



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

Notice of Decision

Decision Date: October 25, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018814

[REDACTED]

Dear [REDACTED],

On August 14, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 15, 2017 disenrollment, March 23, 2017 eligibility determination, March 23, 2017 disenrollment, March 29, 2017 eligibility determination, and April 5, 2017 disenrollment 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: October 25, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018814

[REDACTED]

Issues

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

Did NY State of Health properly terminate your, your spouse's, and your three oldest children's qualified health plan and your youngest child's Child Health Plus plan for non-payment of premium, effective January 1, 2017 and then subsequently terminate your youngest child's Child Health Plus plan, also for non-payment of premium, effective March 31, 2017?

Did NY State of Health properly terminate your, your spouse's, and your three oldest children's qualified health plan for failure to verify only your citizenship status, effective March 31, 2017?

Did NYSOH properly determine that you, your spouse, and your three oldest children did not qualify to enroll in a qualified health plan outside of the open enrollment period?

Procedural History

On December 16, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating that you, your spouse, and your three oldest children (children) were eligible to share in an advance premium tax credit (APTC) of up to \$744.00 per month for a limited time, and that your youngest child (child) was eligible for a Child Health Plus (CHP) plan with a monthly premium of \$30.00, both effective January 1, 2017. The notice directed you to provide documentation confirming only your citizenship status before March 16, 2017.

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).

Also on December 16, 2016, NYSOH issued a plan enrollment notice confirming that you, your spouse, and your children were enrolled in a gold-level qualified health plan (QHP) with a premium of \$826.37 per month, and your child was enrolled in a CHP plan with a premium of \$30.00 per month, both effective January 1, 2017. That notice also stated that you must pay the monthly premiums to start and keep your family's coverages.

On January 15, 2017, NYSOH issued a disenrollment notice stating that you, your spouse, and your children were terminated from your QHP and your youngest child was terminated from his CHP, effective January 1, 2017. This was because you did not pay your family's insurance premiums by the payment deadline.

On January 18, 2017, NYSOH issued a plan enrollment notice confirming that you, your spouse, and your children were enrolled in a gold-level QHP with a premium of \$826.37 per month and a dental plan with a premium of \$39.84 per month, and your child was enrolled in a CHP plan with a premium of \$30.00 per month, with enrollment start dates of February 1, 2017. That notice also stated that you must pay the monthly premiums to start and keep your coverage.

On March 11, 2017, NYSOH issued a disenrollment notice stating that you, your spouse, and your children were terminated from your Dental Plan, effective February 1, 2017. This was because you did not pay your insurance premium by the payment deadline.

No documentation of your citizenship status was provided to NYSOH before the March 16, 2017 deadline.

On March 23, 2017, NYSOH issued an eligibility determination notice stating that you alone were not eligible for Medicaid, Child Health Plus, Essential Plan, or to receive tax credits or cost sharing reductions to help pay for the cost of insurance, and could not enroll in a QHP at full cost through NYSOH. The reason provided was because you did not provide proof of your citizenship status by the deadline. Your eligibility was to end effective April 1, 2017.

Also on March 23, 2017, NYSOH issued a disenrollment notice stating that you, your spouse, and your children were terminated from your QHP, effective March 31, 2017.

On March 28, 2017, you updated your account and submitted a copy of your United States Passport (see Document XXXXXXXXXX).

On March 29, 2017, NYSOH issued an eligibility determination notice stating in relevant part that you, your spouse, and your children did not qualify for a special enrollment period. That notice further stated that your child was eligible for CHP with a monthly premium of \$30.00, effective May 1, 2017.

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On April 5, 2017, NYSOH issued a disenrollment notice stating that your child's enrollment in his CHP plan was terminated, effective March 31, 2017, because you did not pay his insurance bill by the payment deadline.

On May 5, 2017, NYSOH issued an eligibility determination notice, based on your May 4, 2017 application, stating in relevant part that you, your spouse, and your children did not qualify for a special enrollment period. That notice further stated that your child was eligible for CHP with a monthly premium of \$30.00, effective June 1, 2017, and that you must pick a plan for him.

On May 9, 2017, you spoke to NYSOH's Account Review Unit and appealed your inability to enroll your entire family into health plans outside of the open enrollment period.

On August 14, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open to August 29, 2017, to allow you to submit supporting documents.

On August 22, 2017, you submitted a copy of your payments to your QHP and your child's CHP plan. This document was made part of the record as "Appellant's Exhibit A."

No further documentation was received as of August 29, 2017, and the record closed that day.

