



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

Notice of Decision

Decision Date: November 24, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020778

[REDACTED]

Dear [REDACTED],

On October 16, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 12, 2017 disenrollment notice, the April 22, 2017 and May 5, 2017 enrollment confirmation notices, the June 1, 2017 disenrollment notice, and the July 18, 2017 eligibility determination 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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DEPARTMENT OF HEALTH
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Albany, NY 12211

Decision

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020778



Issues

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

Does the Appeals Unit of NY State of Health (NYSOH) have the authority to review the termination of your coverage in your Essential Plan for failure to pay your premium by the payment deadline?

Did NYSOH properly determine that your reenrollment in the Essential Plan became effective no earlier than June 1, 2017?

Did NYSOH properly determine that your subsequent enrollment in the Essential Plan ended, effective June 30, 2017?

Did NYSOH properly determined you were eligible for the Essential Plan with a \$20.00 monthly premium, and ineligible for Medicaid, effective September 1, 2017?

Procedural History

On January 12, 2017, NYSOH issued a notice of eligibility determination stating you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, for a limited time, effective February 1, 2017. The notice directed you to provide documentation confirming your household income before April 11, 2017 or you might lose your insurance or receive less help paying for your coverage.

Also on January 12, 2017, NYSOH issued a notice confirming your enrollment in an Essential Plan, effective February 1, 2017.

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On April 12, 2017, NYSOH issued a disenrollment notice stating your Essential Plan coverage would end on March 31, 2017, because you did not pay your insurance bill by the payment deadline.

On April 21, 2017, NYSOH received an updated application for financial assistance with health insurance submitted on your behalf.

On April 22, 2017, NYSOH issued a notice of eligibility determination stating you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, for a limited time, effective June 1, 2017. The notice directed you to provide documentation confirming your household income before April 26, 2017 or you might lose your insurance or receive less help paying for your coverage.

Also on April 22, 2017, NYSOH issued an enrollment notice, based on your April 21, 2017 plan selection, confirming your enrollment in an Essential Plan, effective June 1, 2017.

On May 2, 2017, NYSOH systematically redetermined your eligibility.

On May 3, 2017, NYSOH issued an eligibility determination notice stating you were eligible to receive up to \$93.00 per month in advance payments of the premium tax credit, effective June 1, 2017. The notice indicated that your eligibility was based on income information obtained from state and federal data sources.

Also on May 3, 2017, NYSOH issued a disenrollment notice stating your Essential Plan enrollment would terminate on June 1, 2017, because you were no longer eligible to enroll in the plan.

On May 4, 2017, NYSOH received an updated application submitted on your behalf.

On May 5, 2017, NYSOH issued a notice of eligibility determination stating you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, for a limited time, effective June 1, 2017. The notice directed you to provide documentation confirming your household income before August 2, 2017 or you might lose your insurance or receive less help paying for your coverage.

Also on May 5, 2017, NYSOH issued an enrollment notice, based on your May 4, 2017 plan selection, confirming your enrollment in an Essential Plan, effective June 1, 2017.

On May 31, 2017, NYSOH received an updated application submitted on your behalf.

On June 1, 2017, NYSOH issued a notice stating the income information in your application did not match the information received from state and federal data sources. The notice directed you to submit proof of your household income before June 15, 2017 or NYSOH would be unable to determine your eligibility for health coverage. That notice included a "Documentation List" providing the types of documents accepted to prove various kinds of income. The list indicated that to prove wages an applicant must submit paycheck stubs for the last four weeks or a signed and dated letter from the employer.

Also on June 1, 2017, NYSOH issued a disenrollment notice stating your Essential Plan coverage would end on June 30, 2017, because you were no longer eligible to enroll in that plan.

On June 15, 2017 and June 23, 2017, NYSOH issued notices stating the documentation received was insufficient to verify the information in your application. You were directed to submit additional documentation of your household income. Both notices contained "Documentation Lists."

On July 17, 2017, NYSOH systematically redetermined your eligibility.

On July 18, 2017, NYSOH issued an eligibility determination stating you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective September 1, 2017.

On July 24, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your reenrollment in the Essential Plan was not effective earlier than June 1, 2017.

On October 16, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was held open until October 30, 2017 to allow you to submit supporting documentation. No documentation was received by the deadline and the record closed thereafter. This decision is based on the record as developed during the hearing.

