



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

Notice of Decision

Decision Date: February 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012428



Dear [REDACTED],

On January 24, 2017, you and your Authorized Representative appeared by telephone at a hearing on your appeal of NY State of Health's September 5, 2016 eligibility determination notice and the October 6, 2016 enrollment 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 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.

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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 enrollment in a qualified health ended effective September 30, 2016?

Did NYSOH properly determine that your enrollment in a qualified health plan resumed effective November 1, 2016?

Procedural History

On June 1, 2016, NYSOH issued a notice of eligibility determination stating that you were conditionally eligible to enroll in a qualified health plan (QHP), effective July 1, 2016. The notice further requested that you provide documentation confirming your Social Security number before August 29, 2016.

On June 8, 2016, NYSOH issued a notice confirming your enrollment in a gold-level QHP, with coverage beginning May 1, 2016.

On September 5, 2016, NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You also could not enroll in a QHP at full cost because you had not confirmed your Social Security number within the required timeframe. Your eligibility for coverage ended effective September 30, 2016.

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Also on September 5, 2016, NYSOH issued a disenrollment notice confirming that your QHP coverage would end effective September 30, 2016.

On October 5, 2016, NYSOH received an update to your application for health insurance. In response to this application, NYSOH prepared a preliminary eligibility determination stating that you were temporarily eligible to enroll in a QHP at full cost, effective November 1, 2016. You were requested to provide additional documentation, though the preliminary determination did not state what documentation was required or the deadline by which those documents were required to be sent to NYSOH.

On October 6, 2016, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as it ended your enrollment in your gold-level QHP on September 30, 2016.

On January 24, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Your spouse, [REDACTED], also attended the hearing as your Authorized Representative. 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, and the record reflects, that you receive all of your notices from NYSOH by regular mail.
- 2) You testified that you did not receive any notices stating that your eligibility was only conditional and that you needed to provide documentation reflecting your Social Security number.
- 3) No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable.
- 4) You testified that you did not know that you needed to submit documentation of your citizenship status until September 20, 2016 when you tried to make a payment to your insurance carrier for coverage for the month of October 2016.
- 5) You testified that on May 31, 2016, you went to your certified application counselor to provide your new address and Social Security number. You further testified that you gave your Social Security number at that time, and called your insurance carrier, not NYSOH, to provide your Social Security number over the phone.

- 6) The record reflects that on October 5, 2016, NYSOH received your Social Security card and your Employment Authorization Card.
- 7) You testified that you are seeking reinstatement in your qualified health plan during the month of October 2016 since you incurred significant medical bills in connection with the birth of your daughter on October 3, 2016.

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

Applicable Law and Regulations

Citizenship and Immigration Status

To enroll in a qualified health plan through NY State of Health (NYSOH), an applicant must be a citizen or national of the United States, or a non-citizen lawfully present in the United States and reasonably expecting to become a citizen or remain a lawfully present noncitizen for the entire period for which enrollment is being sought (45 CFR § 155.305(a)(1)).

NYSOH must verify or obtain information in order to determine that an applicant is eligible for enrollment in a qualified health plan, including the certification of citizenship, status as a national, or lawful presence (45 CFR § 155.315(a), (c)).

If an applicant attests to citizenship, status as a national, or lawful presence, and the NYSOH is unable to verify such attestation, NYSOH must provide the applicant 90 days, from the date the notice of inconsistency is received by the applicant, to provide satisfactory documentary evidence. Notice is considered to have been received five days after the date on the notice, unless the applicant demonstrates that he or she did not receive the notice within the five-day period. (45 CFR § 155.315(c)(3)).

Termination of a Qualified Health Plan; Exchange Initiated

The NYSOH may initiate termination of an enrollee's coverage in a qualified health plan and must permit a qualified health plan issuer to terminate such coverage: (1) When the enrollee is no longer eligible for coverage in a qualified health plan through the NYSOH; or (2) The enrollee's coverage is cancelled due to non-payment of premiums (45 CFR § 155.430(b)(2)(i)).

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

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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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were no longer eligible to enroll in a qualified health plan through NYSOH, effective September 30, 2016.

As a result of your May 31, 2016 application, you were found conditionally eligible to enroll in a qualified health plan at full cost effective July 1, 2016. This eligibility determination was based on the condition that you confirm your Social Security number by providing documentation before August 29, 2016.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through the NYSOH, and must confirm, among other things, that they have a valid Social Security number. If NYSOH cannot verify an individual's citizenship status or validate their Social Security number, it must provide the individual a period of 90 days from the date notice is received to resolve the inconsistency. 90 days from the May 31, 2016, determination would be by August 29, 2016.

Your NYSOH account does not indicate that your Social Security number was received prior to August 29, 2016. The record reflects NYSOH first received your Social Security number on October 5, 2016.

Since the requested Social Security number was not received within the 90-day period, NYSOH was required to redetermine your eligibility without verification documents or information such as your Social Security number.

As a result, the September 5, 2016 eligibility determination notice stating that your eligibility for enrollment in a QHP at full cost ended effective September 30, 2016 was proper and is **AFFIRMED**.

The second issue under review is whether your enrollment in a qualified health plan resumed effective November 1, 2016.

The record shows that on October 5, 2016, you updated the information in your NYSOH account and submitted a request to reenroll in your QHP. On October 6, 2016, NYSOH issued an enrollment notice stating that your enrollment in your QHP was effective November 1, 2016.

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 QHP 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.

Therefore, NYSOH's October 6, 2016 enrollment notice is AFFIRMED because it properly began your reenrollment in your QHP on November 1, 2016.

Decision

The September 5, 2016 eligibility determination notice is AFFIRMED.

The October 6, 2016 enrollment notice is AFFIRMED.

Effective Date of this Decision: February 10, 2017

How this Decision Affects Your Eligibility

NYSOH properly found you not eligible to enroll in a QHP because you did not timely submit proof of your Social Security number.

Your QHP coverage ended effective September 30, 2016.

Your QHP coverage resumed effective November 1, 2016.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This

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must be done within four months after 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 U.S. Department of Health and Human Services. 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 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:
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Summary

The September 5, 2016 eligibility determination notice and October 6, 2016 enrollment notice are AFFIRMED.

NYSOH properly found you not eligible to enroll in a QHP because you did not timely submit proof of your Social Security number.

Your QHP coverage ended effective September 30, 2016 and resumed November 1, 2016.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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A Copy of this Decision Has Been Provided To:

