



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

Notice of Decision

Decision Date: February 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025053 [REDACTED]

[REDACTED]

[REDACTED]

On February 13, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 29, 2017 eligibility determination and January 3, 2017 plan enrollment 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.

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DEPARTMENT OF HEALTH
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Decision

Decision Date: February 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025053

[REDACTED]

Issues

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

Did NY State of Health provide a timely determination of your and your children's eligibility as of December 29, 2017?

Did NY State of Health properly determine that your youngest children were eligible to enroll in Child Health Plus plans with \$9.00 monthly premiums and that you and your oldest child were eligible to enroll in Essential Plans with \$20.00 monthly premiums?

Did NY State of Health properly determine that you and your children were not eligible for Medicaid?

Did NY State of Health properly determine that your youngest children's enrollment in their Child Health Plus plans was effective February 1, 2018?

Did NY State of Health properly determine that you and your oldest child's enrollment in your Essential Plans was effective February 1, 2018?

Procedural History

On November 30, 2017, NY State of Health (NYSOH) received your family's updated application for financial assistance with health insurance. That day a preliminary eligibility determination was issued stating that the income documentation in your application did not match what NYSOH received from state and federal data sources, and that more information was needed to confirm

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your household's eligibility. Your family was also disenrolled from their health care coverage through NYSOH as of December 31, 2017.

Also on November 30, 2017, you spoke to NYSOH's Account Review Unit and appealed because you and your family were no longer eligible for nor enrolled into health care coverage through NYSOH as of December 31, 2017.

On December 1, 2017, NYSOH issued a notice, based on your November 30, 2017 application, stating that the income information listed in your application did not match what NYSOH received from state and federal data sources and that more information was needed to confirm the information in your account. This notice further directed you to submit proof of household income by December 15, 2017.

On December 1, 2017, NYSOH issued a plan disenrollment notice stating that you and your oldest child were disenrolled from your Essential Plans and your youngest children were disenrolled from their Child Health Plus plans, effective December 31, 2017.

Also on December 1, 2017, NYSOH uploaded a two-page fax that you had sent to NYSOH on November 30, 2017 to your NYSOH account.

On December 28, 2017, NYSOH validated the income documentation that you sent to NYSOH on November 30, 2017 and an application with an updated income amount was submitted on your family's behalf.

On December 29, 2017, NYSOH issued an eligibility determination notice stating that you and your oldest child were eligible to enroll in the Essential Plan with \$20.00 monthly premiums each, and your youngest children were eligible to enroll in Child Health Plus (CHP) plan with \$9.00 monthly premiums. These eligibility determinations were effective February 1, 2018.

On January 3, 2018, NYSOH issued a plan enrollment notice confirming your and your oldest child's enrollment in the Essential Plan and your youngest children's enrollment in CHP plans, effective February 1, 2018.

On February 1, 2018, you had a scheduled telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. That day, you requested that the hearing be adjourned, which was granted.

On February 13, 2018, you had an adjourned hearing with a Hearing Officer from NYSOH's Appeals Unit. Under oath, you waived your right to formal written notice of the telephone hearing. During the hearing, you stated that you are appealing your family's eligibility determinations, as well as the start date of your coverages. As a result, the Hearing Officer agreed to amend the appeal to include the December 29, 2017 eligibility determination notice and the January 3,

2018 plan enrollment notice. 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 appealing your and your children's eligibility, as well as the start date of your and your children's coverage.
- 2) You testified that you expect to file your 2018 federal tax return with a tax filing status of head of household with three qualifying individuals.
- 3) You are seeking insurance for yourself and your three children.
- 4) According to your NYSOH account, at all times relevant, your oldest child was age 19 and your two youngest children were under age 19.
- 5) The application that was submitted on November 30, 2017, listed an annual expected income of \$36,000.00, consisting of income you earn from your employment.
- 6) On November 30, 2017, you faxed two biweekly paystubs; which were uploaded to your account on December 1, 2017.
- 7) You uploaded a paystub, dated November 9, 2017, showing a gross income of \$1,721.69 and a paystub, dated November 22, 2017, showing a gross income of \$1,764.99 [REDACTED]
- 8) The income documentation you submitted indicates that your gross monthly income for the month of November 2017 was \$3,486.68.
- 9) On December 28, 2017, NYSOH validated the income documentation you uploaded, updated your annual expected income from \$36,000.00 to \$45,326.84, and submitted an application on your family's behalf.
- 10) The application you submitted on November 30, 2017, indicates that you plan on taking a \$5,000.00 moving deduction on your federal tax return.
- 11) You testified that you moved residences in 2017. You are unsure if you qualify for this deduction, but you will take it if you are able.
- 12) With this deduction, NYSOH calculated your annual expected income to be \$40,326.84.

