



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

Notice of Decision

Decision Date: August 29, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021617



Dear [REDACTED],

On August 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 19, 2017 eligibility determination notice, the August 19, 2017 enrollment confirmation notice and the August 26, 2017 enrollment confirmation 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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Decision

Decision Date: August 29, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021617



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 your second oldest child's [REDACTED] eligibility for and reenrollment in a qualified health plan was effective October 1, 2017?

Procedural History

On December 6, 2016, NYSOH issued a notice of eligibility determination stating that your second oldest child was eligible to receive up to \$1,109.00 per month in advance payments of the premium tax credit (APTC) to be shared with yourself, your spouse, your oldest child, and your youngest child, effective January 1, 2017.

Also on December 6, 2016, NYSOH issued a notice of enrollment confirmation stating that your second oldest child was enrolled in a family qualified health plan with a plan enrollment start date of January 1, 2017.

On July 25, 2017, you updated your household's application for financial assistance.

On July 26, 2017, NYSOH issued a notice of eligibility determination, based on the July 25, 2017 application, stating that your second oldest child was eligible to receive up to \$532.00 per month in APTC to be shared with yourself, your oldest child, and your youngest child and cost-sharing reductions if you selected a silver

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level qualified health plan for enrollment for a limited time, effective September 1, 2017. This notice directed you to submit income documentation for your household by October 23, 2017 in order to confirm your second oldest child's eligibility for financial assistance.

Also on July 26, 2017, NYSOH issued a notice of enrollment confirmation stating that your second oldest child was enrolled in a family qualified health plan with a plan enrollment start date of January 1, 2017.

On August 9, 2017, you updated your household's application for financial assistance.

On August 11, 2017, NYSOH issued a notice of disenrollment, stating that your second oldest child's enrollment in her qualified health plan would end on August 31, 2017. This was because she was no longer eligible to enroll in a qualified health plan.

On August 18, 2017, you updated your household's application for financial assistance. That day, NYSOH prepared a preliminary eligibility determination stating that your second oldest child was eligible to receive up to \$396.00 per month in APTC to be shared with yourself and your two youngest children, as well as cost-sharing reductions if you selected a silver level qualified health plan for enrollment, effective October 1, 2017.

Also on August 18, 2017, you spoke to NYSOH's Account Review Unit and appealed the preliminary determination insofar as your second oldest child's eligibility for and reenrollment in her qualified health plan began on October 1, 2017 and not September 1, 2017.

On August 19, 2017, NYSOH issued a notice of eligibility determination stating that your second oldest child was eligible to receive up to \$396.00 per month in APTC to be shared with yourself and your two youngest children, as well as cost-sharing reductions if you selected a silver level qualified health plan for enrollment, effective October 1, 2017.

On August 19, 2017, NYSOH issued a notice of enrollment confirmation stating that your second oldest child was reenrolled in a silver level family qualified health plan with a plan enrollment start date of October 1, 2017.

On August 23, 2017, you submitted documentation from your second oldest child's doctor requesting an expedited appeal because of her urgent medical issues.

On August 24, 2017, your request for an expedited hearing was granted.

On August 26, 2017, NYSOH issued a notice of enrollment confirmation stating that your second oldest child was enrolled in a gold level family qualified health plan with a plan enrollment start date of September 1, 2017.

On August 28, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Under oath, you waived your right to formal notice of the hearing. Your spouse was present at the hearing and provided sworn testimony. 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) Your spouse contacted NYSOH and updated your household's application on July 25, 2017. Your spouse testified that at that time, the purpose of the call was to advise NYSOH that your spouse was now enrolled in Medicare and to remove your oldest child from your family qualified health plan, as she had aged out of the family plan.
- 2) Your spouse testified that following that update, you received notices from NYSOH indicating that your second youngest child had been disenrolled from your family qualified health plan.
- 3) Your spouse testified that she contacted NYSOH on August 9, 2017 to correct your second youngest child's coverage, to add her back on to your family qualified health plan, and to remove your oldest child from your family qualified health plan.
- 4) Your spouse testified that following this update, you received notices that both your oldest and second oldest child had been removed from your family qualified health plan.
- 5) Your spouse testified that she contacted NYSOH again on August 18, 2017 to correct your second oldest child's coverage and reenroll your second oldest child into your family qualified health plan. However, when you reenrolled you second oldest child, your spouse was told that your second oldest child's reenrollment would begin on October 1, 2017. At that time, your spouse requested to speak with the Account Review Unit.
- 6) Your NYSOH account reflects that on August 9, 2017, your second oldest child was marked as no longer being claimed as a dependent by yourself and your spouse for 2017.

