



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

Notice of Decision

Decision Date: July 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017165

[REDACTED]

Dear [REDACTED],

On July 11, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 20, 2016 eligibility determination.

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.

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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Decision

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017165



Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Was your appeal of NY State of Health's (NYSOH) September 20, 2016 eligibility determination timely?

Procedural History

1. On May 6, 2016, you updated your application for financial assistance with health insurance through NYSOH.
2. On May 7, 2016, NYSOH issued a notice stating that your May 6, 2016 application had been reviewed, but that more information was needed to confirm the information in your application. The notice directed you to submit income documentation by May 22, 2016.
3. On June 6, 2016, NYSOH issued a notice of eligibility determination stating that you were conditionally eligible to purchase a qualified health plan at full cost, effective July 1, 2016, pending documentation of your citizenship status. This was because you had not submitted the income documentation request in May 7, 2016.
4. On June 24, 2016, you updated your NYSOH account.
5. On June 25, 2016, NYSOH issued a notice of eligibility determination stating that you were newly conditionally eligible to receive up to \$213.00 per month in advance payments of the premium tax credit, and newly

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conditionally eligible for cost-sharing reductions, effective August 1, 2016. The notice directed you to submit proof of your immigration status to NYSOH by September 22, 2016.

6. On July 8, 2016, NYSOH issued a notice stating that you were conditionally eligible to receive up to \$213.00 per month in advance payments of the premium tax credit, and for cost-sharing reductions, effective August 1, 2016. The notice directed you to submit documentation of your immigration status by October 5, 2016.
7. On September 19, 2016, you updated your NYSOH account.
8. On September 20, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan, with no monthly premium, for a limited time, effective September 1, 2016. The notice directed you to submit documentation of your immigration status by October 5, 2016, and your income by December 18, 2016.
9. Also on September 20, 2016, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in an Essential Plan beginning September 1, 2016.
10. On March 22, 2017, you spoke to NYSOH's Account Review Unit and filed an appeal, insofar as your 2016 Essential Plan coverage did not begin until September 1, 2016.
11. On July 11, 2017, you appeared at 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.

Findings of Fact

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

- 1) You testified that you started receiving Medicaid through NYSOH in approximately 2014.
- 2) You testified that you were not aware that there was any gap in your coverage during 2016.
- 3) You testified that you were told that you needed to submit immigration documentation and income documentation, so you did so in 2016.
- 4) You testified that you went to [REDACTED] in June 2016 and found out a couple of months later that your bill was not covered.

- 5) You testified that you are not aware of the exact dates and times of when you received the bill, and when you filed an appeal, but that you first reached out to Fidelis and then, a month or so later, reached out to “Medicaid.”
- 6) Your NYSOH account reflects that you receive notices from NYSOH by regular mail, and that no mail sent to you by NYSOH in 2016 was returned to NYSOH as undeliverable.
- 7) According to NYSOH’s records, you first contacted NYSOH regarding your 2016 coverage on March 22, 2017 – the same day you filed your appeal.
- 8) Your NYSOH account reflects that you updated your application for health insurance in 2016 on February 24, May 6, June 24, and September 19.
- 9) You testified that you are looking for coverage of your [REDACTED] bill from June 2016.

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

Applicable Law and Regulations

Valid Appeal Requests

An applicant has the right to appeal to NYSOH’s Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (4) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH (45 CFR 155.520(b)(2); 18 NYCRR 358-3.5(b)(1)).

Legal Analysis

The only issue under review is whether your appeal of NYSOH’s September 20, 2016 eligibility determination was timely.

On September 20, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with no monthly premium,

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effective September 1, 2016. You were enrolled into a plan that same day, with your enrollment beginning on September 1, 2016.

The record reflects that the first time you called NYSOH to file a complaint in regards to the start date of your 2016 Essential Plan coverage was on March 22, 2017. The record indicates that a formal appeal was filed on your behalf on that day.

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH.

For an appeal to have been valid on the issue of the effective date of your MMC plan as stated in the September 20, 2016 notice, an appeal should have been filed by November 19, 2016. According to the credible evidence in the record, you did not contact NYSOH until March 22, 2017 to file a formal appeal, which is 183 days from the September 20, 2016 eligibility determination notice.

You testified that you were enrolled in Medicaid through NYSOH in 2014, and that you did not know that there was any gap in your coverage in 2016. You testified that you submitted immigration and income documentation sometime in 2016, but did not know that you did not have coverage in June 2016, when you went to the hospital.

However, you updated your NYSOH account on February 24, May 6, June 24, and September 19, 2016, before being found eligible for the Essential Plan. Your account updates indicate that you were aware that you did not have coverage, and that you were trying to secure coverage for yourself. Additionally, each time you updated your account, NYSOH issued notices, as outlined in the procedural history above, informing you of your eligibility and/or of the need to submit more information. Since you were enrolled to receive notices by regular mail, and since none of these notices was returned to NYSOH as undeliverable, it must be concluded that you received these notices and were aware of the status of your coverage, or lack of coverage, through NYSOH.

Therefore, there has been no timely appeal of the September 20, 2016 eligibility determination notice, and your appeal on the issue of the effective date of your Essential Plan eligibility, as stated in that notice, is DISMISSED.

Decision

Your appeal of the September 20, 2016 eligibility determination notice is untimely and is DISMISSED.

Effective Date of this Decision: July 21, 2017

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How this Decision Affects Your Eligibility

Your eligibility remains the same.

Your 2016 eligibility for coverage in the Essential Plan began as of September 1, 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
- 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.

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

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- By fax: 1-855-900-5557

Summary

Your appeal of the September 20, 2016 eligibility determination notice is untimely and is DISMISSED.

Your eligibility remains the same.

Your 2016 eligibility for coverage in the Essential Plan began as of September 1, 2016.

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 مجانًا.

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 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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