- 13) You testified that the income documentation that you submitted is an accurate reflection of your current income.
- 14) Using the income documentation you provided, your average biweekly gross income is \$1,743.34. Therefore, your average gross monthly income is \$3,486.68.
- 15) According to your NYSOH account, on January 2, 2018, you enrolled yourself and your oldest child into an Essential Plan and enrolled your youngest children into CHP plans.
- 16) You testified that you are seeking a start date of January 1, 2017, for your whole family's coverage because you feel that NYSOH did not timely determine your family's eligibility. You also testified you would like your family to have Medicaid.
- 17) You testified that you are unable to afford your family's health insurance and requested that NYSOH use your net income instead of your gross income, as well as consider your rent and other living expenses when determining your family's eligibility.

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

Applicable Law and Regulations

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).

Timely Notice of Child Health Plus Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant

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submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Medicaid applicants notice of their eligibility determination within 30 days from the date of the application for a child who is at least 1 year of age but younger than 19 years of age (18 NYCRR 360-2.4(a)(3)(ii)). NYS has elected to use a common application for Medicaid and Child Health Plus, therefore the timeliness standards for Child Health Plus determinations are the same as those for Medicaid determinations (see State Plan Amendment NY-CSPA-19, approved March 22, 2012 and effective November 11, 2011).

Timely Notice of Eligibility Determination, Essential Plan

The terms of 42 CFR § 435.912 (timely determination of eligibility under the Medicaid program) applies to eligibility determinations for enrollment in the state's standard health plan (42 CFR § 600.320)

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Essential Plan applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

Child Health Plus

Child Health Plus (CHP) is a sliding-scale-premium program for children who are in a household that is over income for regular Medicaid (see New York Public Health Law (NY PHL) § 2510 et seq. and 42 USC § 1397aa). Eligibility rules are set out in NY PHL § 2511(2), as well as in the NYS Department of Health 2008-2012 Contract and Plan Manual.

A child who meets the eligibility requirements for 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) (NY PHL § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be "eligible

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for medical assistance”; that is, must not be eligible for Medicaid (NY PHL § 2511(2)(b)).

The amount of the premium payment, if any, that must be made on behalf of a child who enrolls in a CHP plan depends upon the child’s family household income (NY PHL § 2510(9)(d)). No payments are required for eligible children whose family household income is less than 160% of the FPL (NY PHL § 2510(9)(d)(1)). If the family household income is 160% or higher, premiums range from \$9.00 per month to \$60.00 per month (NY PHL § 2510(9)(d)).

The CHP premium is \$9.00 per month for a child whose family household income is between 160% and 222% of the FPL, but no more than \$27.00 per month per family (NY PHL § 2510(9)(d)(ii)).

In an analysis of Child Health Plus 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 was \$24,600.00 for a four-person household (82 Federal Register 8831).

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 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).

In an analysis of Essential Plan eligibility, the determination is based on the FPL in effect on the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). On the date of your application that was the 2017 FPL, which is \$24,600.00 for a four-person household (82 Fed. Reg. 8831).

A person who has a household income that is at or below 150% of the FPL has a \$0.00 premium contribution (New York’s Basic Health Plan Blueprint, p. 21, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf>).

A person who has a household income greater than 150% of the FPL or below 200% of the FPL has a \$20.00 per month premium contribution (New York’s Basic Health Plan Blueprint, as approved January 2016).

The Essential Plan is considered minimum essential coverage. Therefore, a person who is eligible for the Essential Plan is not eligible for any premium tax

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credit because they are eligible for minimum essential coverage through the individual market (see 26 CFR § 1.36B-2(c)(1), 26 USC § 5000A(f)(1)(C)).

