



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

Notice of Decision

Decision Date: November 15, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020525

[REDACTED]

[REDACTED]

On September 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 8, 2017 eligibility determination and disenrollment notices and June 10, 2017 plan 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 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 and enrollment in the Essential Plan ended effective May 31, 2017?

Did NY State of Health properly determine that your enrollment in your silver-level qualified health plan was effective July 1, 2017?

Procedural History

On February 1, 2017, NY State of Health (NYSOH) issued an eligibility determination notice, based on your January 31, 2017 updated application, stating that you were eligible to enroll in the Essential Plan for a limited time with a \$20.00 per month premium, effective March 1, 2017. The notice directed you to provide documentation to confirm your household income before May 1, 2017.

Also on February 1, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in an Essential Plan, effective March 1, 2017.

No documentation was received by NYSOH by May 1, 2017.

On May 8, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to receive an advance payment of the premium tax credit of up to \$189.00 per month and eligible for cost-sharing reductions if you enrolled in a silver-level qualified health plan (QHP), effective June 1, 2017. This was because

federal and state data sources show your household income was between \$22,108.00 and \$64,080.00.

Also on May 8, 2017, NYSOH issued a disenrollment notice that stated your coverage in your Essential Plan would end effective May 31, 2017. This was because you were no longer eligible to enroll in the Essential Plan.

On June 10, 2017, NYSOH issued a plan enrollment notice, based on your June 9, 2017 plan selection, confirming your enrollment in a silver-level QHP, effective July 1, 2017.

On July 14, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your QHP, insofar as it did not begin June 1, 2017.

On September 28, 2017, you had 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 supports the following findings of fact:

- 1) According to your NYSOH account and your testimony, you receive all your notices from NYSOH via email.
- 2) According to your NYSOH account, you updated your NYSOH account on January 31, 2017. Because NYSOH could not verify the household income listed in your application, you were enrolled into an Essential Plan conditionally, pending submission of documents proving your income, which were due before May 1, 2017.
- 3) According to a call record dated January 31, 2017, and your testimony, you were told at the time you applied for your health coverage for 2017 that you needed to supply proof of income documentation.
- 4) You testified that you did not receive any notification that you were required to submit proof of income documentation or that you were being disenrolled from your Essential Plan because the email address in your NYSOH account was an old email address that was only used for a short period of time and you no longer use it. You feel that NYSOH should have notified you that they had the incorrect email address in your account.
- 5) According to your NYSOH account, you did not provide any proof of household income by the due date of May 1, 2017. On May 8, 2017, you

were disenrolled from your Essential Plan by NYSOH, effective May 31, 2017.

- 6) You testified that you did not know you were disenrolled from your Essential Plan until you received medical services in June 2017.
- 7) On June 9, 2017, NYSOH received your QHP plan selection and you were enrolled into a silver-level QHP effective July 1, 2017.
- 8) You testified that you want your enrollment in your QHP to begin on June 1, 2017, because you have medical bills for that month.

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

Applicable Law and Regulations

Verification Process

For all individuals, whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i)). If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH by either electronic or regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

Enrollment in a Qualified Health Plan

The effective date of coverage by a QHP 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 issue under review is whether NYSOH properly determined that your eligibility for and enrollment in the Essential Plan terminated effective May 31, 2017.

An individual requesting financial assistance to help pay for the cost of coverage provided through NYSOH is required to attest to his or her household's projected annual income. For individuals seeking enrollment in the Essential Plan, NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, that their income information is accurate.

If NYSOH cannot verify an individual's attestation, it must provide the individual with notice of the inconsistency and allow the applicant time to submit satisfactory documentation.

In the eligibility determination issued on February 1, 2017, you were advised that you were eligible for the Essential Plan for a limited time, and that you needed to confirm your household income with documentary proof before May 1, 2017.

Because there was no timely response to this notice, you were terminated from your Essential Plan effective May 31, 2017.

You testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically.

You testified, and the record confirms, that you were advised by a NYSOH representative that you needed to supply proof of income documentation to confirm your eligibility. However, you further testified that you did not receive any electronic alert or notice advising you needed to supply proof of income documentation or that you were being disenrolled from your Essential Plan. The reason for you not receiving the email alerts was because the email address in your NYSOH account was an old email address that was only used for a short period of time. This email address is no longer used and you believe this is the reason you did not receive notices from NYSOH.

These statements contradict one another. In the first statement, you stated that you were aware that you had to provide proof of income documentation and in the next statement, you stated that your old email address is the reason you did not receive your notices and did not know you had to provide proof of income. Therefore, your testimony in this regard cannot be reconciled and is not credible.

Regardless, the fact that you provided to NYSOH an email address that is no longer used and that you failed to update this email address in your NYSOH account, is not a mistake or error of NYSOH, its instrumentalities or agents.

Therefore, it is concluded that NYSOH properly notified you that you needed to submit proof of income documentation to verify your eligibility to ensure your eligibility for financial assistance and your enrollment in your Essential Plan would continue. You failed to provide the documentation by the deadline, which was the sole cause of your eligibility being redetermined and you being disenrolled from the Essential Plan.

Therefore, the May 8, 2017 eligibility determination and disenrollment notices are correct and must be AFFIRMED.

The remaining issue is whether NYSOH properly determined that your enrollment in your silver-level QHP was effective July 1, 2017.

You first selected your silver-level QHP on June 9, 2017.

The date on which enrollment in a QHP can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

Since you selected a silver-level QHP for yourself on June 9, 2017, your enrollment in that plan properly took effect on the first day of the month following June 2017; that is, on July 1, 2017.

Therefore, the June 10, 2017 plan enrollment notice stating that your enrollment in your silver-level QHP was effective July 1, 2017, is correct and must be AFFIRMED.

Decision

The May 8, 2017 eligibility determination and disenrollment notices are AFFIRMED.

The June 10, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: November 15, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your eligibility for the Essential Plan properly terminated effective May 31, 2017.

The effective date of your enrollment in your silver-level QHP is July 1, 2017.

You did not have health insurance coverage through NYSOH for the month of June 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 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).

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 May 8, 2017 eligibility determination and disenrollment notices are AFFIRMED.

The June 10, 2017 plan enrollment notice is AFFIRMED.

This decision does not change your eligibility.

Your eligibility for the Essential Plan properly terminated effective May 31, 2017.

The effective date of your enrollment in your silver-level QHP is July 1, 2017.

You did not have health insurance coverage through NYSOH for the month of June 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 مجانًا.

বাংলা (Bengali)

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).

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 b etumi ama wo obi a okyer e 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)

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).

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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