



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

Notice of Decision

Decision Date: April 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014134

[REDACTED]

Dear [REDACTED],

On March 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 7, 2016, disenrollment, October 8, 2016 enrollment confirmation, and October 11, 2016 eligibility determination 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: April 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014134



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 your eligibility for the Essential Plan ended effective September 30, 2016?

Procedural History

On June 21, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time, effective July 1, 2016. The notice stated you also qualified for additional benefits through Medicaid. The notice stated NYSOH was checking federal data sources to confirm your immigration status.

On June 21, 2016, NYSOH issued a notice confirming your enrollment in an Essential Plan 4, effective July 1, 2016.

On July 1, 2016, NYSOH issued an eligibility determination notice stating you were eligible to enroll in the Essential Plan for a limited time effective July 1, 2016. The notice stated you also qualified for additional benefits through Medicaid. The notice asked you to provide documentation confirming your immigration status by September 28, 2016.

On July 20, 2016, you uploaded your citizenship documentation.

On September 8, 2016, NYSOH issued an eligibility redetermination notice stating you were eligible to enroll in the Essential Plan for a limited time effective

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October 1, 2016. The notice asked you to provide documentation confirming your immigration status by September 28, 2016.

On October 5, 2016 NYSOH prepared a preliminary eligibility determination stating that you were eligible for Emergency Medicaid.

On October 7, 2016, NYSOH issued a disenrollment notice stating your Essential Plan 4 coverage would be terminated effective September 30, 2016. The notice stated this was because you were no longer eligible to remain enrolled in your current insurance.

Also on October 7, 2016, NYSOH issued an enrollment confirmation notice stating you had been enrolled in Medicaid as of October 6, 2016.

Finally, on October 7, 2016, the documentation you submitted on July 20, 2016 was verified and an updated application for financial assistance was submitted on your behalf. That day, a preliminary eligibility determination was prepared stating that you were eligible for the Essential Plan for limited time, effective November 1, 2016.

On October 8, 2016, NYSOH issued an enrollment confirmation notice confirming your enrollment on October 7, 2016 in the Essential Plan 4 effective November 1, 2016.

On October 10, 2016, NYOSH issued an eligibility redetermination notice stating on October 5, 2016 your eligibility was redetermined and you were now eligible for Medicaid for the treatment of emergency medical conditions only effective October 1, 2016.

On October 11, 2016, NYSOH issued an eligibility redetermination notice, based on your October 7, 2016 application, stating that you were eligible to enroll in the Essential Plan for a limited time. The notice stated you also qualified for additional benefits through Medicaid effective November 1, 2016. The notice stated NYOSH was checking federal data sources to confirm your immigration status.

On November 4, 2016, NYSOH issued an enrollment confirmation notice confirming your enrollment in the Essential Plan 4 effective November 1, 2016.

You filed an incident on November 30, 2016 requesting backdating of coverage in your Essential Plan 4 to October 1, 2016.

On December 19, 2016, you contacted NYSOH's Account Review Unit and filed a formal appeal regarding termination of your Essential Plan 4 for the month of October, 2016.

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On March 20, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open until April 14, 2017, to allow you to submit supporting documents.

NYSOH received your supporting documentation on March 22, 2017 in the form of a copy of your Employment Authorization Card and has been incorporated in the record as (Appellant's Exhibit 1).

Findings of Fact

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

- 1) You testified, and your application indicates, that you receive all of your notices from NYSOH via regular mail.
- 2) You testified that you did not receive any notices stating that your eligibility was terminated for failing to provide acceptable immigration documentation.
- 3) The record shows no notices were issued to you alerting you to your disenrollment from the Essential Plan 4 effective September 30, 2016 until the letter dated October 7, 2016.
- 4) No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable.
- 5) You submitted citizenship documentation to NYSOH on July 20, 2016 in the form of your United States Visa with the classification of R B1/B2 and an expiration date of [REDACTED]. (See Document [REDACTED]).
- 6) Your NYSOH indicates under the Verified Documents tab that your unexpired Visa was found to be a valid proof of immigration as verified on October 7, and 11, 2016.
- 7) Your NYSOH account indicates under the Events Tab that on October 5, 2016 your application was run and you were found eligible for Emergency Medicaid effective October 1, 2016.
- 8) Your NYSOH account indicates under the Events Tab that your enrollment in your Essential Plan 4 was deleted on October 6, 2016.
- 9) You testified that you are seeking enrollment in your Essential Plan as of October 1, 2016.