Findings of Fact

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

- 1) According to your NYSOH account and your testimony, at all times relevant, you received notices from NYSOH by regular mail.
- 2) None of the notices issued by NYSOH to you at your mailing address have been returned as undeliverable.
- 3) According to your NYSOH account, you were found conditionally eligible to enroll in a QHP, as of January 1, 2017, pending proof of our citizenship status before March 16, 2017.
- 4) According to your NYSOH account, you updated your family's account and re-enrolled them into their respective QHP with a separate dental plan and a CHP plan, with an effective start date of February 1, 2017. NYSOH issued a plan enrollment confirmation notice to this effect, but no new eligibility determination notice.

- 5) You testified, and submitted documentation to show, that you paid your, your spouse and your children's February 2017 and March 2017 premiums to your QHP plan. Your documentation also shows that you paid your child's CHP February 2017 premium. You testified that you did not pay your family's January 2017 QHP and CHP premiums and were disenrolled because of this.
- 6) According to the Enrollment History Tab on your NYSOH account, you, your spouse, and your children were enrolled in a QHP in the months of February 2017 and March 2017. You, your spouse, and your children were disenrolled for "Failure to Comply with Medicaid Rules." Your child was disenrolled from his CHP plan as of March 31, 2017 for non-payment of premium.
- 7) You testified that, as soon as you realized your family was being disenrolled, you went to see your certified application counselor (CAC). You further testified that is when you were advised that you were supposed to send in documentation to prove your citizenship status.
- 8) You testified that, at that time, your CAC took a picture of your U.S. passport and submitted it to NYSOH.
- 9) According to your NYSOH account, you submitted your proof of citizenship on March 28, 2017. You also attempted to re-enroll your family into health coverage but were unable to do so outside the open enrollment period.
- 10) You further testified that, when you called NYSOH, you were advised that NYSOH had received your U. S. passport, but you did not pay the monthly premiums to your QHP and CHP plans, so your family was disenrolled.
- 11) According to your NYSOH account, you, your spouse, and your children were disenrolled from your dental plan for non-payment of premium, effective February 1, 2017. You, your spouse, and your children were subsequently disenrolled from your QHP because you failed to submit your proof of citizenship in a timely manner, effective March 31, 2017.
- 12) You testified that you did not realize you and your family had lost your insurance coverage until you received the NYSOH notice stating so.
- 13) You testified that, when you first spoke to the health plan and NYSOH, both parties initially agreed to reinstate your coverage. Later, you received a notice that your request for reinstatement was declined.
- 14) According to your NYSOH account, as of the date of this Decision, you have not selected a CHP plan for your child.

15) You testified that, since the open enrollment period ended on January 31, 2017, there have been no other major changes to your household.

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

Applicable Law and Regulations

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 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) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (4) 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)).

Qualified Health Plan

To enroll in a qualified health plan (QHP) through NYSOH, an applicant must be a citizen or national of the United States or a non-citizen who is lawfully present in the United States and reasonably expects to become a citizen or remain a lawfully present noncitizen for the entire period for which enrollment is being sought (45 CFR § 155.305(a)(1)).

NYSOH must verify or obtain information to determine that an applicant is eligible for enrollment in a QHP, including the certification of citizenship, status as a national, or lawful presence (45 CFR § 155.315(a), (c)).

If an applicant attests to citizenship, status as a national, or lawful presence, and NYSOH is unable to verify such attestation, NYSOH must provide the applicant with notice of the inconsistency. NYSOH must then provide the applicant with 90 days to provide satisfactory documentary evidence, from the date the notice of inconsistency is received by the applicant. Notice is considered received 5 days after the date on the notice, unless the applicant demonstrates that he or she did not receive the notice within the 5-day period. (45 CFR § 155.315(c)(3), (f)(2)(i)).

If NYSOH remains unable to verify the citizenship attestation after the 90-day period ends, it must determine the applicant's eligibility based on the information available (45 CFR § 155.315(f)(5)).

Enrollment in a Qualified Health Plan

NYSOH must provide annual open enrollment periods during which time qualified individuals may enroll in a QHP and enrollees may change QHPs (45 CFR § 155.410(a)(1)).

For the benefit year beginning on January 1, 2017, the annual open enrollment period began on November 1, 2016, and extended through January 31, 2017 (45 CFR § 155.410(e)(2)).

