



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

Notice of Decision

Decision Date: February 13, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023725

[REDACTED]
[REDACTED]
[REDACTED]

On December 19, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 20, 2017 eligibility determination notice, October 20, 2017 disenrollment notice, October 30, 2017 enrollment confirmation notice, and November 9, 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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DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: February 13, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023725

[REDACTED]

Issues

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

Did NY State of Health properly determine that you and your spouse were not enrolled in an Essential Plan from September 1, 2017 through October 31, 2017, and that your spouse's enrollment in his Essential Plan was effective December 1, 2017?

Did NY State of Health properly determine that your children, other than your [REDACTED], were eligible for Medicaid effective November 1, 2017, and disenrolled from their Child Health Plus plan effective October 31, 2017?

Did NY State of Health properly determine that your and your children's Medicaid Managed Care plans were effective December 1, 2017?

Procedural History

On May 2, 2017, you updated your household's application for financial assistance.

On May 3, 2017, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you and your spouse were eligible for up to \$452.00 per month in advance payments of the premium tax credit (APTC) and cost-sharing reductions if you enrolled in a silver level qualified health plan, for a limited time, effective June 1, 2017; your [REDACTED] child was eligible for Medicaid, effective May 1, 2017; and your other six children were eligible for

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Child Health Plus with a \$9.00 monthly premium per child for a limited time, effective June 1, 2017. This notice directed you to provide proof of your household's income by July 1, 2017 in order to confirm your children's eligibility for financial assistance and by July 31, 2017 in order to confirm your and your spouse's eligibility for financial assistance.

Also on May 3, 2017, NYSOH issued a notice of enrollment confirmation stating that your [REDACTED] child was enrolled in a Medicaid Managed Care plan with a plan enrollment start date of June 1, 2017 and that your other six children were enrolled in Child Health Plus with a plan enrollment start date of June 1, 2017.

On July 7, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for up to \$452.00 per month in APTC and cost-sharing reductions if you enrolled in a silver level qualified health plan, for a limited time, effective August 1, 2017; your [REDACTED] child remained eligible for Medicaid, effective July 1, 2017; and your other six children were eligible for Child Health Plus with a \$15.00 monthly premium per child, effective August 1, 2017.

On July 19, 2017, you updated your household's application for financial assistance, specifically, you updated your household's annual expected income.

On July 20, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for the Essential Plan for a limited time, effective September 1, 2017; your [REDACTED] child was no longer eligible for Medicaid but his Medicaid coverage would continue until April 30, 2018, effective July 1, 2017; your other six children were eligible for Child Health Plus with a \$9.00 monthly premium per child for a limited time, effective September 1, 2017.

On September 17, 2017, NYSOH issued a notice of eligibility determination stating that your [REDACTED] child was no longer eligible for Medicaid but that his Medicaid would continue until April 30, 2018, effective October 1, 2017, and that your other six children were eligible for Child Health Plus with a \$0.00 monthly premium, effective October 1, 2017.

Also on September 17, 2017, NYSOH issued a notice of enrollment confirmation stating that your [REDACTED] child was enrolled in a Medicaid Managed Care plan with a plan enrollment start date of June 1, 2017, and that your other six children were enrolled in a Child Health Plus plan with a \$0.00 premium with a plan enrollment start date of October 1, 2017.

On October 19, 2017, you updated your household's application for financial assistance, specifically, you indicated that you were pregnant.

On October 20, 2017, NYSOH issued a notice of eligibility determination stating that you and your 14-year-old child were eligible for Medicaid, effective October

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1, 2017; your spouse was eligible for the Essential Plan, effective December 1, 2017; and that your other six children were eligible for Medicaid, effective November 1, 2017.

Also on October 20, 2017, NYSOH issued a disenrollment notice stating that your children, other than your [REDACTED], were disenrolled from their Child Health Plus plan effective October 31, 2017. This was because they were no longer eligible for Child Health Plus.