- 7) Your spouse testified that she never advised NYSOH that your second oldest child was not being claimed as a dependent for 2017, and that she had told NYSOH that your three youngest children, inclusive of your second oldest child, would be claimed as dependents for 2017.
- 8) Your spouse testified that you and your spouse will claim your three youngest children, inclusive of your second oldest child, as dependents on your 2017 tax return.
- 9) Your NYSOH account reflects that you reselected a silver level family qualified health plan for reenrollment for your second oldest child on August 18, 2017.
- 10) You testified that you need your second oldest child's qualified health plan to begin on September 1, 2017 because she is [REDACTED] which will continue into September 2017.
- 11) The enrollment tab within your NYSOH account reflects that your second oldest child's reenrollment in a qualified health plan began as of September 1, 2017.
- 12) A note contained within the appeal notes section of your NYSOH account indicates that your second oldest child was granted coverage for September 2017, the note further indicates that NYSOH "enrolled her [your second oldest child] in same parent and child plan for Sept[ember] and will place everyone back into same plan previous enrolled in for 10/1/17".

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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your second oldest child's eligibility for and reenrollment in a qualified health plan was effective October 1, 2017.

On December 6, 2016, NYSOH issued a notice of enrollment confirmation stating that your second oldest child was enrolled in a family qualified health plan with a plan enrollment start date of January 1, 2017.

Your spouse testified that she contacted NYSOH on August 9, 2017 to remove your oldest child from your family qualified health plan because she had aged out of that plan. That day, an NYSOH agent appears to have deleted not only your oldest child's enrollment, but also your second oldest child's enrollment in a qualified health plan.

On August 11, 2017, NYSOH issued a notice of disenrollment, stating that your second oldest child's enrollment in her qualified health plan would end on August 31, 2017.

Your spouse testified that she contacted NYSOH again on August 18, 2017 to correct your second oldest child's coverage and reenroll your second oldest child into your family qualified health plan. However, when your second oldest child was reenrolled, your spouse was told that the reenrollment would not begin until October 1, 2017. Subsequently, an appeal was filed insofar as your second oldest child did not have coverage for the month of September 2017.

On August 25, 2017, NYSOH updated your account to enroll your second oldest child into coverage for the month of September 2017. This is supported by the enrollment section of your NYSOH account, as well as the appeal note stating that NYSOH enrolled your second oldest child in your family qualified health plan for September 1, 2017. Furthermore, on August 26, 2017, NYSOH issued a notice of enrollment confirmation stating that your second oldest child was enrolled in a gold level family qualified health plan with a plan enrollment start date of September 1, 2017.

Since NYSOH conceded that your second oldest child's enrollment in her family qualified health plan was effective September 1, 2017, a discussion of the merits of your case is not necessary.

Therefore, the August 19, 2017 eligibility determination is MODIFIED to state that your second oldest child was eligible for up to \$396.00 per month in APTC and cost-sharing reductions effective September 1, 2017.

The August 19, 2017 enrollment notice stating that your second oldest child is enrolled in a silver level family qualified health plan effective October 1, 2017 is AFFIRMED.

The August 26, 2017 enrollment notice stating that your second oldest child is enrolled in a gold level family qualified health plan is AFFIRMED.

Decision

The August 19, 2017 eligibility determination is MODIFIED to state that your second oldest child ([REDACTED]) was eligible for up to \$396.00 per month in APTC and cost-sharing reductions effective September 1, 2017.

The August 19, 2017 enrollment notice is AFFIRMED.

The August 26, 2017 enrollment notice is AFFIRMED.

Your case is RETURNED to NYSOH to ensure that your second oldest child ([REDACTED]) is reenrolled in her family qualified health plan as of September 1, 2017.

Effective Date of this Decision: August 29, 2017

How this Decision Affects Your Eligibility

Your second oldest child's enrollment in her gold level family qualified health plan is effective as of September 1, 2017.

Your second oldest child's enrollment in her silver level family qualified health plan is effective as of October 1, 2017.

Your case is being sent back to NYSOH to reenroll your second oldest child in her family qualified health plan as of September 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):

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

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).

The August 19, 2017 eligibility determination is MODIFIED to state that your second oldest child ([REDACTED]) was eligible for up to \$396.00 per month in APTC and cost-sharing reductions effective September 1, 2017.

The August 19, 2017 enrollment notice is AFFIRMED.

The August 26, 2017 enrollment notice is AFFIRMED.

Your second oldest child's enrollment in her gold level family qualified health plan is effective as of September 1, 2017.

Your second oldest child's enrollment in her silver level family qualified health plan is effective as of October 1, 2017.

Your case is RETURNED to NYSOH to ensure that your second oldest child ([REDACTED]) is reenrolled in her family qualified health plan as of September 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。我们可以为您免费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)

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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&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.

שׂוֹדֵשׁ (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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