



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

Notice of Decision

Decision Date: October 24, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000018590

[REDACTED]

Dear [REDACTED],

On August 21, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 3, 2017 enrollment 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.

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

Decision

Decision Date: October 24, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018590

[REDACTED]

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 the eligibility of you and your spouse for the Essential Plan, and your children's eligibility for Child Health Plus, began effective June 1, 2017?

Procedural History

On December 22, 2016, NYSOH redetermined your household's eligibility for health insurance.

On December 23, 2016, NYSOH issued an eligibility determination notice based on the information contained in the December 22, 2016 application. The notice stated that you and your spouse were eligible to enroll in the Essential Plan for a limited time. You were requested to provide proof of income for you and your spouse by January 15, 2017 to confirm your eligibility. The notice also stated that your children were each found newly eligible to purchase a qualified health plan at full cost through NYSOH. This eligibility determination was effective February 1, 2017.

Also on December 23, 2016, NYSOH issued an enrollment notice confirming the enrollment of you and your spouse in an Essential Plan as of December 22, 2016. The notice stated that the Essential Plan coverage for you and your spouse began on December 1, 2016.

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On January 10, 2017, NYSOH received an updated application for health insurance.

On January 11, 2017, NYSOH issued a notice stating that the information you provided in your January 10, 2017 application did not match what NYSOH received from state and federal data sources. You were requested to provide income documentation by January 25, 2017 so that an eligibility determination could be issued.

On January 11, 2017, NYSOH issued a disenrollment notice stating that you and your spouse's enrollment in the Essential Plan would end effective January 31, 2017.

On January 20, 2017, NYSOH received (1) four earnings statements issued to you by your employer, [REDACTED] between November 18, 2016 and December 9, 2016, (2) two illegible earning statements issued to you by an unknown employer between November 15, 2016 and November 29, 2016, and (3) four pages of unemployment benefits history pages issued by [REDACTED] of [REDACTED] of an apparent weekly benefit award of \$556.00 between November 12, 2016 and December 3, 2016; however, there was no identifying information on who was entitled to receive these benefits.

On January 28, 2017, NYSOH issued a notice acknowledging receipt of the income documentation you provided. However, the notice further stated that the income documentation you provided did not confirm in the information in your application. You were requested to provide additional income documentation by February 24, 2017.

On February 10, 2017, NYSOH received (1) a duplicate copy of the four pages of unemployment benefits history pages issued by [REDACTED] of an apparent weekly benefit award of \$556.00 between November 12, 2016 and December 3, 2016, but again, no identifying information to whom these benefits were issued, (2) duplicate copies of the four earnings statements issued to you by the [REDACTED] between November 18, 2016 and December 9, 2016.

On February 17, 2017, NYSOH received (1) a letter from you confirming that your two children have no income, (2) four additional unemployment benefits history pages issued by [REDACTED] of an apparent weekly benefit award of \$556.00 between December 24, 2016 and January 7, 2017, but no identifying information to whom these benefits were issued.

On February 23, 2017, NYSOH issued a notice acknowledging receipt of the income documentation you provided. However, the notice further stated that the income documentation you provided did not confirm in the information in your application. You were requested to provide additional income documentation by March 11, 2017.

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On March 1, 2017, NYSOH received an update to your application for health insurance.

Also on March 1, 2017, NYSOH received (1) two additional earnings statements issued to you by the [REDACTED] between February 10, 2017 and February 17, 2017, (2) two illegible earnings statements issued to you by the [REDACTED], and (3) a printout generated on February 28, 2017 confirming that your spouse received \$556.00 in unemployment benefits from the [REDACTED] on February 15, 2017, February 23, 2017 and March 1, 2017.

On March 2, 2017, NYSOH issued a notice acknowledging receipt of the income documentation you provided. However, the notice further stated that the income documentation you provided did not confirm in the information in your application. You were requested to provide additional income documentation by March 11, 2017.

On March 10, 2017, NYSOH issued a notice acknowledging receipt of the income documentation you provided. However, the notice further stated that the income documentation you provided did not confirm in the information in your application. You were requested to provide additional income documentation by March 26, 2017.

On March 28, 2017, NYSOH received (1) a letter confirming that your spouse received \$556.00 in unemployment benefits from the [REDACTED] on January 25, 2017, February 1, 2017 and February 8, 2017, (2) a letter from you confirming that your two children have no income, (3) a printout of your unemployment benefit history pages issued by [REDACTED] confirming payment of \$556.00 in unemployment benefits between December 3, 2016 and February 4, 2017, however, there was no identifying information on who was entitled to receive these benefits, (4) one duplicate earning statements issued to you by [REDACTED] on February 10, 2017 and (5) four earnings statements issued to you by [REDACTED] between January 7, 2017 and February 4, 2017.