On October 25, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as you and your spouse were not enrolled in the Essential Plan as of September 1, 2017, that you were not enrolled in a Medicaid Managed Care plan as of October 1, 2017, and that your children, other than your [REDACTED], were not enrolled in a Medicaid Managed Care plan as of November 1, 2017.

On October 30, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a Medicaid Managed Care plan with a plan enrollment start date of December 1, 2017 and that your [REDACTED] child was enrolled in a Medicaid Managed Care plan with a plan enrollment start date of June 1, 2017.

On November 9, 2017, NYSOH issued a notice of enrollment confirmation stating that your spouse was enrolled in an Essential Plan with a plan enrollment start date of December 1, 2017; that your [REDACTED] child was enrolled in a Medicaid Managed Care plan with a plan enrollment start date of June 1, 2017; and that your other six children were enrolled in a Medicaid Managed Care plan with a plan enrollment start date of December 1, 2017.

On December 19, 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) You testified that you are seeking for yourself and your spouse to be enrolled in coverage continuously with United Healthcare from September 1, 2017 and for your children to be enrolled in United Healthcare for the month of November 2017.
- 2) You updated your household's application for financial assistance on May 2, 2017. In that application, you indicated that your [REDACTED] child would be filing a tax return with a tax filing status of single, that he had no income in 2017, and that you and your spouse would not claim him as a dependent on your 2017 tax return.

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- 3) You submitted an updated application to NYSOH for financial assistance on July 19, 2017. Specifically, you updated your household's income to reflect that your spouse's income had changed and indicated that you would claim all seven of your children as dependents on your 2017 tax return.
- 4) During the hearing, you gave permission for the Hearing Officer to listen to recordings of phone calls you had with NYSOH.
- 5) The record reflects that on July 19, 2017, you placed a call to NYSOH. A review of the recording of that phone call reflects that you were calling to report a change in your spouse's income. After completing the application with the NYSOH representative, the NYSOH representative encountered a technical difficulty and advised you that your household's application would have to be re-run once the system was functioning, and that she would call you to advise you of your household's eligibility.
- 6) On July 21, 2017, you placed a phone call to NYSOH. A review of the recording of that phone call reflects that you were calling to follow-up on the status of your July 19, 2017 application. The NYSOH representative advised you that you and your spouse had been found eligible for the Essential Plan, and that you would need to select a plan for yourself and your spouse. You advised the representative that you wanted the Essential Plan with vision and dental for yourself and the Essential Plan with medical only for your spouse. The NYSOH representative confirmed your and your spouse's plan selection, and advised you that your coverage would begin on September 1, 2017.
- 7) On September 5, 2017, you placed a phone call to NYSOH. A review of the recording of that phone call reflects that you were calling to follow-up on the status of your plan selection as you had not received confirmation that you and your spouse were enrolled. An NYSOH supervising representative advised you that no plan had been selected, that you would need to select a plan, and then you could be transferred to an Account Review Unit representative to request that your plan be backdated. You indicated that you still wanted United Healthcare with vision and dental for yourself and United Healthcare with medical only for your spouse. The NYSOH supervising representative encountered a technical difficulty, and transferred your case to the Account Review Unit. The Account Review Unit representative also could not select a plan for enrollment for yourself and your spouse and submitted an incident on your behalf.
- 8) On September 25, 2017, you placed a phone call to NYSOH. A review of the recording of that phone call reflects that you were calling to follow-up on the status of your and your spouse's plan selection. You again

indicated that you wanted United Healthcare with vision and dental for yourself and United Healthcare with medical only for your spouse. The representative however encountered a technical issue when attempting to process your request.