Findings of Fact

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

- 1) This appeal involves your coverage only.
- 2) You enrolled in an Essential Plan with a \$20.00 monthly premium, effective February 1, 2017.
- 3) According to your account, on April 11, 2017, your health plan initiated termination of your coverage for non-payment of the premium.

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- 4) Your Essential Plan coverage ended March 31, 2017.
- 5) On April 21, 2017, NYSOH received an updated application submitted on your behalf. You were determined conditionally eligible for the Essential Plan with a \$20.00 monthly premium and you reenrolled into an Essential Plan that day with coverage effective June 1, 2017. You were directed to submit proof of your household income by April 26, 2017 to confirm your eligibility.
- 6) NYSOH did not receive any documentation of your household income by April 26, 2017.
- 7) On May 2, 2017, your eligibility was systematically redetermined. NYSOH found you eligible to receive tax credits, effective June 1, 2017, and ineligible for the Essential Plan, based on income information obtained from state and federal data sources.
- 8) Your Essential Plan enrollment was terminated, effective June 1, 2017.
- 9) On May 4, 2017, you updated your application and you were, again determined conditionally eligible for the Essential Plan with a \$20.00 monthly premium. You were directed to submit proof of your household income.
- 10) You selected an Essential Plan for enrollment on May 4, 2017 and coverage through that plan became effective June 1, 2017.
- 11) You testified you are appealing the March 31, 2017 disenrollment from your Essential Plan as well as the effective date of your subsequent enrollments insofar as they were not effective April 1, 2017.
- 12) On May 31, 2017, you updated your application, removing your second employer and decreasing your attested household income from \$32,479.70 to \$27,448.70. That application also indicated that your spouse earned income in 2017 from two employers.
- 13) According to your account, NYSOH was unable to verify the income information listed in your application.
- 14) You were directed to submit documentation of your income by June 15, 2017 and disenrolled from your Essential Plan, effective June 30, 2017.
- 15) You submitted income documentation for yourself on multiple occasions in May and June 2017. This documentation was invalidated

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by NYSOH, because you did not submit any documentation of your spouse's income.

- 16) On July 15, 2017, NYSOH received the following paystubs:
 - a. For you from [REDACTED]
 - i. Pay date of June 16, 2017 in the gross amount of \$307.71.
 - ii. Pay date of June 23, 2017 in the gross amount of \$287.04.
 - iii. Pay date of June 30, 2017 in the gross amount of \$371.48.
 - iv. Pay date of July 7, 2017 in the gross amount of \$392.93 with gross year to date income of \$8,032.70
 - b. For your spouse from [REDACTED]
 - i. Pay date of June 9, 2017 in the gross amount of \$242.50.
 - ii. Pay date of June 23, 2017 in the gross amount of \$242.50.
 - iii. Pay date of June 30, 2017 in the gross amount of \$242.50
 - iv. Pay date of July 7, 2017 in the gross amount of \$242.50.
- 17) According to your account, on July 17, 2017, NYSOH verified your income documentation and, based on the average gross income in the paystubs submitted, increased your annual income from \$14,123.20 to \$17,669.08. NYSOH also increased your spouse's income from \$12,025 to \$12,610 for total annual household income of \$31,579.58, including the \$1,300.50 you attested in your prior application your spouse earned at his former employment.
- 18) You testified that you do not agree with NYSOH's income calculation. You testified that you worked a second job at the beginning of 2017, so you worked less hours at your [REDACTED] job at that time. You testified that your current paystubs are not representative of your weekly income at that time.
- 19) At the hearing, you were directed to submit a letter from your former employer with the year to date amount earned in 2017 as well as updated paystubs from [REDACTED] so your annual income could be calculated using year to date amounts. You failed to submit any additional income documentation.
- 20) NYSOH redetermined your eligibility based on the recalculated household income and found you fully eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective September 1, 2017.
- 21) Your account confirms you have not reenrolled into an Essential Plan. You testified you cannot afford the \$20.00 monthly premium.

- 22) You testified that you are seeking review of the July 18, 2017 eligibility determination insofar as you are not eligible for Medicaid.
- 23) Your applications indicate you will file your 2017 tax return with a tax filing status of married filing jointly and you will claim one dependent.
- 24) Your account indicates you reside in Washington County.