Special Enrollment Periods

After each open enrollment period ends, NYSOH provides special enrollment periods to qualified individuals. During a special enrollment period, a qualified individual may enroll in a qualified health plan, and an enrollee may change their enrollment to another plan. This is generally permitted when one of the following triggering events occur:

- (1) The qualified individual or his or her dependent either:
 - (i) Loses minimum essential coverage.
 - (ii) Is enrolled in any non-calendar year group health plan or individual health insurance coverage, even if the qualified individual or his or her dependent has the option to renew such coverage.
 - (iii) Loses pregnancy-related coverage.
 - (iv) Loses medically needy coverage as described under section 1902(a)(10)(C) of the Social Security Act only once per calendar year.
- (4) The qualified individual's or his or her dependent's, enrollment or non-enrollment in a qualified health plan is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, misconduct, or inaction of an officer, employee, or agent of NYSOH, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities.
- (13) At the option of NYSOH, the qualified individual provides satisfactory documentary evidence to verify his or her eligibility for an insurance affordability program or enrollment following termination of enrollment due to a failure to verify such status within 90 days. NYSOH has not elected to adopt this subsection at this time.

(45 CFR § 155.420(d)).

Generally, if a triggering life event occurs, the qualified individual or enrollee has 60 days from the date of a triggering event to select a qualified health plan (45 CFR § 155.420(c)(1)).

However, a loss of health insurance coverage such as that referenced above does not include,

“voluntary termination of coverage or other loss due to—

(1) Failure to pay premiums on a timely basis, including COBRA premiums prior to expiration of COBRA coverage, or

(2) Situations allowing for a rescission as specified in 45 CFR [§] 147.128” such as failure to comply with other requirements (45 CFR § 147.128(b))

(45 CFR § 155.420(e)).

Legal Analysis

The first issue under review is whether NYSOH properly terminated your, your spouse’s, and your three oldest children’s qualified health plan and your youngest child’s Child Health Plus plan for non-payment of premium, effective January 1, 2017 and then subsequently terminated your youngest child’s Child Health Plus plan, also for non-payment of premium, effective March 31, 2017.

You testified, and submitted documentation, that you did not pay the January 2017 premiums for your, your spouse’s and your children’s QHP. You also did not pay your child’s January 2017 CHP premium. You further testified, and submitted documentation to show, that you paid your child’s February 2017 CHP premium. There is no evidence in the record that you made any other payments to your child’s CHP plan after February 2017.

On January 15, 2017 and April 5, 2017, NYSOH issued two disenrollment notices stating in part, that you, your spouse, and your children, along with your child, were disenrolled from their respective health plans for non-payment of the premium, effective January 1, 2017, and that your child was disenrolled from his CHP plan, also for non-payment of the premium, effective March 31, 2017, respectively.

NYSOH Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the

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premium tax credit and level of cost-sharing reductions, (3) a failure to provide timely notice of an eligibility determination, and (4) a denial of a special enrollment period.

Since the Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums, we cannot reach the merits as to whether your family was properly terminated from their respective health plans for nonpayment of premiums. Therefore, your appeal of the January 15, 2017 and the April 5, 2017 disenrollment notices are DISMISSED as non-appealable issues.

It is noted that you requested a special enrollment period for your child. However, a child can be enrolled throughout the year in a CHP plan if he or she is determined eligible for that program. The May 5, 2017 eligibility determination notice directed you to pick a CHP plan on behalf of your child. Since a CHP eligible child's enrollment remains rolling throughout the year, you could have selected a CHP plan for your child as of May 4, 2017. Therefore, no special enrollment period is needed.

According to your NYSOH account, as of the date of this Decision, you have not selected a CHP plan for your child. NYSOH is directed to redetermine your child's eligibility for CHP at present and assist you in enrolling your child in a CHP plan.

The second issue under review is whether NYSOH properly terminated your, your spouse's, and your children's QHP for failure to verify your citizenship status, effective March 31, 2017, as stated in the March 23, 2017 plan enrollment notice.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, whether an applicant is a citizen or national of the United States or a non-citizen who is lawfully present in the United States.

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

On December 16, 2016, NYSOH issued an eligibility determination notice stating in relevant part that you alone needed to provide proof of your citizenship status before March 16, 2017, to confirm your eligibility.

You testified that you did not receive any notice from NYSOH telling you that you needed to supply proof of your citizenship status.

According to your NYSOH account, you elected to receive notifications by regular mail and there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, it is determined that NYSOH properly notified you that proof of your citizenship status alone was required before March 16, 2017, to ensure your eligibility for health insurance through NYSOH and enrollment in your health plan would continue.

