



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

Notice of Decision

Decision Date: July 26, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000017488

[REDACTED]

Dear [REDACTED]

On July 13, 2017, your spouse, [REDACTED] appeared by telephone at a hearing on your appeal of NY State of Health's May 3, 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: July 26, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017488

[REDACTED]

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) May 3, 2016 eligibility determination and disenrollment notices timely?

Procedural History

1. On January 15, 2016, you filed an application for health insurance with NYSOH.
2. On January 16, 2016, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to receive \$0.00 in advance payments of the premium tax credit (APTC), effective February 1, 2016. Your spouse's eligibility was conditional, and additional documentation was needed to confirm [REDACTED] eligibility. The notice directed you to submit documentation of [REDACTED] citizenship status by April 14, 2016.
3. Also on January 16, 2016, NYSOH issued a notice of enrollment confirmation, confirming that you and your spouse were enrolled in a couple's platinum-level qualified health plan (QHP), beginning February 1, 2016.
4. On May 3, 2016, NYSOH issued a notice of eligibility determination stating that your spouse was not eligible to enroll in coverage through NYSOH because you did not provide documentation of [REDACTED] citizenship status, and did not tell NYSOH that you could not get this documentation.

5. Also on May 3, 2016, NYSOH issued a disenrollment notice stating that your spouse was disenrolled from your couple's QHP, effective May 31, 2016, because [REDACTED] was no longer eligible to enroll in health insurance through NYSOH.
6. On March 29, 2017, you spoke to NYSOH's Account Review Unit and filed an appeal, insofar as your spouse was disenrolled from her QHP coverage from June 1, 2016 through December 31, 2016.
7. On July 13, 2017, your spouse appeared at a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing, and kept open through July 28, 2017 so that [REDACTED] could provide documentation of [REDACTED] citizenship status.
8. On July 17, 2017, documentation was uploaded to your NYSOH account. The record is now closed.

Findings of Fact

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

- 1) Your spouse testified that [REDACTED] does not have any knowledge of NYSOH requesting citizenship documentation from [REDACTED] at the time of your January 2016 application.
- 2) Your spouse testified that [REDACTED] was not aware that [REDACTED] coverage had been terminated until [REDACTED], when [REDACTED] received a bill for a doctor's visit that [REDACTED] had in July 2016.
- 3) Your spouse testified that [REDACTED] contacted NYSOH and was informed that a request for citizenship information went out when your NYSOH application was filed in January 2016.
- 4) Your spouse testified that if NYSOH had asked you for citizenship documentation on [REDACTED] behalf, [REDACTED] would have known and would have provided it.
- 5) Your spouse testified that [REDACTED] paid premiums for [REDACTED] coverage through October 31, 2016.
- 6) Your spouse testified that Blue Cross/Blue Shield sent a refund check dated April 6, 2017 in the amount of \$2,252.28 for premiums paid, but that [REDACTED] is not cashing it until the issue of [REDACTED] coverage is resolved.

- 7) Your spouse testified that you are the one who handles all of the applications and paperwork related to the NYSOH account, as you are the account holder.
- 8) Your spouse testified that [REDACTED] was not with you when you filed the January 2016 application.
- 9) Your spouse testified that [REDACTED] does not know whether you are enrolled to receive notices from NYSOH by regular mail, or whether you receive email alerts regarding notices issued in your NYSOH account.
- 10) Your NYSOH account reflects that you are enrolled to receive email alerts regarding notices issued in your NYSOH account.
- 11) Your spouse testified that [REDACTED] knows that you sometimes receive mail from NYSOH, but that, if it is not important, it will be thrown away.
- 12) Your spouse testified that [REDACTED] does not know whether you received the January 16, 2016 eligibility determination stating that [REDACTED] eligibility was conditional, and that you needed to submit documentation of [REDACTED] citizenship status.
- 13) Your spouse testified that [REDACTED] does not deal with any of the health insurance information and that, if mail arrives, you are the one who takes care of it.
- 14) Your spouse testified that you were at work during the hearing and were busy, and that [REDACTED] believed that [REDACTED] had all the necessary information to proceed during the hearing.
- 15) Your spouse testified that [REDACTED] is a United States citizen.
- 16) After the hearing, a copy of your spouse's United States passport was uploaded to your NYSOH account (Document [REDACTED]). This document is marked and entered into the record as "Appellant's [REDACTED] [REDACTED]"
- 17) Your spouse testified that [REDACTED] is looking to be reinstated for the month of July 2016 only.

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 May 3, 2016 eligibility determination was timely.

On May 3, 2016, NYSOH issued an eligibility determination notice stating that your spouse was no longer eligible to enroll in coverage through NYSOH, effective June 1, 2016, because documentation of [REDACTED] citizenship status had not been received. That same day, NYSOH issued a disenrollment notice stating that [REDACTED] was disenrolled from [REDACTED] QHP, effective May 31, 2016.

The record reflects that the first time you or your spouse called NYSOH to file a complaint in regards to [REDACTED] disenrollment from coverage was on March 29, 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 your spouse's disenrollment from coverage, as stated in the May 3, 2016 eligibility determination and disenrollment notices, an appeal should have been filed by July 2, 2016. According to the credible evidence in the record, you and your spouse did not contact NYSOH until March 29, 2017 to file a formal appeal, which is 330 days from the May 3, 2016 eligibility determination and disenrollment notices.

Your spouse testified that, as far as [REDACTED] knows, NYSOH never requested citizenship documentation from [REDACTED]. [REDACTED] also testified that [REDACTED] did not know [REDACTED] coverage had been terminated until [REDACTED] received a bill on [REDACTED] for services rendered in July 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).

However, your spouse testified that [REDACTED] was not with you when you filed the application on January 15, 2016, and [REDACTED] does not know whether you received the January 16, 2016 eligibility determination notice stating that [REDACTED] eligibility was conditioned on the submission of citizenship documentation. Moreover, your spouse testified that you handle all matters related to your NYSOH account, and that [REDACTED] does not know whether you are enrolled to receive notices from NYSOH by regular mail, or whether you receive email alerts regarding notices in your account. Given your spouse's testimony, there is no reason to conclude that you did not receive the January 16, 2016 eligibility determination, or the May 3, 2016 disenrollment notices.

Therefore, there has been no timely appeal of the May 3, 2016 eligibility determination and disenrollment notices, and your appeal on the issue of your spouse's disenrollment from [REDACTED] health plan coverage effective June 1, 2016, as stated in those notices, is DISMISSED.

Decision

Your appeal of the May 3, 2016 eligibility determination and disenrollment notice is untimely and is DISMISSED.

Effective Date of this Decision: July 26, 2017

How this Decision Affects Your Eligibility

Your spouse's eligibility remains the same.

Your spouse's eligibility for, and enrollment in, [REDACTED] 2016 health plan coverage ended on May 31, 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.

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).

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.

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

Your appeal of the May 3, 2016 eligibility determination and disenrollment notice is untimely and is DISMISSED.

Your spouse's eligibility remains the same.

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).

Your spouse's eligibility for, and enrollment in, ■ 2016 health plan coverage ended on May 31, 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 مجاناً.

বাংলা (Bengali)

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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 nkyerekeremu a, ye sre wo, fre 1-855-355-5777. ye&btumi ama wo obi a okyerE 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.

אַײַדיש (Yiddish)

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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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