



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

Notice of Decision

Decision Date: May 2, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018201

[REDACTED]

Dear [REDACTED],

On May 2, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 16, 2017 eligibility determination notice, March 16, 2017 disenrollment notice, April 20, 2017 preliminary eligibility determination, and April 21, 2017 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.

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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Issues

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

Did NY State of Health properly determine that your eligibility for financial assistance and enrollment in a qualified health plan ended effective March 31, 2017?

Did NY State of Health properly determine that your reenrollment in a qualified health plan is effective June 1, 2017?

Procedural History

On December 10, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were conditionally eligible for advanced payment of the premium tax credit of up to \$69.00 per month for a limited time, effective January 1, 2017. The notice further requested that you provide documentation confirming your citizenship status before March 9, 2017.

Also on December 10, 2016, NYSOH issued a notice confirming your enrollment in a qualified health plan.

On December 10, 2016, your NY driver's license was uploaded to your NYSOH account.

On December 28, 2016, NYSOH reviewed this documentation and determined it to be invalid proof of citizenship as it was not an enhanced driver's license or passport.

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On December 29, 2016, NYSOH issued a notice advising you that the documentation you submitted did not confirm the information in your application and that additional citizenship documentation was required by March 9, 2017.

On March 16, 2017, NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid, Child Health Plus or the Essential Plan, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You also could not enroll in a qualified health plan at full cost because you had not confirmed your citizenship status within the required timeframe. Your eligibility for coverage ended effective March 31, 2017.

Also on March 16, 2017, NYSOH issued a disenrollment notice stating that your coverage in your qualified health plan would end on March 31, 2017, because you were no longer eligible to enroll in health insurance through NYSOH.

On April 20, 2017, NYSOH received your updated application for health insurance. That day, a preliminary eligibility determination was prepared with regard to that application, stating that you were temporarily eligible to enroll in a qualified health plan through NYSOH. You selected a plan for reenrollment that day.

Also on April 20, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determinations insofar as they ended your eligibility to enroll in a qualified health plan and enrollment in a qualified health plan on March 31, 2017, and began your eligibility and enrollment in a qualified health plan on June 1, 2017, and not April 1, 2017.

On April 21, 2017, NYSOH issued a notice of enrollment stating that you were reenrolled in your qualified health plan with a plan enrollment start date of June 1, 2017.

On April 26, 2017, you faxed a letter from your medical provider asking for an expedited appeal because of your urgent medical issues.

On April 27, 2017, your request was granted.

On May 2, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Under oath, you waived your right to formal notice of the hearing. 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:

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- 1) You testified that you previously received your notices from NYSOH via regular mail, however, you changed your preferences to electronic alerts when you contacted NYSOH following your disenrollment from your qualified health plan.
- 2) You testified that you are a naturalized citizen and became a naturalized citizen close to thirty years ago.
- 3) You testified that you do not recall receiving the December 10, 2016 notice stating that your eligibility was limited and that you needed to provide documentation of your citizenship status.
- 4) The December 10, 2016 eligibility determination notice indicates that acceptable proof of citizenship status for naturalized citizens includes a certificate of naturalization, a US passport book or card, or a NY enhanced driver's license.
- 5) On December 10, 2016, you uploaded your NY driver's license to your NYSOH account.
- 6) On December 28, 2016, NYSOH reviewed your driver's license and determined that this was insufficient proof of your citizenship status.
- 7) You testified that you do not recall if you received the December 29, 2016 notice advising you that the citizenship documentation you provided was insufficient and that you needed to provide additional documentation of your citizenship status.
- 8) The December 29, 2016 notice indicates that acceptable proof of citizenship status for naturalized citizens includes a certificate of naturalization, a US passport book or card, or a NY enhanced driver's license.
- 9) No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable.
- 10) On March 15, 2017, NYSOH redetermined your eligibility for health insurance.
- 11) You testified that you did not know that you needed to submit additional documentation of your citizenship status until April 20, 2017.
- 12) You testified that you did not know you had been disenrolled from your qualified health plan until [REDACTED], when you were contacted by your [REDACTED] and advised that you had no coverage. You

further testified that you had procedures during April 2017 that were authorized by your plan.

- 13) You testified that you had automatic withdrawals for your premiums, and your qualified health plan withdrew your April 2017 premium, so you did not realize there was an issue with your coverage.
- 14) You testified that you selected a qualified health plan for reenrollment on April 20, 2017.
- 15) On April 20, 2017, you uploaded your passport to your NYSOH account.
- 16) You testified that you are seeking reinstatement in your qualified health plan as of April 1, 2017, because you had medical appointments and procedures in April 2017 which you would like covered and you are scheduled for medical appointments in May 2017.

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 NYSOH, an applicant must be a citizen or national of the United States, or a non-citizen who is lawfully present in the United States and reasonably expects 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 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. (45 CFR § 155.315(c)(3), (f)(2)(i)).