Medicaid

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

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 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 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 \$24,600.00 for a four -person household (82 Fed. Reg. 8831).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

Modified Adjusted Gross Income

NYSOH bases its eligibility determinations on modified adjusted gross income as defined in the federal tax code (45 CFR § 155.300(a)). The term “modified adjusted gross income” means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3) Social Security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

“Adjusted gross income” means, in the case of an individual taxpayer, gross federal taxable income minus certain specific deductions, such as expenses reimbursed by an employer, losses from sale or exchange of property, losses from premature withdrawal of funds from time savings accounts, deductions attributable to royalties, and certain retirement savings (26 USC § 62(a)). Living expenses, such as rent and utilities are not an allowable deduction in computing adjusted gross income (*id.*).

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Child Health Plus Effective Date

Child Health Plus is a sliding-scale-premium program for children who are in a household that is over-income for regular Medicaid (see NY Public Health Law § 2510 et seq.). Eligibility rules are set out in NY Public Health Law § 2511(2).

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).

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)).

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Legal Analysis

The first issue under review is whether NYSOH provided a timely determination of your and your children's eligibility as of December 29, 2017.

The application that was submitted on November 30, 2017, listed an annual expected income of \$31,000.00. The income listed in this application did not match what NYSOH received from state and federal data sources. As a result, NYSOH asked that you submit income documentation to confirm your household income.

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.

Also on November 30, 2017, you faxed a two-page document to NYSOH, which contained two biweekly paystubs. This fax was uploaded to your NYSOH account on December 1, 2017.

Therefore, your application was considered complete as of November 30, 2017.

NYSOH must provide CHP applicants notice of their eligibility determination within 30 days from the date of a completed application for a child who is at least 1 year of age but younger than 19 years of age. Further, NYSOH must provide Essential Plan applicants notice of their eligibility determination within 45 days from the date of the completed application. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

On December 28, 2017, NYOSH verified your income documentation and issued an eligibility determination on December 29, 2017 which stated that your youngest children were eligible to enroll in CHP plans with \$9.00 monthly premiums and you and your oldest child were eligible to enroll in Essential Plans with \$20.00 monthly premiums, effective February 1, 2018. Since NYSOH issued an eligibility determination notice 30 days from the date that your application was considered complete, the December 29, 2017 eligibility determination notice was timely.

The second issue under review is whether NYSOH properly determined that your youngest children were eligible to enroll in CHP plans with \$9.00 monthly premiums and you and your oldest child were eligible to enroll in the Essential Plan with \$20.00 monthly premiums.

According to the record, you expect to file your 2018 federal tax return with a tax filing status of head of household with three qualifying individuals. Therefore, you and your children are in a four-person household for purposes of this analysis.

Using the income documentation, you provided on November 30, 2017, NYSOH determined that your annual expected income was \$45,326.84. During the hearing, you testified that the income documentation that you submitted is an accurate reflection of your income. However, you asked that NYSOH use your net pay instead of your gross pay when determining your family's eligibility. You also asked that your current expenses, which includes rent, electricity and other living expenses, be considered when determining your annual household income.

However, NYSOH bases eligibility on the modified gross income, and not the net income. Further, since the Internal Revenue Service rules do not allow living expenses such as rent, electricity and other living expenses to be deducted from the calculation of your adjusted gross income, they cannot be deducted when the NYSOH computes your modified adjusted gross income for health insurance eligibility purposes. Therefore, NYSOH correctly determined your household income to be \$45,326.84 based on your income documentation.

The application submitted on December 28, 2017 also indicated that you would be taking a moving expense deduction of \$5,000.00 on your federal tax return. You testified that you are unsure as to whether you qualify to take this deduction, but if you are able you will. As a result, your expected annual household income that was used for the eligibility determination was \$40,326.84.

A child is eligible to enroll in CHP if they meet the non-financial requirements, are not eligible for Medicaid, and have a household income below 400% of the FPL. Households with an income between 160% and 222% of the FPL are responsible for a \$9.00 per month CHP premium payment. Your youngest children were both under age 19 at all times relevant and there is no indication in the record that they would otherwise not meet the non-financial requirements to be eligible for CHP.

Therefore, the analysis turns to the financial requirements to be eligible for CHP. On the date of your application, the relevant FPL was \$24,600.00 for a four-person household. Since \$40,326.84 is 163.93% of the 2017 FPL, NYSOH properly found your youngest children to be eligible to enroll in CHP plans with \$9.00 monthly premiums each.

Further, the Essential Plan is generally provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income that is between 138% and 200% of the FPL for the applicable family size. There is no indication in the record that you and your oldest child, age 19, would not meet the non-financial requirements to be eligible for the Essential Plan.