On April 5, 2017, NYSOH issued a notice acknowledging receipt of the income documentation you provided. However, the notice further stated that the income documentation you provided did not confirm in the information in your application. You were requested to provide additional income documentation by April 25, 2017.

On April 10, 2017, NYSOH received (1) two earnings statements issued to you by the [REDACTED] on March 17, 2017 and March 31, 2017, (2) four earnings statements issued to you by [REDACTED] between March 10, 2017 and April 7, 2017, and (3) a letter confirming you have been employed by [REDACTED] since February 27, 2017, (4) a letter issued to you by [REDACTED], dated March 29, 2017, confirming your spouse's weekly unemployment benefit about of \$556.00 per week, beginning

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October 2, 2016, and (5) a copy of your of your online unemployment benefit payment history reflecting your weekly benefits rate of \$556.00 between February 2017 and March 2017.

On April 13, 2017, NYSOH redetermined your household's eligibility for health insurance.

On April 14, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to enroll in the Essential plan with a \$20.00 monthly premium each, and your children were eligible to enroll in CHP with a \$9.00 monthly premium each. This eligibility determination was effective May 1, 2017.

On May 3, 2017, NYSOH issued an enrollment notice confirming your selection of health plans for your household as of April 17, 2017. The notice stated that the Essential Plan coverage for you and your spouse would begin effective June 1, 2017. The notice also stated that your children's CHP plan coverage would begin effective June 1, 2017.

On or about May 4, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your household's enrollment in their respective health plans insofar as they did not begin as of May 1, 2017.

On August 21, 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) According to your NYSOH account and testimony, you are applying for health insurance for you, your spouse and your two children.
- 2) According to your NYSOH account and testimony, you expect to file your 2017 federal income tax return with the tax status of married filing jointly, and claiming your two dependents on that tax return.
- 3) According to your January 10, 2017 application, you attested to an expected yearly income of \$12,488.00, which consisted of \$7,488.00 you expected to receive from your employer at [REDACTED], and \$5,000.00 your spouse expected to receive in unemployment benefits.
- 4) According to the January 11, 2017 notice issued by NYSOH, you were directed to submit additional documentation by January 25, 2017, and a documentation list was provided. The list included paycheck stubs for the

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last four weeks and a printout of recipient's unemployment benefit information.

- 5) On January 20, 2017, you uploaded to your NYSOH account:
 - (a) four earnings statements issued to you by your employer, [REDACTED] [REDACTED] [REDACTED] between November 18, 2016 and December 9, 2016;
 - (b) two illegible earning statements issued to you by an unknown employer between November 15, 2016 and November 29, 2016; and
 - (c) four pages of unemployment benefits history pages issued by [REDACTED] [REDACTED] of an apparent weekly benefit award of \$556.00 between November 12, 2016 and December 3, 2016, however, there was no identifying information on who was entitled to receive these benefits.

- 6) On February 12, 2017, you uploaded to your NYSOH account:
 - (a) a duplicate copy of the four pages of unemployment benefits history pages issued by [REDACTED] [REDACTED] of an apparent weekly benefit award of \$556.00 between November 12, 2016 and December 3, 2016, but again, no identifying information to whom these benefits were issued; and
 - (b) duplicate copies of the four earnings statements issued to you by [REDACTED] [REDACTED] between November 18, 2016 and December 9, 2016.

- 7) On March 1, 2017, you uploaded to your NYSOH account:
 - (a) two additional earnings statements issued to you by [REDACTED] [REDACTED] [REDACTED] between February 10, 2017 and February 17, 2017;
 - (b) two illegible earnings statements issued to you by the [REDACTED]; and
 - (c) a printout generated on February 28, 2017 confirming that your spouse received \$556.00 in unemployment benefits from the [REDACTED] [REDACTED] on February 15, 2017, February 23, 2017 and March 1, 2017.