If NYSOH remains unable to verify the citizenship attestation after the 90-day period ends, it must determine the applicant's eligibility based on the information available (45 CFR § 155.315(f)(5)).

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)).

When an eligibility redetermination results in a change in the amount of advance payments of the premium tax credit (APTC) for the benefit year, NYSOH must recalculate the amount of APTC in such a manner as to account for any advance payments already made on behalf of the tax filer, such that the recalculated advance payment amount is projected to result in total advance payments for the benefit year that correspond to the tax filer's total projected premium tax credit for that benefit year (45 CFR § 155.330(g)).

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 first issue under review is whether NYSOH properly determined that you were no longer eligible to enroll in a qualified health plan through NYSOH, effective March 31, 2017.

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. NYSOH must then provide the individual with a period of 90 days from the date notice is received to resolve the

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inconsistency. For purposes of verifying citizenship, notice is considered received 5 days after the date on the notice.

In the eligibility determination issued on December 10, 2016, you were advised that your eligibility was limited, and that you needed to confirm your citizenship status before March 9, 2017.

Although you submitted your NY driver's license on December 10, 2016, this was deemed insufficient proof of citizenship, and you were alerted of this in the December 29, 2016 notice.

Additionally, both the December 10, 2016 notice and the December 29, 2016 notice advised you of the acceptable forms of proof of citizenship for a naturalized citizen.

The record reflects that NYSOH did not receive the requested citizenship documentation before the deadline.

You testified that you do not recall if you received any notice from NYSOH telling you that you needed to update the information in your NYSOH account. You testified, that you had previously elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, NYSOH properly notified you of an inconsistency in your account and you did not submit the requested citizenship documentation before the deadline.

If NYSOH remains unable to verify the inconsistency after the 90-day period ends, then it must determine the applicant's eligibility based on the information available in the data sources.

Since the requested citizenship documentation was not received within the 90-day period, NYSOH was required to redetermine your eligibility without verification of your citizenship status. As a result, NYSOH properly determined that you could not enroll in a qualified health plan through NY State of Health effective April 1, 2017 because you did not provide the information requested by NYSOH.

Therefore, NYSOH's March 16, 2017 eligibility determination notice and March 16, 2017 disenrollment notice are correct and are AFFIRMED.

The second issue under review is whether NYSOH properly determined that your eligibility for and reenrollment in a qualified health plan, is effective June 1, 2017.

The record shows that on April 20, 2017, you updated the information in your NYSOH account and submitted a request to reenroll in a qualified health plan.

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).

Also on April 20, 2017, NYSOH issued a preliminary eligibility determination stating that you were eligible to enroll in a qualified health plan for a limited time.

On April 21, 2017, NYSOH issued an enrollment confirmation notice stating that your reenrollment in your qualified health plan was effective June 1, 2017.

When an individual changes information in their application after the 15th of any month, NYSOH will make the redetermination that results from the change effective the first day of the second 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 after the fifteenth day of a month goes into effect on the first day of the second following month.

As you updated your application on April 20, 2017 and selected a qualified health plan for reenrollment that same day, your reenrollment properly began on the first day of the second month following April 2017; that is, on June 1, 2017.

Therefore, NYSOH's April 20, 2017 preliminary eligibility determination and April 21, 2017 enrollment confirmation notice are **AFFIRMED** because they properly began your enrollment in your qualified health plan on June 1, 2017.

Decision

The March 16, 2017 notice of eligibility determination is **AFFIRMED**.

The March 16, 2017 notice of disenrollment is **AFFIRMED**.

The April 20, 2017 preliminary eligibility determination is **AFFIRMED**.

The April 21, 2017 notice of enrollment confirmation is **AFFIRMED**.

Your case is **RETURNED** to NYSOH to review the citizenship documentation you submitted on April 20, 2017.

Effective Date of this Decision: May 2, 2017

How this Decision Affects Your Eligibility

NYSOH properly found you ineligible to enroll in a qualified health plan because you did not submit proof of your citizenship status.

This does not change your eligibility.

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 reenrollment in your qualified health plan properly begins as of June 1, 2017.

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.

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

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- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The March 16, 2017 notice of eligibility determination is AFFIRMED.

The March 16, 2017 notice of disenrollment is AFFIRMED.

NYSOH properly found you ineligible to enroll in a qualified health plan because you did not submit proof of your citizenship status.

The April 20, 2017 preliminary eligibility determination is AFFIRMED.

The April 21, 2017 notice of enrollment confirmation is AFFIRMED.

This does not change your eligibility.

Your reenrollment in your qualified health plan properly begins as of June 1, 2017.

Your case is RETURNED to NYSOH to review the citizenship documentation you submitted on April 20, 2017.

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&etumi 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.

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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