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; and (4) a denial of a request for a special enrollment period (45 CFR § 155.505, 45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf).

The effective date of coverage by an Essential 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); see also 42 CFR § 600.320). 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)).

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), 42 CFR § 435.945).

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), 42 CFR § 435.952).

Eligibility for the Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

In an analysis of Essential Plan eligibility, the determination is based on the FPL in effect on the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). On the date of your application, that was the 2016 FPL, which is \$20,160.00 for a three-person household (81 Federal Register 4036.).

A person who has a household income that is at or below 150% of the FPL has a \$0.00 premium contribution (New York's Basic Health Plan Blueprint, p. 21, as approved January 2016; see www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf).

A person who has a household income greater than 150% of the FPL or below 200% of the FPL has a \$20.00 per month premium contribution (New York's Basic Health Plan Blueprint, as approved January 2016).

Eligibility for Medicaid

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified

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adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application, that was the 2017 FPL, which is \$20,420.00 for a three-person household (82 Fed. Reg. 8831).

Legal Analysis

The first issue under review is whether NYSOH has the authority to review the termination of your Essential Plan enrollment for failure to pay your premium by the payment deadline.

You enrolled into an Essential Plan with a \$20.00 monthly premium, effective February 1, 2017. According to your account, on April 11, 2017, your health plan initiated termination of your coverage for non-payment of the premium. The disenrollment notice issued by NYSOH on April 12, 2017 indicated your Essential Plan coverage would end on March 31, 2017, because you failed to pay your premium by the payment deadline. You testified you are appealing this disenrollment.

Pursuant to the regulations, the NYSOH Appeals Unit only has the authority to review issues related to the following: (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 to provide timely notice of an eligibility determination, and (4) a denial of a special enrollment period.

Since the Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums, we cannot reach the merits as to whether your enrollment in your health plan was properly terminated for non-payment of premiums. Therefore, your appeal of the April 12, 2017 disenrollment notice is DISMISSED as a non-appealable issue.

The second issue under review is whether NYSOH properly determined that your reenrollment in the Essential Plan became effective no earlier than June 1, 2017.

You updated your application on April 21, 2017 and you were determined conditionally eligible for the Essential Plan. Your account confirms that you selected a new Essential Plan on April 21, 2017. Your coverage through that plan was to become effective on June 1, 2017. You appealed insofar as you were not eligible to enroll in an Essential Plan earlier than June 1, 2017.

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In accordance with the above cited regulations, the date on which enrollment in an Essential Plan 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 your Essential Plan on April 21, 2017, after the fifteenth day of the month, that enrollment could not become effective until the first day of the second following month; that is, on June 1, 2017.

Therefore, the April 22, 2017 enrollment confirmation notice stating your enrollment in the Essential Plan was effective June 1, 2017 was correct and is AFFIRMED.

That enrollment was subsequently cancelled after your eligibility was systematically redetermined on May 2, 2017 and you were found no longer eligible for the Essential Plan. However, you subsequently reapplied on May 4, 2017 and you submitted an updated Essential Plan enrollment the same day. Because you selected this plan on May 4, 2017, before the fifteenth day of the month, this enrollment properly became effective on the first day of the next following month; that is, on June 1, 2017.

Thus, the May 5, 2017 enrollment notice confirming you were enrolled in an Essential Plan, effective June 1, 2017, was correct and is AFFIRMED.

The third issue under review is whether NYSOH properly determine that your subsequent enrollment in the Essential Plan ended, effective June 30, 2017.

According to your account, on May 31, 2017, you updated your application, removing your second employer and decreasing your attested household income from \$32,479.70 to \$27,448.70. That application also indicated that your spouse earned income in 2017 from two employers. NYSOH was unable to verify the income information listed in that application.

Pursuant to the regulations, 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. If NYSOH cannot verify the income information required to determine eligibility it must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence. The notice issued on June 1, 2017 indicated that the income information in your application did not match the information received from state and federal data sources. That notice directed you to submit proof of

your household income by June 15, 2017 or NYSOH would be unable to determine your eligibility for health coverage.

Although your account confirms that NYSOH received income documentation for you on multiple occasions in May and June 2017, it is concluded that this documentation was insufficient to verify your household's income, because there was no documentation of your spouse's income, which was attested to in your application, submitted at that time.