- 8) On March 28, 2017, you uploaded to your NYSOH account:
 - (a) a letter confirming that your spouse received \$556.00 in unemployment benefits from the [REDACTED] [REDACTED] on January 25, 2017, February 1, 2017 and February 8, 2017;

- (b) a letter from you confirming that your two children have no income;
 - (c) a printout of your unemployment benefit history pages issued by [REDACTED] [REDACTED] confirming payment of \$556.00 in unemployment benefits between December 3, 2016 and February 4, 2017, however, there was no identifying information on who was entitled to receive these benefits;
 - (d) one duplicate earning statements issued to you by [REDACTED] on February 10, 2017; and
 - (e) four earnings statements issued to you by [REDACTED] between January 7, 2017 and February 4, 2017.
- 9) On April 10, 2017, you uploaded to your NYSOH account:
- (a) two earnings statements issued to you by [REDACTED] on March 17, 2017 and March 31, 2017;
 - (b) four earnings statements issued to you by [REDACTED] between March 10, 2017 and April 7, 2017;
 - (c) a letter confirming you have been employed by [REDACTED] since February 27, 2017;
 - (d) a letter issued to you by [REDACTED] [REDACTED], dated March 29, 2017, confirming your spouse's weekly unemployment benefit about of \$556.00 per week, beginning October 2, 2016; and
 - (e) your online unemployment benefit payment history reflecting your weekly benefits rate of \$556.00 between February 2017 and March 2017.
- 10) You and your spouse were redetermined eligible for the Essential Plan, and your children were redetermined eligible for CHP, on April 13, 2017.
- 11) You selected your respective health plan on April 17, 2017.
- 12) You testified that you were seeking for your health plans to begin at least on May 1, 2017, since you had incurred a large hospital bill for one of your children during the month of May 2017; however, you believed that you ought to be entitled to a start date of February 1, 2017 since you had provided all documentation that was requested of you.
- 13) You further testified that while you, your spouse and your children were provided with coverage start dates of June 1, 2017, you were not aware that you had provided an opportunity to select a plan until April 17, 2017,

which you did. However, you further testified that had you been made aware that you could have selected a plan on April 13, 2017 when you family's eligibility had been redetermined, you would have done so.

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

Applicable Law and Regulations

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 www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf; 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 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 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 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

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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)).

Child Health Plus

A child who meets the eligibility requirements for Child Health Plus 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) (NY Public Health Law § 2511(2)(a)(iii)).

To be eligible for Child Health Plus, the child:

- Must be under 19 years of age;
- Must be a New York State Resident;
- Must not have other health insurance coverage; and
- Must not be eligible for, or enrolled in, Medicaid

(NY Public Health Law § 2511(2)(a)-(e)).

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,” including for periodic renewals (42 CFR § 457.340(f); 42 CFR § 457.343).

In general, a child eligible for Child Health Plus must recertify their eligibility for enrollment through NYSOH once every twelve months (42 CFR § 457.343; 42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current

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information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (NY Public Health Law § 2511(2)(f)(ii)).42 CFR § 435.916(a)(2)).

NYSOH is required to provide proper written notice to an applicant of any decision effecting an enrollee’s Child Health Plus eligibility (42 CFR § 457.340(e)). When Child Health Plus coverage is denied, suspended or terminated NYSOH must provide sufficient notice to enable the child’s parent or caretaker relative to take appropriate actions to allow Child Health Plus coverage to continue without interruption (42 CFR § 457.340(e)(1)(D); 42 CFR § 457.1130(a)(3)).

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

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).

Legal Analysis

The issue under review is whether NYSOH properly determined that the eligibility of you and your spouse for the Essential Plan, and your children’s eligibility for Child Health Plus, began effective June 1, 2017.

On January 10, 2017, you submitted an application through NYSOH. In that application, you attested to two sources of income: your earnings from [REDACTED] and your spouse’s unemployment benefits.

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.

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The income information that was entered into this application did not match federal and state data sources. As a result, on January 10, 2017 NYSOH issued a notice directing you to submit additional income documentation to confirm your eligibility. The notice issued by NYSOH directed you to submit additional documentation, and included a list of acceptable documentation. The list included paycheck stubs for the last four weeks and a printout of recipient's unemployment benefit information.

On January 10, 2017, you submitted to NYSOH: (1) four earnings statements issued to you by your employer, [REDACTED] between November 18, 2016 and December 9, 2016, (2) two illegible earning statements issued to you by an unknown employer between November 15, 2016 and November 29, 2016, and (3) four pages of unemployment benefits history pages issued by [REDACTED] [REDACTED] of an apparent weekly benefit award of \$556.00 between November 12, 2016 and December 3, 2016, however, there was no identifying information on who was entitled to receive these benefits.

On January 27, 2017, NYSOH determined that the documentation submitted was invalid because the earnings statements provided were older than 30 days from the application date and the [REDACTED] [REDACTED] unemployment benefit statement did not contain any information on them identifying that your spouse was the recipient.

On February 17, 2017, you submitted to NYSOH: (1) a letter from you confirming that your two children have no income, (2) four additional unemployment benefits history pages issued by [REDACTED] [REDACTED] of an apparent weekly benefit award of \$556.00 between December 24, 2016 and January 7, 2017, but no identifying information to whom these benefits were issued.

