



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

Notice of Decision

Decision Date: April 20, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027581

[REDACTED]

[REDACTED]

On March 21, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 4, 2018 eligibility determination and 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 NY State of Health Account ID at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027581

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) properly determine that your and your spouse's enrollment in a qualified health plan and the application of advance payments of the premium tax credit were effective no earlier than February 1, 2018?

Did NYSOH properly determine that your children's enrollment in their Child Health Plus plan was effective no earlier than February 1, 2018?

Procedural History

[REDACTED]

On October 23, 2017, you submitted an updated application for financial assistance with health insurance in this account.

On October 24, 2017, NYSOH issued an eligibility determination notice stating that your spouse was eligible to purchase a qualified health plan at full cost, effective November 1, 2017, and your children were eligible for Child Health Plus at full cost, effective December 1, 2017.

Also on October 24, 2017, NYSOH issued a discontinuance notice stating that you were no longer eligible for health insurance through NYSOH effective December 1, 2017, because you no longer wished to receive coverage.

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Also on October 24, 2017, NYSOH issued a renewal notice stating that, based on the information from federal and state data sources, NYSOH could not make a decision about your financial assistance for health insurance. You were directed to update your account between November 16, 2017 and December 15, 2017.

On November 22, 2017, NYSOH issued a disenrollment notice stating that your spouse's coverage would end on December 31, 2017.

On December 19, 2017, an application was run systematically on your behalf.

On December 20, 2017, NYSOH issued an eligibility determination notice stating that your children were eligible for Child Health Plus at full cost, effective January 1, 2018.

On December 22, 2017, you submitted an updated application for health insurance in this account.

On December 23, 2017, NYSOH issued a discontinuance notice stating that your children were no longer eligible for health insurance through NYSOH, effective February 1, 2018, because you longer wished to receive coverage.



On December 22, 2017, you submitted an updated application for financial assistance with health insurance in this account.

On December 23, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to receive up to \$544.00 in advance payments of the premium tax credit (APTC) and eligible for cost-sharing reductions if you enrolled in a silver-level qualified health plan, effective February 1, 2018, and your children were eligible to enroll in Child Health Plus at full cost, effective February 1, 2018.

On January 3, 2018, you submitted an updated application for financial assistance with health insurance.

On January 4, 2018, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to receive up to \$603.00 in APTC and eligible for cost-sharing reductions if you enrolled in a silver-level qualified health plan, effective February 1, 2018, and your children were eligible for Child Health Plus with a \$30.00 per month premium, effective February 1, 2018.

Also on January 4, 2018, NYSOH issued a plan enrollment notice confirming your and your spouse's enrollment in a qualified health plan and your children's enrollment in Child Health Plus, effective February 1, 2018.

On January 22, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your, your spouse's, and your children's coverage insofar as it did not begin in your respective health plans as of January 1, 2018.

On March 21, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open to allow the Hearing Officer time to review telephone recordings. Five recordings were reviewed and the record was closed.

Findings of Fact

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

- 1) According to NYSOH's computer system, you have had two active accounts since October 2017: [REDACTED]. Your household currently has coverage through [REDACTED].
- 2) You testified that you are appealing the start date of coverage for your household, insofar as your household does not have coverage in January 2018.
- 3) You testified that you started the process of obtaining coverage for your household in October 2017.
- 4) You submitted an application to NYSOH for financial assistance on October 23, 2017 in [REDACTED].
- 5) You placed a telephone call to NYSOH on October 23, 2017. During that call, you added your youngest child to your account and submitted a new application. You advised the NYSOH representative that you were not seeking insurance for yourself, and that you planned to select health plans for your spouse and children online.
- 6) There is no indication in the record that you selected plans for your spouse or children in October 2017 or November 2017.
- 7) You placed a telephone call to NYSOH on December 22, 2017. During that call, you stated that you were starting the process to pick a plan for your household's coverage. You advised the NYSOH representative that you were seeking a family qualified health plan, but that the website was not offering you that option. The NYSOH representative advised you that you

had two open and active accounts, and with your permission, terminated your household's eligibility in [REDACTED]. The NYSOH representative advised you to go online and submit a new application in [REDACTED] in order to obtain a family plan. You were advised that the open enrollment period ran from November 1, 2017 through January 31, 2018, and that any plan selection made within a week of this call would become effective February 1, 2018. You acknowledged that you missed the deadline for a January 1, 2018 enrollment start date.

- 8) According to this account and your testimony, you submitted an application and enrolled your household into coverage on January 3, 2018.
- 9) You placed three calls to NYSOH on January 22, 2018. During that call, you advised the NYSOH representative that your household's coverage was set to begin on February 1, 2018, but you were seeking an earlier start date because your youngest child required medical treatment in January 2018.
- 10) You testified that you need your household's coverage to begin on January 1, 2018, to avoid a gap in coverage and because your youngest child required medical treatment in January 2018.

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)).

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 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 first issue under review is whether NYSOH properly determine that your and your spouse’s enrollment in a qualified health plan, as well as the application of APTC, was effective no earlier than February 1, 2018.

The record shows that, on January 3, 2018, you updated the information in your NYSOH account and submitted a request to enroll in a qualified health plan. On January 4, 2018, NYSOH issued a plan enrollment notice confirming your and your spouse’s enrollment in a qualified health plan, effective February 1, 2018, and that APTC would be applied to your monthly premium as of that date.

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 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

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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.

Although you testified that you began the process of obtaining coverage, and the record reflects that an application was submitted on October 23, 2017, you did not select a plan until January 3, 2018. Furthermore, you stated during your December 22, 2017 telephone call that you were just starting the process of selecting a plan for your household at that time. Even if you had selected a plan that day, it would have properly begun on the first day of the second following month after December 2017, which is February 1, 2018.

Since you selected a qualified health plan on January 3, 2018, NYSOH properly determined that your and your spouse's enrollment in a qualified health plan began the first day of the month following January 2018, which is February 1, 2018.

Therefore, the January 4, 2018 plan enrollment notice that states in relevant part that your and your spouse's coverage in a qualified health plan with APTC began February 1, 2018 is AFFIRMED.

The second issue under review is whether NYSOH properly determined that your children's enrollment in their Child Health Plus plan was effective no earlier than February 1, 2018.

As stated above, the record shows that, on January 3, 2018, you updated the information in your NYSOH account and selected a Child Health Plus plan for your children. On January 4, 2018, NYSOH issued a plan enrollment notice confirming your children's enrollment in a Child Health Plus plan, effective February 1, 2018.

The date on which a Child Health Plus 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 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.

Since you first selected a Child Health Plus plan for your children on January 3, 2018, NYSOH properly determined that your children's Child Health Plus coverage would begin on the first day of the next month following January 2018, which is February 1, 2018.

Therefore, the January 4, 2018 plan enrollment notice confirming in relevant part that your children's enrollment in their Child Health Plus plan was effective February 1, 2018, is AFFIRMED.

Decision

The January 4, 2018 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: April 20, 2018

How this Decision Affects Your Eligibility

This decision does not change your, your spouse's, or your children's eligibility.

Your and your spouse's enrollment in a qualified health plan and application of APTC properly began as of February 1, 2018.

The effective date of your children's Child Health Plus plan 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)).

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

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).

- 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
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- By fax: 1-855-900-5557

Summary

The January 4, 2018 enrollment confirmation notice is AFFIRMED.

Your and your spouse's enrollment in a qualified health plan and application of APTC properly began as of February 1, 2018.

The effective date of your children's Child Health Plus plan 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)

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এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye bɛtumi ama wo obi a okyerɛ 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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