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On the date of your application, the relevant FPL was \$24,600.00 for a four-person household. Since an annual household income of \$40,326.84 is 163.93% of the 2017 FPL, NYSOH correctly found you and your oldest child to be eligible for the Essential Plan.

The third issue under review is whether NYSOH properly found you and your family ineligible for Medicaid.

Medicaid can be provided through NYSOH to children between the ages of one and 19 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 \$40,326.84 is 163.93% of the 2017 FPL for a four-person household, NYSOH properly found your youngest children to be ineligible for Medicaid.

Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138% of the FPL for the applicable family size. Since \$40,326.84 is 163.93% of the 2017 FPL, NYSOH properly found you and your oldest child to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

However, financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

You submitted income documentation on November 30, 2017, which indicates that your average gross income is about \$1,743.34 every two weeks. You testified that this income documentation is indicative of your current income. Therefore, using the information contained in your income documentation, you earn a gross income of about \$3,486.68 every month and this Decision will rely upon that information.

As stated above, to be eligible for Medicaid, you and your oldest child would need to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$2,829.00 per month and your youngest children would need to meet the non-financial criteria and have an income no greater than 154% of the FPL, which is \$3,157.00 per month. There is no indication in the record that you and your family would be ineligible for Medicaid based on the non-financial criteria. However, since the documentation you provided shows that your gross income for December 2017 was at most \$3,486.68, which exceeds the maximum allowable monthly income limits, you and your family do not qualify for Medicaid based on monthly income as of the date of your application.

Therefore, the December 29, 2017 eligibility determination properly stated that, based on the information you provided, your youngest children are eligible to

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enroll in CHP plans with \$9.00 monthly premiums, you and your oldest child are eligible to enroll in Essential Plans with \$20.00 monthly premiums, and you and your children are ineligible for Medicaid, it is correct and is AFFIRMED.

The fourth issue under review is whether NYSOH properly determined that your youngest children's enrollment in their CHP plan was effective February 1, 2018.

The date on which a CHP plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

The record indicates that your CHP enrollment selection for your children was received by NYSOH on January 2, 2018, so the effective date of that plan would be the first day of the month following January 2018, that is, on February 1, 2018.

Therefore, the January 3, 2018 plan enrollment notice stating that your youngest children's enrollment in their CHP plans was effective February 1, 2018, is correct and must be AFFIRMED as it pertains to your youngest children's enrollment.

The final issue under review is whether NYOSH properly determined that you and your oldest child's Essential Plan coverage would begin as of February 1, 2018.

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.

The record indicates that you and your oldest child's Essential Plan enrollment selection was received by NYSOH on January 2, 2018, so the effective date of your and your oldest child's Essential Plan enrollment would be the first day of the month following January 2018, that is, on February 1, 2018.

Therefore, the January 3, 2018 plan enrollment notice stating that you and your oldest child's enrollment in the Essential Plan was effective February 1, 2018, is correct and must be AFFIRMED as it pertains to you and your oldest child's enrollment.

Decision

The December 29, 2017 eligibility determination notice was timely.

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The December 29, 2017 eligibility determination notice is AFFIRMED.

The January 3, 2018 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: February 22, 2018

How this Decision Affects Your Eligibility

This decision does not change your family's eligibility.

NYSOH properly determined your youngest children were eligible to enroll in Child Health Plus plans with \$9.00 monthly premiums, based on the information provided.

The effective date of your children's Child Health Plus plan with a \$9.00 monthly premium each is February 1, 2018.

NYSOH properly determined that you and your oldest child were eligible to enroll in Essential Plans with \$20.00 monthly premiums, based on the information you provided.

The effective date of your and your oldest child's Essential Plans is February 1, 2018.

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 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)).

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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 December 29, 2017 eligibility determination notice was timely.

The December 29, 2017 eligibility determination notice is AFFIRMED.

This decision does not change your family's eligibility.

NYSOH properly determined your youngest children were eligible to enroll in Child Health Plus plans with \$9.00 monthly premiums, based on the information provided.

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 effective date of your children's Child Health Plus plan with a \$9.00 monthly premium each is February 1, 2018.

NYSOH properly determined that you and your oldest child were eligible to enroll in Essential Plans with \$20.00 monthly premiums, based on the information you provided.

The effective date of your and your oldest child's Essential Plans is February 1, 2018.

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)

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.

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).