- 9) On October 19, 2017, you placed a call to NYSOH. A review of the recording of that phone call reflects that you were calling to follow-up on the status of your and your spouse's plan selection. During that phone call, you indicated that you were not sure as to why you did not have Medicaid, because you were pregnant. The NYSOH representative advised you that you would need to update your application to reflect your pregnancy. You updated your application and were advised that you and your seven children were eligible for Medicaid and that your spouse was eligible for the Essential Plan. You selected United Healthcare as the Medicaid Managed Care plan for yourself and your children and selected United Healthcare with medical only for your spouse's Essential Plan.
- 10) The application that was submitted on October 19, 2017 listed annual household income of \$74,500.00, consisting of \$48,000.00 you earn in wages and \$26,500.00 your spouse earned in wages, less deductions of \$20,000.00. This application also indicated that you are pregnant and are expecting one child with a due date of [REDACTED]. This application also indicated that you and your spouse expected to file your 2017 tax return with a tax filing status of married filing jointly and would claim your seven dependents on that return.
- 11) At the time of the October 19, 2017 application, your children were [REDACTED].
- 12) On October 29, 2017, NYSOH enrolled you in a Medicaid Managed Care plan through United Healthcare, effective December 1, 2017.
- 13) On November 8, 2017, you were able to select a United Healthcare Medicaid Managed Care plan for your six children who were not yet enrolled in coverage and an Essential Plan through United Healthcare with medical only for your spouse. This enrollment began as of December 1, 2017.

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

Applicable Law and Regulations

Essential Plan

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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).

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)).

Household Size

For purposes of advance premium tax credit (APTC) and cost-sharing reductions (CSR), the household size equals the number of individuals for whom the taxpayer is allowed a deduction under 26 USC § 151 for the taxable year, which typically includes: (1) the taxpayer, (2) his or her spouse, and (3) any claimed dependents (26 USC § 36B(d)(1)).

With regard to the Essential Plan, the household size is determined using the above methodology for individuals who file a tax return. (New York's Basic Health Plan Blueprint, p. 19-20, as approved January 2017; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

For purposes of Medicaid eligibility, however, the household size of either a pregnant woman or a person who is in the family of a pregnant woman includes not only the pregnant woman, but also the number of children she expects to

deliver (42 CFR § 435.603(b); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

Medicaid for Children

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 154% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

In the case of an individual who expects to file a tax return and does not expect to be claimed by another taxpayer, the household consists of the taxpayer and all persons whom such individual expects to claim as a tax dependent (42 CFR § 435.603(f)(1)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application, that was the 2017 FPL, which is \$49,680.00.00 for a ten-person household (82 Fed. Reg. 8831).

Child Health Plus

A child who meets the eligibility requirements for Child Health Plus (CHP) 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) (New York Public Health Law (PHL) § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be “eligible for medical assistance”; that is, must not be eligible for Medicaid (NY Public Health Law § 2511(2)(b)).

Child Health Plus – Period of Eligibility

The “period of eligibility” for Child Health Plus is “that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date,” unless the CHP premiums are not timely paid or the child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law § 2510(6)).

“A State must specify a method for determining the effective date of eligibility for [Child Health Plus], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [Child Health Plus] and other insurance affordability programs

as family circumstances change and avoids gaps or overlaps in coverage” (42 CFR § 457.340(f)).

The State of New York has provided that a child’s period of eligibility for Child Health Plus begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if the application is received by the 15th of the month; applications received after the 15th day of the month will be processed for the first day of the second following month (see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Child Health Plus Disenrollment Date

The State plan must include a description of the state’s policies governing enrollment and disenrollment (see 42 CFR § 457.305(b)). Eligibility rules are set out in NY Public Health Law § 2511(2), as well as in the NYSDOH 2008-2012 Contract and Plan Manual.

If a child ceases to be eligible for Child Health Plus because the child no longer resides in New York State or gains access to or obtains other health insurance coverage, the period of eligibility ends the last day of the month in which the child ceases to be an eligible child (NY Public Health Law §2510(6)(a)).

If the enrollee requests a disenrollment, the request is effective the first day of the month following the receipt of the enrollee’s request or effective on a future date if requested by the enrollee (NYSDOH 2008-2012 Model Contract (Appendix C Section 12.2)).