Since the record establishes that NYSOH was without sufficient information to confirm the attestations in your May 31, 2017 application, the resulting June 1, 2017 disenrollment notice stating that your enrollment in your Essential Plan would end on June 30, 2017, because you were no longer eligible to enroll in that plan, was correct and is AFFIRMED.

The fourth issue under review is whether NYSOH properly determined you were eligible for the Essential Plan with a \$20.00 monthly premium, effective September 1, 2017.

On July 15, 2017, NYSOH receive four weekly paystubs for both you and your spouse. NYSOH recalculated your annual income from [REDACTED] as \$17,669.08, based on your paystubs. It is concluded that this is an accurate calculation based on the average gross weekly income listed in the paystubs submitted. NYSOH calculated your spouse's annual income as \$12,610.00 from his current job. It is concluded that this is also an accurate calculation based on the paystubs submitted. NYSOH's \$31,579.58 recalculation of your annual household income also included the \$1,300.50 you attested to in your prior application your spouse earned at his former employment.

NYSOH redetermined your eligibility based on the recalculated household income and found you fully eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective September 1, 2017. You testified you were appealing that eligibility determination insofar as you were not eligible for Medicaid.

You testified that you do not agree with NYSOH's income calculation. You testified that you worked a second job at the beginning of 2017, so you worked less hours at your [REDACTED] job at that time. You testified that your current paystubs are not representative of your weekly income at the time you worked both jobs. You were directed to submit a letter from your former employer with the year to date amount earned in 2017 as well as updated paystubs from [REDACTED] so your annual income could be calculated using year to date amounts.

You failed to submit any additional income documentation.

Thus, the only evidence available to the Appeals Unit in reviewing your eligibility are the paystubs previously submitted and the information attested to in your applications. As such, it is concluded that NYSOH properly calculated your annual household income as \$31,579.58, based on the evidence you provided.

The Essential Plan is provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income that is between 138% and 200% of the FPL for the applicable family size.

The evidence establishes you are in a three-person household, because you will file your 2017 tax return with a tax filing status of married filing jointly and you will claim one dependent. On the date of your application, the relevant FPL was \$20,160.00 for a three-person household. Since an annual household income of \$31,579.58 is 156.64% of the 2016 FPL, NYSOH properly found you to be eligible for the Essential Plan. Furthermore, since your household income is between 150% and 200% of the FPL, you were properly assessed a \$20.00 monthly premium.

Although you testified you should be eligible for Medicaid, Medicaid can only be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$20,420.00 for a three-person household. Since \$31,579.58 is 154.65% of the 2017 FPL, NYSOH properly found you ineligible for Medicaid on an expected annual income basis, using the information available in the record.

Therefore, the July 18, 2017 eligibility determination notice stating you were eligible for the Essential Plan with a \$20.00 monthly premium, and ineligible for Medicaid, was correct and is AFFIRMED.

Decision

Your appeal of the April 12, 2017 disenrollment notice is DISMISSED.

The April 22, 2017 enrollment confirmation notice is AFFIRMED.

The May 5, 2017 enrollment confirmation notice is AFFIRMED.

The June 1, 2017 disenrollment notice is AFFIRMED.

The July 18, 2017 notice of eligibility determination is AFFIRMED.

Effective Date of this Decision: November 24, 2017

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How this Decision Affects Your Eligibility

You were not eligible to enroll in health coverage through NYSOH in April or May 2017.

Your reenrollment in the Essential Plan was effective June 1, 2017. That enrollment ended June 30, 2017.

You remain eligible for the Essential Plan with a \$20.00 monthly premium.

You remain ineligible for Medicaid.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as a portion of your case was decided, the 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

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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 April 12, 2017 disenrollment notice is **DISMISSED**.

The April 22, 2017 enrollment confirmation notice is **AFFIRMED**.

The May 5, 2017 enrollment confirmation notice is **AFFIRMED**.

The June 1, 2017 disenrollment notice is **AFFIRMED**.

The July 18, 2017 notice of eligibility determination is **AFFIRMED**.

You were not eligible to enroll in health coverage in April or May 2017.

Your reenrollment in the Essential Plan was effective June 1, 2017. That enrollment ended June 30, 2017.

You remain eligible for the Essential Plan with a \$20.00 monthly premium.

You remain ineligible for Medicaid.

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Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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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।

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).

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 मददत चाहन्छिन् भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोलने 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 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.