On February 22, 2017, NYSOH determined that the documentation submitted was invalid because the [REDACTED] [REDACTED] unemployment benefit statement did not contain any information on them identifying that your spouse was the recipient.

On March 1, 2017, you submitted to NYSOH: (1) two additional earnings statements issued to you by the [REDACTED] between February 10, 2017 and February 17, 2017, (2) two illegible earnings statements issued to you by the [REDACTED], and (3) a printout generated on February 28, 2017 confirming that your spouse received \$556.00 in unemployment benefits from the [REDACTED] [REDACTED] on February 15, 2017, February 23, 2017 and March 1, 2017.

On March 9, 2017, NYSOH determined that the documentation submitted was invalid because you submitted earnings statements issued to you beyond 30 days after your revised application was submitted, and you also provided earnings statements that were illegible.

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On March 28, 2017, you submitted to NYSOH (1) a letter confirming that your spouse received \$556.00 in unemployment benefits from the [REDACTED] on January 25, 2017, February 1, 2017 and February 8, 2017, (2) a letter from you confirming that your two children have no income, (3) a printout of your unemployment benefit history pages issued by [REDACTED] confirming payment of \$556.00 in unemployment benefits between December 3, 2016 and February 4, 2017; however, there was no identifying information on who was entitled to receive these benefits, (4) one duplicate earning statements issued to you by [REDACTED] on February 10, 2017, and (5) four earnings statements issued to you by [REDACTED] between January 7, 2017 and February 4, 2017.

On April 4, 2017, NYSOH determined that the documentation submitted was invalid because the updated earnings statements you provided were not issue to you within 30 days of March 1, 2017 and two other earnings statements you provided were illegible.

On April 10, 2017, you provided to NYSOH: (1) two earnings statements issued to you by [REDACTED] on March 17, 2017 and March 31, 2017, (2) four earnings statements issued to you by [REDACTED] between March 10, 2017 and April 7, 2017, and (3) a letter confirming you have been employed by [REDACTED] since February 27, 2017, (4) a letter issued to you by [REDACTED], dated March 29, 2017, confirming your spouse's weekly unemployment benefit about of \$556.00 per week, beginning October 2, 2016, and (5) a copy of your of your online unemployment benefit payment history reflecting your weekly benefits rate of \$556.00 between February 2017 and March 2017.

On April 13, 2017, NYSOH reviewed and confirmed as valid the documents you provided for review on April 10, 2017. You, your spouse and your children were redetermined eligible for their respective plans on April 13, 2017.

The date on which an Essential Plan or CHP plan can take effect depends on the day a person selects the plan for enrollment.

The record reflects that while you selected your family's respective health plans on April 17, 2017, you credibly testified that you were not contacted by NYSOH that your eligibility had been redetermined, or that you were eligible to select health plans for your family until you checked your account on April 17, 2017 and saw that you and your spouse had been found eligible for the Essential Plan, and that your children had been found eligible for CHP, effective May 1, 2017. Accordingly, we may reasonably infer that you would have selected your family's respective plans on the date of your April 13, 2017 redetermination.

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

that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

The record supports that the income and employment documentation provided to NYSOH on April 10, 2017 was sufficient to satisfy NYSOH's request and render an eligibility determination as of April 10, 2017. Furthermore, we find your testimony credible that you would have selected your family's respective plans on the date of your April 13, 2017 redetermination.

Therefore, the May 3, 2017 enrollment notice is MODIFIED to state that you and your spouse's Essential Plan coverage, and your children's CHP plan coverage, begins effective May 1, 2017.

Your case is RETURNED to NYSOH to effectuate your family's respective health plan coverage from May 1, 2017 to May 31, 2017.

Decision

The May 3, 2017 enrollment notice is MODIFIED to state that you and your spouse's Essential Plan coverage, and your children's CHP plan coverage, begins effective May 1, 2017.

Your case is RETURNED to NYSOH to effectuate your family's respective health plan coverage from May 1, 2017 to May 31, 2017.

Effective Date of this Decision: October 24, 2017

How this Decision Affects Your Eligibility

You and your spouse's Essential Plan coverage began effective May 1, 2017.

Your children's CHP plan coverage began effective May 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

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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
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):

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- 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

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Summary

The May 3, 2017 enrollment notice is MODIFIED to state that you and your spouse's Essential Plan coverage, and your children's CHP plan coverage, begins effective May 1, 2017.

Your case is sent back to NYSOH to effectuate your family's respective health plan coverage from May 1, 2017 to May 31, 2017.

You and your spouse's Essential Plan coverage began effective May 1, 2017.

Your children's CHP plan coverage began effective May 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 sre wo, fre 1-855-355-5777. ye&btumi 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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