Medicaid

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

Legal Analysis

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The first issue is whether NYSOH properly determined that you and your spouse were not enrolled in an Essential Plan from September 1, 2017 through October 31, 2017.

The record reflects that on July 19, 2017, you updated your household's application for financial assistance with health insurance by contacting the NYSOH call center and submitting an application over the phone. The NYSOH representative was unable to complete your application during that call, due to technical difficulties. However, when the application was finally submitted, you and your spouse were found eligible for the Essential Plan as of September 1, 2017.

On July 21, 2017, you contacted NYSOH and selected an Essential Plan through United Healthcare with vision and dental for yourself and an Essential Plan through United Healthcare with medical only for your spouse. However, a technical defect on your account prevented you and your spouse from being enrolled in coverage at that time.

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.

Had your application been completed on July 19, 2017, you would have been able to select an Essential Plan for enrollment for yourself and your spouse that day.

Had you selected an Essential Plan for enrollment for yourself and your spouse on July 19, 2017, your and your spouse's enrollment would have taken effect on the first day of the second month following July 2017; that is, on September 1, 2017.

The November 9, 2017 enrollment confirmation notice is MODIFIED to reflect that your spouse's enrollment in his Essential Plan was effective September 1, 2017.

The October 30, 2017 enrollment confirmation notice is MODIFIED to reflect that you were enrolled in an Essential Plan through United Healthcare with vision and dental from September 1, 2017 through October 31, 2017.

The second issue is whether NYSOH properly determined that your children, other than your [REDACTED] child, were eligible for Medicaid effective November

1, 2017, and disenrolled from their Child Health Plus plan effective October 31, 2017.

In the application you submitted on October 19, 2017, you indicated that you expect to file your 2017 tax return with a tax filing status of married filing jointly, you will claim your seven children as dependents, and that you are pregnant with one child with a due date of [REDACTED]

For Medicaid purposes, the household size of either a pregnant woman or a person who is in the family of a pregnant woman includes not only the pregnant woman, but also the number of children she expects to deliver. Therefore, your children are in a ten-person household.

In your October 19, 2017 application, you attested to an expected household income of \$74,500.00. As of October 19, 2017, the six children whose coverage is at issue were ages [REDACTED] NYSOH relied upon this information.

Medicaid can be provided through NYSOH to children between the ages of one and nineteen who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is at or below 154% of the FPL for the applicable family size. Since \$74,500.00 is 151.39% of the 2017 FPL for a ten-person household, NYSOH properly found your children to be eligible for Medicaid.

Therefore, the October 20, 2017 eligibility determination is AFFIRMED insofar as it found your children eligible for Medicaid.

When a child gains access to or obtains other health insurance coverage, the period of eligibility ends the last day of the month in which the child ceases to be an eligible child.

As your children, other than your [REDACTED] child, were found eligible for Medicaid in the October 20, 2017 eligibility determination, their enrollment in their Child Health Plus plan properly ended the last day of the month in which they became eligible for Medicaid; that is, on October 31, 2017.

Therefore, the October 20, 2017 disenrollment notice stating that your children's enrollment in their Child Health Plus plan ended as of October 31, 2017 is correct and must be AFFIRMED.

The third issue is whether NYSOH properly determined that your and your children's enrollment in your Medicaid Managed Care plans was effective December 1, 2017.

On October 19, 2017, you updated your household's application for financial assistance. As a result, you and your children were found eligible for Medicaid.

You attempted to enroll yourself and your children into Medicaid Managed Care plans that day. However, due to a technical defect, your plan selection for yourself and your children, other than your [REDACTED] child, could not be finalized.

The date on which a Medicaid Managed Care 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 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.

Had your Medicaid Managed Care plan selection been able to be finalized on October 19, 2017, your and your children's enrollment in your Medicaid Managed Care plans would have taken effect on the first day of the second month following after October 2017; that is, on December 1, 2017.