The record reflects that, on March 28, 2017, you submitted proof of your citizenship status in the form of your U.S. passport. This was twelve days past that deadline.

Because you submitted your citizenship documentation after the deadline, it was untimely and your eligibility was systematically redetermined on March 22, 2017. As stated in the March 23, 2017 eligibility determination notice, you were no longer eligible for health insurance through NYSOH as of April 1, 2017 because you had not provided proof of your citizenship status before the deadline.

Also on March 22, 2017, based on that same systematic redetermination of your eligibility, you, your spouse, and your children were terminated from your gold-level QHP as of March 31, 2017. Although NYSOH properly terminated your coverage as of March 31, 2017, because you failed to timely submit proof of your citizenship status, it is reasonable to conclude that your spouse and your children's termination of coverage, effective March 31, 2017, should not have occurred since their eligibility for a QHP with APTC was not conditional and was due to a known NYSOH system error.

Since NYSOH properly determined that you were no longer eligible for health insurance through NYSOH because you failed to verify your citizenship status in a timely manner, the March 23, 2017 eligibility determination notice stating the same was correct and must be AFFIRMED.

It also follows that the March 23, 2017 disenrollment notice is AFFIRMED in part, as it relates to you being terminated from your QHP, effective March 31, 2017.

However, since your spouse and your children were also terminated from your gold-level QHP due to a NYSOH system error, the March 23, 2017 disenrollment notice was incorrect as it relates to your spouse and your children being terminated from their QHP, effective March 31, 2017.

To rectify this error, your case is RETURNED to NYSOH to allow you the option to reinstate your spouse and your children into their gold-level QHP with APTC as of April 1, 2017. In the alternative, your spouse and children are granted a special enrollment period for 60 days from the date of this Decision to re-enroll in

a QHP. NYSOH is directed to contact you and assist you with their plan selection based on the option you elect.

Therefore, the March 23, 2017 disenrollment notice and the March 29, 2017 eligibility determination notice stating your spouse and children do not qualify for a special enrollment period are rendered MOOT by this Decision.

The issue turns to whether NYSOH properly determined that you do not qualify to enroll in a QHP outside the open enrollment period, effective May 1, 2017.

NYSOH provided an open enrollment period from November 1, 2016 until January 31, 2017. On March 28, 2017, after the open enrollment period ended, you submitted an updated application for health insurance and requested to enroll in a qualified health plan. On March 29, 2017, NYSOH issued a notice stating in relevant part that you do not qualify to enroll in a qualified health plan outside of the open enrollment period.

Once the annual open enrollment period ends, a health plan enrollee must qualify for a special enrollment period to enroll in, or change to another health plan offered in NYSOH. To qualify for a special enrollment period, a person must experience a triggering event.

As you were properly disenrolled from your qualified health plan, effective March 1, 2017, you would need to qualify for a special enrollment period to reenroll in a qualified health plan.

When a qualified individual loses coverage considered to be minimum essential coverage, that individual may be entitled to a special enrollment period in which to reenroll, pursuant to 45 CFR § 155.420(d)(1)(i). However, NYSOH considers your failure to provide proof of citizenship as a voluntary action causing the termination of your coverage. Therefore, you individually would not be entitled to a special enrollment period in which to enroll in new coverage, barring other circumstances.

Notwithstanding, once a family member is found to be eligible for a special enrollment period, all members of the family will be granted one as well. As stated above, your spouse and your children's loss of coverage was due to a known NYSOH system error and, therefore, is not considered to be voluntary. Since, by this Decision, your spouse and your children are determined eligible for a special enrollment period, it follows that you are also eligible for a special enrollment period.

Your case is RETURNED to NYSOH to assist you in enrolling into a QHP within 60 days from the date of this decision.

Decision

Your appeal of the January 1, 2017 termination date of your family's coverage in their respective health plans and the March 31, 2017 termination date of your child's coverage in CHP for nonpayment of premium, respectively, are **DISMISSED** as non-appealable issues.

As of the date of this Decision, you have failed to select a CHP plan for your child. NYSOH is directed to reach out to you and provide assistance in redetermining your child's eligibility and enrolling your child in a health plan.

The March 23, 2017 eligibility determination notice relative to your ineligibility is **AFFIRMED**.

The March 23, 2017 disenrollment notice is **AFFIRMED** in part, as it relates to you being terminated from your QHP, effective March 31, 2017.

