



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

Notice of Decision

Decision Date: March 16, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025170

[REDACTED]

Dear [REDACTED],

On February 6, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's determination that you, your spouse, and your children were unable to enroll into coverage.

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: March 16, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025170



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 you and your spouse were unable to enroll into a qualified health plan and your children were unable to enroll into a Child Health Plus plan as of December 1, 2017?

Procedural History

On November 8, 2017, you submitted multiple applications for health insurance.

On November 9, 2017, NYSOH issued a notice stating that the income information in your application does not match what NYSOH received from state and federal data sources. You were directed to provide proof of household income by November 23, 2017.

Also on November 9, 2017, NYSOH issued a plan enrollment notice confirming that you and your spouse were enrolled in the Essential Plan, effective December 1, 2017. The notice further stated that you needed to pick a plan for your children.

Also on November 9, 2017, NYSOH issued a renewal notice, stating that based on information from federal and state data sources, NYSOH could not make a decision about whether you qualify for financial help paying for your health insurance coverage. You were directed to update your account between November 16, 2017 and December 15, 2017.

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On November 10, 2017, NYSOH issued a disenrollment notice stating that your and your spouse's coverage would end on December 1, 2017, and your children's coverage would end on November 30, 2017.

On November 16, 2017, you submitted an updated application for health insurance.

On November 17, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to receive up to \$637.00 in advance payments of the premium tax credit and your children were eligible for Child Health Plus, effective January 1, 2018.

Also on November 17, 2017, a systematic redetermination was made on your family's behalf.

On November 18, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to receive up to \$637.00 in advance payments of the premium tax credit, and your children were eligible for Child Health Plus, effective January 1, 2018.

On December 1, 2017, you spoke to NYSOH's Account Review Unit and filed an appeal insofar as your household did not have coverage in December 2017 and were unable to enroll into coverage for January 1, 2018.

On February 5, 2018, a systematic redetermination was made on your family's behalf.

On February 6, 2018, NYSOH issued an eligibility determination notice, stating that you and your spouse were eligible to receive up to \$637.00 in advance payments of the premium tax credit, and your children were eligible for Child Health Plus, effective March 1, 2018.

Also on February 6, 2018, 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.

On February 13, 2018, NYSOH issued a plan enrollment notice stating that you and your spouse were enrolled in a qualified health plan effective January 1, 2018, and your children were enrolled in a Child Health Plus plan, effective December 1, 2017.

Findings of Fact

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

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- 1) You submitted an application to NYSOH for financial assistance on November 8, 2017.
- 2) According to your NYSOH account and your testimony, you were unable to select a qualified health plan or a Child Health Plus plan due to a defect on your account.
- 3) Your account contains a note in Incident # [REDACTED], dated December 13, 2017, which states "Correction consumer unable to confirm and check out for plan enrollment due to Defect # [REDACTED] on account consumer request appeal and is also requesting once issue resolved to have plan start effective 12/01/2017."
- 4) According to your NYSOH account, the defect on your account has been resolved, and you were able to enroll your household into coverage. Once you enrolled your household into coverage, you requested to backdate your household's coverage to December 1, 2017.
- 5) Also contained in Incident [REDACTED] is a note, dated February 8, 2018, which states that the defect had been resolved, and that NYSOH assisted you in backdating both your and your spouse's qualified health plan, and your children's Child Health Plus plan.
- 6) According to your NYSOH account, your request to backdate your children's coverage was granted, and your children were enrolled into Child Health Plus, effective December 1, 2017.
- 7) Your account contains a note in Incident # [REDACTED], dated February 12, 2018, which states "Backdating CHP coverage effective 12/1/2017 for [children]. System defect. Verified with consumer via phone, consumer still wanted backdate as requested. Consumer aware of premium amounts that will be owed to Plan."
- 8) According to your NYSOH account, your request to backdate your and your spouse's coverage was granted, and you and your spouse were enrolled into a qualified health plan effective December 1, 2017.
- 9) Your account contains a note in Incident [REDACTED] dated February 12, 2018, which states "Backdating QHP effective 12/1/17 for [spouses]. System Defect. Verified with consumer via phone, consumer still wanted backdate as requested. Consumer aware of premium amounts that will be owed to Plan."
- 10) According to your NYSOH account, your household is enrolled in health plans with coverage effective December 1, 2017.

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

Applicable Law and Regulations

Redetermination During a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that its policy will be that any change made after the 15th of any month will not be effective until the first of the second following month (45 CFR § 155.330(f)(2)).

When an eligibility redetermination results in a change in the amount of advance payments of the premium tax credit (APTC) for the benefit year, NYSOH must recalculate the amount of APTC in such a manner as to account for any advance payments already made on behalf of the tax filer, such that the recalculated advance payment amount is projected to result in total advance payments for the benefit year that correspond to the tax filer's total projected premium tax credit for that benefit year (45 CFR § 155.330(g)).

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)).

Child Health Plus

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

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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).

Legal Analysis

The issue under review is whether NYSOH properly determined that you and your spouse were unable to enroll into a qualified health plan and your children were unable to enroll into a Child Health Plus plan as of December 1, 2017.

The record shows that on November 8, 2017, you updated the information in your NYSOH account and submitted a request to enroll in a qualified health plan.

When an individual changes information in their application on or before the 15th of any month, NYSOH must make the redetermination that results from the change effective the first day of the following month. Additionally, the date on which a qualified health plan or Child Health Plus 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 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 and the end of the month goes into effect on the first day of the second following month.

The credible evidence of record demonstrates that you were not able to select a qualified health plan for you and your spouse or a Child Health Plus plan for your children, through no fault of your own.

You testified, and the record confirms, that there was a defect on your account which prevented you from enrolling yourself, your spouse, and your children into coverage through NYSOH, as referenced in Incident [REDACTED]. Had you been able to select plans for your household and enroll into coverage on November 8, 2017, your coverages would have been effective December 1, 2017.

Ordinarily, your case would be returned to enroll your household into coverage as of December 1, 2017.

However, the record now confirms that the defect has been resolved, as stated in Incident [REDACTED]. Furthermore, your requests to backdate your household's coverage have been approved, as confirmed in Incident [REDACTED] and Incident [REDACTED], as well as the February 13, 2018 plan enrollment notice. The record reflects that you and your spouse have been enrolled into a qualified health plan with advance payments of premium tax credits, and your children have been enrolled into a Child Health Plus plan, effective December 1, 2017. The record further reflects that you and your spouse have been enrolled in a qualified health plan with advance payments of the premium tax credit as of January 1, 2018. Therefore, your issues on appeal has been rendered moot.

Decision

Your issues on appeal have been rendered moot by resolution of the defects on your account, including approval of your backdate requests.

Effective Date of this Decision: March 16, 2018

How this Decision Affects Your Eligibility

This decision does not change your family's respective eligibilities or enrollments.

You and your spouse have health insurance coverage in a qualified health plan as of December 1, 2017, and again as of January 1, 2018.

Your children have health insurance coverage in a Child Health Plus plan as of December 1, 2017, which will continue until November 30, 2018 barring any disqualifying events.

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

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appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If You Have Questions about this Decision (Customer Service Resources):

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- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

Your issues on appeal have been rendered moot by resolution of the defects on your account, including approval of your backdate requests.

This decision does not change your family's respective eligibilities or enrollments.

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You and your spouse have health insurance coverage in a qualified health plan as of December 1, 2017, and again as of January 1, 2018.

Your children have health insurance coverage in a Child Health Plus plan as of December 1, 2017, which will continue until November 30, 2018 barring any disqualifying events.

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।

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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&etumi ama wo obi a okyer& 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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