



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

Notice of Decision

Decision Date: May 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018548

[REDACTED]

Dear [REDACTED],

On May 9, 2017, you appeared by telephone at an expedited hearing on your appeal of NY State of Health's May 2, 2017 eligibility determination and enrollment confirmation 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.

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NY State of Health Account ID: [REDACTED]
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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 you were re-enrolled in your qualified health plan, effective June 1, 2017?

Procedural History

On December 15, 2016 and December 16, 2016, NY State of Health (NYSOH) issued eligibility determination notices stating that you were conditionally eligible to receive advance premium tax credits (APTC) and cost sharing reductions, effective January 1, 2017. The notice further requested that you provide documentation confirming your income and citizenship status before March 14, 2017.

On December 16, 2016, NYSOH issued a plan enrollment notice confirming your enrollment in platinum-level qualified health plan (QHP), with a start date of January 1, 2017, with APTC of \$204.00 to be applied as of that date.

NO updates were made to your NYSOH account by March 14, 2017.

On March 21, 2017, NYSOH issued an eligibility redetermination notice stating that, effective April 1, 2017, you were not eligible for Medicaid, Child Health Plus,

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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 QHP at full cost because you had not confirmed your income or citizenship status within the required timeframe.

Also on March 21, 2017, NYSOH issued a disenrollment notice stating that your platinum-level QHP would end on March 31, 2017.

On April 27, 2017, you updated your application for financial assistance to include a change in your expected yearly income. That day, a preliminary eligibility determination was prepared stating that you were eligible to purchase a QHP at full cost through NYSOH, effective June 1, 2017.

On April 28, 2017 and April 29, 2017, NYSOH issued eligibility redetermination notices stating that you were conditionally eligible to purchase a QHP at full cost, effective June 1, 2017. The notices further requested that you provide documentation confirming your citizenship status by July 26, 2017.

Also on April 28, 2017 and April 29, 2017, NYSOH issued notices confirming your April 27, 2017 enrollment in platinum-level QHP at full cost, effective June 1, 2017.

On May 1, 2017, NYSOH updated your application based on newly submitted documentation. That day, a preliminary eligibility redetermination was prepared finding you eligible to purchase a QHP at full cost through NYSOH, effective June 1, 2017.

Also on May 1, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your full pay QHP insofar as it did not start April 1, 2017.

On May 2, 2017, NYSOH issued an eligibility redetermination notice stating that you were eligible to purchase a QHP at full cost through NYSOH, effective June 1, 2017.

Also on May 2, 2017, NYSOH issued a notice confirming your enrollment in platinum-level QHP at full cost, effective June 1, 2017.

On May 9, 2017, you had an expedited 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 supports the following findings of fact:

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- 1) According to your NYSOH account and your testimony, 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 only conditional and that you needed to provide documentation of your citizenship status and income.
- 3) No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable.
- 4) You testified that you had an [REDACTED] procedure on [REDACTED].
- 5) You testified that you learned your health insurance ended on March 31, 2017 when you were notified in late April 2017 by your doctor's office that payment for the [REDACTED] was denied by the health plan.
- 6) You testified that, upon learning you had no insurance, you contacted NYSOH on April 27, 2017 and found out that your QHP had been cancelled because you did not submit documentation regarding your citizenship status and income.
- 7) According to your NYSOH account and your testimony, on April 28, 2017, you updated the income information on your application and submitted a copy of your U.S. passport (see Document [REDACTED]).
- 8) According to your NYSOH account, your reported income and citizenship documentation was verified on May 1, 2017 and your eligibility was redetermined at that time.
- 9) According to your NYSOH account and your testimony, you selected your platinum-level QHP on April 27, 2017.
- 10) You testified that you are seeking reinstatement in your platinum-level QHP as of April 1, 2017 because you have over \$10,000.00 in medical procedures that are unpaid for the month of April 2017. You also required [REDACTED] in May 2017. You also testified that you need medication prescriptions to be re-filled for ongoing health issues.

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)).

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 QHP through NYSOH, effective April 1, 2017.

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

If NYSOH cannot verify an individual's citizenship status or income, 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 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 15, 2016, you were advised that your eligibility was only conditional, and that you needed to confirm your income and citizenship status before March 14, 2017.

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

Therefore, NYSOH properly notified you of an inconsistency in your account and you did not submit the requested income and 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 income and citizenship documentation was not received within the 90-day period, NYSOH was required to redetermine your eligibility without verification of both. As a result, NYSOH properly determined that you could not enroll in a QHP through NY State of Health effective April 1, 2017 because you did not provide the information requested by NYSOH.

Therefore, NYSOH's March 21, 2017 eligibility determination and disenrollment notices are correct and are AFFIRMED.

The second issue under review is whether NYSOH properly determined that your re-enrollment in your platinum-level QHP was effective no earlier than June 1, 2017.

The record shows that on April 27, 2017, you updated the information in your NYSOH account and were found conditionally eligible for a QHP at full cost. On April 27, 2017, you selected your platinum-level QHP and, on April 28, 2017 and on April 29, 2017, NYSOH issued enrollment confirmation notices stating that your enrollment in your platinum-level QHP was effective June 1, 2017.

The record shows that, on April 27, 2017, you updated your income on your application and, on April 28, 2017, you submitted a copy of your U.S. passport,

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which was verified by NYSOH on May 1, 2017. On May 1, 2017, NYSOH re-ran your eligibility based on this updated information. On May 2, 2017, NYSOH issued an eligibility redetermination stating that you were eligible for a QHP at full cost effective June 1, 2017. Also on May 2, 2017, NYSOH issued an enrollment notice confirming your enrollment in your platinum-level QHP, effective June 1, 2017.

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 selected after the fifteenth day of a month goes into effect on the first day of the second following month.

Therefore, NYSOH's April 28, 2017, April 29, 2017 and May 2, 2017 plan enrollment notices are AFFIRMED because they properly began your enrollment in your platinum-level QHP as of the first day of the second month following April 2017; that is, as of June 1, 2017.

Decision

NYSOH's March 21, 2017 eligibility determination and disenrollment notices are AFFIRMED.

NYSOH's April 28, 2017, April 29, 2017 and May 2, 2017 plan enrollment notices are AFFIRMED.

Effective Date of this Decision: May 10, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

NYSOH properly found you not eligible to enroll in a QHP, effective April 1, 2017 because you did not submit proof of income and citizenship as required by the deadline.

Your re-enrollment in your platinum-level QHP properly began as of June 1, 2017.

You did not have health insurance coverage through NYSOH for the month of April 2017. You do not have health insurance coverage for the month of May 2017.

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

Summary

NYSOH's March 21, 2017 eligibility determination and disenrollment notices are **AFFIRMED**.

NYSOH's April 28, 2017, April 29, 2017 and May 2, 2017 plan enrollment notices are **AFFIRMED**.

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This decision does not change your eligibility.

NYSOH properly found you not eligible to enroll in a QHP, effective April 1, 2017 because you did not submit proof of income and citizenship as required by the deadline.

Your re-enrollment in your platinum-level QHP properly began as of June 1, 2017.

You did not have health insurance coverage through NYSOH for the month of April 2017. You do not have health insurance coverage for the month of May 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&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.

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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