



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

Notice of Decision

Decision Date: December 04, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022052

[REDACTED]

[REDACTED]

On September 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 22, 2017 eligibility determination/discontinuance notice and August 2, 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 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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Decision

Decision Date: December 04, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022052

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Issues

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

Was your appeal of NY State of Health's (NYSOH) March 22, 2017 eligibility determination notice timely?

Did NYSOH properly determine that your spouse's enrollment in an Essential Plan was effective August 1, 2017?

Procedural History

On January 31, 2017, NYSOH received an I-94 printout issued by U.S. Customs and Border Protection on or about December 15, 2016, reflecting your spouse's admission to the U.S. on September 21, 2016. This printout also reflected that the expiration of your spouse's admission was December 19, 2016.

On February 10, 2017, NYSOH redetermined your household's edibility for financial assistance with health insurance.

On February 11, 2017, NYSOH issued an eligibility determination notice stating that your spouse was eligible to enroll in the Essential Plan with no monthly premium for a limited time, effective March 1, 2017. You were directed to provide proof of her immigration status by March 15, 2017.

On February 11, 2017, NYSOH issued a notice stating that the immigration documentation received was insufficient to confirm the information in your

application. You were requested to provide proof of immigration status by March 15, 2017.

No additional documentation was received by March 15, 2017.

On March 21, 2017, NYSOH redetermined your household's eligibility for financial assistance with health insurance.

On March 22, 2017, NYSOH issued an eligibility determination notice stating that your spouse was no longer eligible for health insurance through NYSOH. This was because you did not provide proof of her immigration status by the March 15, 2017 deadline.

On March 22, 2017, NYSOH issued a disenrollment notice stating that your spouse's enrollment in the Essential Plan 4 would end on March 31, 2017.

On August 1, 2017, NYSOH received an update to your application for health insurance.

On August 1, 2017, NYSOH received a copy of your spouse's Social Security card.

On August 2, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with no monthly premiums for a limited time, effective August 1, 2017. You were requested to provide proof of your spouse's Social Security number by October 30, 2017 to confirm her eligibility.

Also on August 2, 2017, NYSOH issued an enrollment notice confirming your selection of an Essential Plan for your spouse's coverage as of August 1, 2017, with such coverage beginning September 1, 2017.

Finally, on August 2, 2017, NYSOH redetermined your household's eligibility for financial assistance with health insurance.

On August 3, 2017, NYSOH issued an eligibility determination notice stating that your spouse was enroll in the Essential Plan with no monthly premiums, without condition, effective September 1, 2017.

On August 4, 2017, NYSOH issued an enrollment notice confirming your spouse's enrollment in the Essential Plan 4 as of August 3, 2017, with such coverage beginning effective August 1, 2017.

Also on August 31, 2017, you spoke to NYSOH's Account Review Unit and filed an appeal, requesting that you spouse's enrollment in her Essential Plan 4 begin effective April 1, 2017, rather than August 1, 2017.

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).

On November 6, 2017, you appeared at 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) Your spouse was found eligible for coverage under the Essential Plan for a limited time, effective March 1, 2017, pending receipt of immigration documentation by March 15, 2017 to confirm her eligibility.
- 2) On January 31, 2017, you provided to NYSOH a I-94 printout issued by U.S. Customs and Border Protection on or about December 15, 2016, reflecting your spouse's admission to the U.S. on September 21, 2016. This printout also reflected that the expiration of your spouse's admission was December 19, 2016. On February 10, 2017, NYSOH determined this documentation was not valid for purposes of confirming your spouse's current immigration status.
- 3) On March 22, 2017, NYSOH issued an eligibility determination notice stating that your spouse was no longer eligible for health insurance through NYSOH, effective April 1, 2017.
- 4) Your spouse was disenrolled from her Essential Plan effective March 31, 2017.
- 5) Your household's eligibility was redetermined on August 1, 2017.
- 6) You were found eligible for and enrolled in an Essential Plan 4 on August 1, 2017.
- 7) Your NYSOH account reflects that you filed your appeal on August 31, 2017. There is no evidence available to the Appeals Unit in your account or in NYSOH's records that would show you contacted NYSOH before August 2017 regarding your spouse's disenrollment.
- 8) You testified that you want your coverage in the Essential Plan to be backdated to April 1, 2017 from August 1, 2017.

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

Applicable Law and Regulations

Valid Appeal Requests

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (4) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH (45 CFR § 155.520(b)(2); 18 NYCRR 358-3.5(b)(1)).

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 <https://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)).

Legal Analysis

The first issue under review is whether your appeal of NYSOH's March 22, 2017 eligibility determination notice was timely.

On March 22, 2017, NYSOH issued an eligibility determination notice stating that your spouse was no longer eligible for coverage through NYSOH, effective April 1, 2017.

Individual applicants and enrollees must request a hearing within 60 days of the date of their notice of eligibility determination by NYSOH.

For an appeal to have been valid on the issue of eligibility as of April 1, 2017, an appeal should have been filed by May 21, 2017. The record reflects that the first time you called NYSOH to file a complaint about your spouse's eligibility and enrollment as of April 1, 2017 was August 31, 2017, which is well beyond the 60-day timeframe.

As such there has been no timely appeal of the March 22, 2017 eligibility determination notice, and your appeal on that eligibility determination must be **DISMISSED**.

The second issue under review is whether NYSOH properly determined that your spouse's enrollment in the Essential Plan was effective August 1, 2017.

You testified, and the record indicates, that you updated your NYSOH application on August 1, 2017. Your spouse was found eligible for the Essential Plan as of August 1, 2017 and enrolled into a plan that day.

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.

On August 1, 2017, you selected an Essential Plan, so your spouse's enrollment should have taken effect on the first day of the first month following August 1, 2017; that is, on September 1, 2017. It appears, however, that your spouse's Essential Plan start date was independently backdated by NYSOH to August 1, 2017. There is no basis to further backdate coverage to April 1, 2017.

Therefore, the August 2, 2017 enrollment notice stating that your spouse's enrollment in the Essential Plan 4 was effective August 1, 2017, is correct and must be **AFFIRMED**.

Decision

Your appeal of the March 22, 2017 eligibility determination notice is untimely and is **DISMISSED**.

The August 2, 2017 enrollment notice is **AFFIRMED**.

Effective Date of this Decision: December 04, 2017

How this Decision Affects Your Eligibility

This decision does not change your spouse's eligibility.

The effective date of your spouse's Essential Plan 4 is August 1, 2017.

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 your appeal 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
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061

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).

- 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 March 22, 2017 eligibility determination notice is untimely and is DISMISSED.

The August 2, 2017 enrollment notice is AFFIRMED.

This decision does not change your spouse's eligibility.

The effective date of your spouse's Essential Plan 4 is August 1, 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。我们可以为您免费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، يرجى الاتصال بالرقم 1-855-355-5777. يمكننا 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 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 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 איך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.