Therefore, the October 30, 2017 enrollment confirmation notice was correct and must be AFFIRMED, insofar as it stated that your enrollment in your Medicaid Managed Care plan would be effective December 1, 2017.

The November 9, 2017 enrollment confirmation notice stating that your children, other than your [REDACTED], were enrolled in their Medicaid Managed Care plans effective December 1, 2017, is correct and must be AFFIRMED.

Decision

The November 9, 2017 enrollment confirmation notice is MODIFIED to reflect that your spouse's enrollment in his Essential Plan was effective September 1, 2017.

The October 30, 2017 enrollment confirmation notice is MODIFIED to reflect that you were enrolled in an Essential Plan through United Healthcare with vision and dental from September 1, 2017 through October 31, 2017.

The October 20, 2017 eligibility determination is AFFIRMED insofar as it found your children eligible for Medicaid.

The October 20, 2017 disenrollment notice stating that your children's enrollment in their Child Health Plus plan ended as of October 31, 2017 is correct and must be AFFIRMED.

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The October 30, 2017 enrollment confirmation notice was correct and must be AFFIRMED, insofar as it stated that your enrollment in your Medicaid Managed Care plan would be effective December 1, 2017.

The November 9, 2017 enrollment confirmation notice stating that your children, other than your [REDACTED] child, were enrolled in their Medicaid Managed Care plans effective December 1, 2017, is correct and must be AFFIRMED.

Your case is RETURNED to NYSOH to begin your spouse's enrollment in his Essential Plan as of September 1, 2017 and to enroll you in an Essential Plan through United Healthcare with vision and dental from September 1, 2017 to October 31, 2017.

Effective Date of this Decision: February 13, 2018

How this Decision Affects Your Eligibility

Your spouse's enrollment in his Essential Plan is effective September 1, 2017.

You should have been enrolled in an Essential Plan through United Healthcare with vision and dental from September 1, 2017 through October 31, 2017.

Your enrollment in your Medicaid Managed Care plan properly began on December 1, 2017.

Your children's enrollment, other than your [REDACTED] child, properly began on December 1, 2017.

Your case is being sent back to NYSOH to begin your spouse's enrollment in his Essential Plan as of September 1, 2017 and to enroll you in an Essential Plan from September 1, 2017 through October 31, 2017.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

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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 November 9, 2017 enrollment confirmation notice is MODIFIED to reflect that your spouse's enrollment in his Essential Plan was effective September 1, 2017.

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Your spouse's enrollment in his Essential Plan is effective September 1, 2017.

The October 30, 2017 enrollment confirmation notice is MODIFIED to reflect that you were enrolled in an Essential Plan through United Healthcare with vision and dental from September 1, 2017 through October 31, 2017.

You should have been enrolled in an Essential Plan through United Healthcare with vision and dental from September 1, 2017 through October 31, 2017.

The October 20, 2017 eligibility determination is AFFIRMED insofar as it found your children eligible for Medicaid.

The October 20, 2017 disenrollment notice stating that your children's enrollment in their Child Health Plus plan ended as of October 31, 2017 is correct and must be AFFIRMED.

The October 30, 2017 enrollment confirmation notice was correct and must be AFFIRMED, insofar as it stated that your enrollment in your Medicaid Managed Care plan would be effective December 1, 2017.

Your enrollment in your Medicaid Managed Care plan properly began on December 1, 2017.

The November 9, 2017 enrollment confirmation notice stating that your children, other than your [REDACTED] child, were enrolled in their Medicaid Managed Care plans effective December 1, 2017, is correct and must be AFFIRMED.

Your children's enrollment, other than your [REDACTED] child, properly began on December 1, 2017.

Your case is RETURNED to NYSOH to begin your spouse's enrollment in his Essential Plan as of September 1, 2017 and to enroll you in an Essential Plan through United Healthcare with vision and dental from September 1, 2017 to October 31, 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&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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