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

Applicable Law and Regulations

Verification of Eligibility for the 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 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).

NYSOH must verify the eligibility of an applicant for the Essential Plan consistent with the standards set in 45 CFR § 155.315 and § 155.320 (New York's Basic Health Plan Blueprint, pgs. 16-17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>; 42 CFR § 600.345(a)(2)).

If an applicant attests to citizenship, status as a national, or lawful presence, and NYSOH is unable to verify such attestation, NYSOH must provide the applicant with notice of the inconsistency. NYSOH must then provide the applicant with 90 days to provide satisfactory documentary evidence, from the date the notice of inconsistency is received by the applicant. Notice is considered received 5 days after the date on the notice, unless the applicant demonstrates that he or she did not receive the notice within the 5-day period (42 CFR § 600.345, 45 CFR § 155.315(c)(3), (f)(2)(i)).

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any updates in eligibility to the Essential Plan effective the first day of the following month for changes received by NYSOH from the first to the fifteenth of any month (45 CFR § 155.420(b)(1)(i); see *also* 42 CFR § 600.320(c)). For updates 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 § 155.420(b)(1)(ii); see *also* 42 CFR § 600.320(c)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your eligibility for the Essential Plan ended effective September 30, 2016.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, that their citizenship status is satisfactory.

If NYSOH cannot verify an individual's citizenship status, it must provide the individual with notice of the inconsistency and provide a period of 90 days from the date notice is received to resolve the inconsistency.

In the eligibility determination issued on July 1, 2016, you were advised that you were eligible for the Essential Plan for a limited time, and that you needed to confirm your citizenship status by providing documentation before September 28, 2016.

The record supports on July 20, 2016 you uploaded to your account a copy of your United States Visa with the classification of R B1/B2 and an expiration date of [REDACTED]. (See Document [REDACTED]). You therefore uploaded your immigration documentation before the September 28, 2016 requested deadline.

The documentation was not verified by NYSOH representatives until October 7, and again on October 11, 2016, which is outside of the deadline given in the July 1, 2016 notice.

Therefore, you timely submitted documents to confirm your immigration status within the 90-day period. NYSOH failed to verify those documents in a timely manner causing you to improperly be terminated from your Essential Plan coverage.

Accordingly, the October 7, 2016 disenrollment notice is **RESCINDED**. The October 8, 2016 enrollment confirmation and October 11, 2016 eligibility determination notices are **MODIFIED** to state that your eligibility for and enrollment in the Essential Plan 4 is effective October 1, 2016.

Your case is **RETURNED** to NYSOH to ensure your enrollment for the month of October, 2016 in the Essential Plan 4.

Decision

The October 7, 2016, disenrollment notice is RESCINDED.

The October 8, 2016 enrollment confirmation and October 11, 2016 eligibility determination notices are MODIFIED to state that your eligibility for and enrollment in the Essential Plan 4 is effective October 1, 2016.

Your case is RETURNED to NYSOH to ensure your enrollment for the month of October, 2016 in the Essential Plan 4.

Effective Date of this Decision: April 12, 2017

How this Decision Affects Your Eligibility

NYSOH improperly found you ineligible for the Essential Plan 4, effective September 30, 2016.

You will be reenrolled into your Essential Plan 4 for the month of October, 2016.

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

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 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 October 7, 2016, disenrollment notice is **RESCINDED**.

The October 8, 2016 enrollment confirmation and October 11, 2016 eligibility determination notices are **MODIFIED** to state that your eligibility for and enrollment in the Essential Plan 4 is effective October 1, 2016.

Your case is **RETURNED** to NYSOH to ensure your enrollment for the month of October, 2016 in the Essential Plan 4.

NYSOH improperly found you ineligible for the Essential Plan 4, effective September 30, 2016.

You will be reenrolled into your Essential Plan 4 for the month of October, 2016.

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).

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 bεtumi ama wo obi a okyerε 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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