Your case is **RETURNED** to NYSOH to allow you the option to reinstate your spouse and your children into their gold-level QHP with APTC as of April 1, 2017. In the alternative, your spouse and children are granted a special enrollment period for 60 days from the date of this Decision to re-enroll in a QHP. NYSOH is directed to contact you and assist you with their plan selection based on the option you elect.

The March 23, 2017 disenrollment notice and the March 29, 2017 eligibility determination notice stating your spouse and children do not qualify for a special enrollment period are rendered **MOOT** by this Decision.

Since, by this Decision, your spouse and your children are determined eligible for a special enrollment period, you are also eligible for a special enrollment period. Your case is **RETURNED** to NYSOH to assist you in enrolling into a QHP within 60 days from the date of this decision.

Effective Date of this Decision: October 25, 2017

How this Decision Affects Your Eligibility

NYSOH's Appeals Unit does not have the authority to review whether you, your spouse, and your child/children were properly dis-enrolled, effective January 1, 2017 (family), and March 31, 2017 (child) for non-payment of your family's QHP and CHP premiums. Therefore, your appeals on these matters are being dismissed.

Your family's enrollments in their respective health plans, QHP and CHP, next took effect February 1, 2017.

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).

As of the date of this Decision, you have failed to select a CHP plan for your child. NYSOH is directed to redetermine your child's eligibility for financial assistance and assist you in enrolling your child in a health plan.

Your case is sent back to NYSOH to allow you the option reinstate your spouse and your children into their gold-level QHP with APTC as of April 1, 2017. In the alternative, your spouse and your children are granted special enrollment period for 60 days from the date of this Decision to reenroll in a QHP.

NYSOH is directed to contact you and assist you with their plan selection based on the option you elect for your spouse and children.

You are granted special enrollment period for 60 days from the date of this Decision to enroll in a QHP. Your case is being sent back to NYSOH to further assist you in enrolling in a QHP.

You will be responsible for any premium payments for any months you, your spouse and/or your children are enrolled into health plans.

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 QHP s, 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

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- 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

Your appeal of the January 1, 2017 termination date of your family's coverage in their respective health plans and the March 31, 2017 termination date of your child's coverage in CHP for nonpayment of premium, respectively, are **DISMISSED** as non-appealable issues.

As of the date of this Decision, you have failed to select a CHP plan for your child. NYSOH is directed to reach out to you and provide assistance in redetermining your child's eligibility and enrolling your child in a health plan.

The March 23, 2017 eligibility determination notice relative to your ineligibility is **AFFIRMED**.

The March 23, 2017 disenrollment notice is **AFFIRMED** in part, as it relates to you being terminated from your QHP, effective March 31, 2017.

Your case is **RETURNED** to NYSOH to allow you the option to reinstate your spouse and your children into their gold-level QHP with APTC as of April 1, 2017. In the alternative, your spouse and children are granted a special enrollment period for 60 days from the date of this Decision to re-enroll in a QHP. NYSOH is

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directed to contact you and assist you with their plan selection based on the option you elect.

The March 23, 2017 disenrollment notice and the March 29, 2017 eligibility determination notice stating your spouse and children do not qualify for a special enrollment period are rendered MOOT by this Decision.

Since, by this Decision, your spouse and your children are determined eligible for a special enrollment period, you are also eligible for a special enrollment period. Your case is RETURNED to NYSOH to assist you in enrolling into a QHP within 60 days from the date of this decision.

NYSOH's Appeals Unit does not have the authority to review whether you, your spouse, and your child/children were properly dis-enrolled, effective January 1, 2017 (family), and March 31, 2017 (child) for non-payment of your family's QHP and CHP premiums. Therefore, your appeals on these matters are being dismissed.

Your family's enrollments in their respective health plans, QHP and CHP, next took effect February 1, 2017.

As of the date of this Decision, you have failed to select a CHP plan for your child. NYSOH is directed to redetermine your child's eligibility for financial assistance and assist you in enrolling your child in a health plan.

Your case is sent back to NYSOH to allow you the option reinstate your spouse and your children into their gold-level QHP with APTC as of April 1, 2017. In the alternative, your spouse and your children are granted special enrollment period for 60 days from the date of this Decision to reenroll in a QHP.

NYSOH is directed to contact you and assist you with their plan selection based on the option you elect for your spouse and children.

You are granted special enrollment period for 60 days from the date of this Decision to enroll in a QHP. Your case is being sent back to NYSOH to further assist you in enrolling in a QHP.

You will be responsible for any premium payments for any months you, your spouse and/or your children are enrolled into health plans.

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 مجانًا.

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।

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 b etumi ama wo obi a okyer e kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu)

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.