



STATE OF NEW YORK
DEPARTMENT OF HEALTH
PO Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: January 29, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022201

[REDACTED]

[REDACTED],

On December 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 11, 2017 disenrollment 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
PO 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(b).

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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
PO Box 11729
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Decision

Decision Date: January 29, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022201



Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Does the Appeals Unit of NY State of Health (NYSOH) have the authority to review the termination of your family's qualified health plan for non-payment of premium effective April 30, 2017?

Procedural History

On April 11, 2017, NYSOH redetermined the eligibility of your family, including you, your spouse, and your two children, for financial assistance with health insurance.

On April 12, 2017, NYSOH issued an eligibility determination notice stating that your family was found conditionally eligible for an advance premium tax credit (APTC) of up to \$630.00 per month, effective May 1, 2017. You were requested to provide income documentation to NYSOH for you, your spouse and your younger child by May 24, 2017, and for your older child by July 10, 2017, for your eligibility to be confirmed.

Also on April 12, 2017, NYSOH issued an enrollment notice confirming your selection of a bronze-level qualified health plan (QHP) as of April 11, 2017, for your family's coverage beginning March 1, 2017. The notice further stated that the APTC amount would be applied to your monthly premium beginning May 1, 2017.

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Also on April 12, 2017, NYSOH received (1) two earning statements issued to your younger son by his employer on March 3, 2017 and March 17, 2017, (2) two earnings statements issued to you by your employer, [REDACTED], [REDACTED] on March 10, 2017 and March 24, 2017, (3) two earnings statements issued to your spouse by his employer, [REDACTED] on March 9, 2017 and March 23, 2017, and (4) a single earning statement issued to your older child by her employer, [REDACTED] on February 22, 2017.

On April 14, 2017, NYSOH received (1) duplicate copies of two earnings statements issued to you by your employer on March 10, 2017 and March 24, 2017, (2) duplicate copies of the two earnings statements issued to your spouse by his employer on March 9, 2017 and March 23, 2017, (3) duplicate copies of the two earning statements issued to your younger son by his employer on March 3, 2017 and March 17, 2017, (4) a duplicate copies of the earning statement issued to your older child by her employer on February 22, 2017, and (5) an earning statement issued to your older child by her employer on February 8, 2017.

On May 16, 2017, NYSOH received an updated application for financial assistance with health insurance.

On May 17, 2017, NYSOH issued an eligibility determination notice stating that your family was found conditionally eligible for an APTC of up to \$1,013.00 per month and, if you selected a silver-level QHP, conditionally eligible for cost-sharing reductions, effective July 1, 2018. You were requested to provide income documentation to NYSOH for you, your spouse and your younger child by June 8, 2018, and for your older child by August 14, 2017, for your eligibility to be confirmed.

Also on May 17, 2017, NYSOH issued an enrollment notice confirming your enrollment in a bronze-level QHP for your family's coverage as of May 16, 2017, with such coverage beginning March 1, 2017. The notice further stated June 1, 2017.

On May 24, 2017, NYSOH received (1) two earnings statements issued to you by your employer on May 19, 2017 and June 5, 2017, and (2) two earnings statements issued to your older child by her employer on April 19, 2017 and May 3, 2017.

On May 25, 2017, NYSOH issued a notice confirming that the income documents you provided were not sufficient to confirm the information contained in your application. You were requested to provide income documentation to NYSOH for you, your spouse and your younger child by June 8, 2018, and for your older child by August 14, 2017, for your eligibility to be confirmed.

On May 26, 2017, NYSOH received (1) two earnings statements issued to your younger child by his employer on April 28, 2017 and May 12, 2017, and (2) an

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Official Record of Benefit Payment History reflecting unemployment benefits issued to your spouse between November 8, 2016 and May 16, 2017.

On May 31, 2017, NYSOH issued a notice confirming that the income documents you provided were not sufficient to confirm the information contained in your application. You were requested to provide income documentation to NYSOH for you, your spouse and your younger child by June 23, 2018, and for your older child by August 14, 2017, for your eligibility to be confirmed.

On June 29, 2017, NYSOH redetermined your household's eligibility for financial assistance with health insurance.

On June 30, 2017, NYSOH issued an eligibility determination notice stating that you, your spouse, and your older child were newly eligible to purchase a QHP at full cost, effective August 1, 2017. The notice also stated that your younger child was conditionally eligible for an APTC of up to \$174.00 per month and, if he selected a silver-level QHP, eligible for CSR, effective August 1, 2017. You were requested to provide income documentation to NYSOH by August 14, 2017 to confirm your younger child's eligibility.

Also on June 30, 2017, NYSOH issued an enrollment notice confirming that you, your spouse, and your older child were enrolled in your QHP as of June 29, 2017, at the full cost of \$1,226.00 per month, effective March 1, 2017. The notice also advised you that your younger child needed to select a QHP for his enrollment.

On July 11, 2017, NYSOH issued a disenrollment notice confirming that your family's coverage under your bronze-level QHP had ended effective April 30, 2017 because of non-payment of premium amounts.

On September 6, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your family had been disenrolled from your bronze-level QHP effective April 30, 2017.

On December 18, 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) Your family was initially enrolled a bronze-level QHP, effective March 1, 2017.

- 2) On April 11, 2017, your family was redetermined conditionally eligible for APTC of up to \$630.00 per month, effective May 1, 2017.
- 3) On April 12, 2017 and April 14, 2017, you provided income documentation to confirm the eligibility of your family; however, this documentation was found to be insufficient.
- 4) On May 17, 2017, based on an update received on May 16, 2017, your family was found conditionally eligible for APTC of up to \$1,013.00 per month, effective June 1, 2017.
- 5) On May 24, 2017 and May 26, 2017, you provided additional income documentation to confirm the eligibility of your family; however, this documentation was also found to be insufficient.
- 6) You testified that you spoke with a NYSOH representative on or about May 16, 2017 seeking to confirm that your family's eligible begin effective June 1, 2017.
- 7) You further testified that the NYSOH representative stated that all your paperwork was in order to begin your coverage as of June 1, 2017.
- 8) You testified that when you took your daughter to her [REDACTED] during June 2017, she was found not to have been enrolled as of June 1, 2017 since NYSOH determined the income documentation you provided was not complete as of that time.
- 9) Your family was disenrolled from its bronze-level QHP, effective April 30, 2017 for non-payment of premium amounts.
- 10) You testified that you were seeking reinstatement of your bronze-level QHP coverage during the month of June 2017 to cover approximately \$1,300.00 in medical expenses you incurred as a result of services your child received during that time.

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

Applicable Law and Regulations

Appealable Issues

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

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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)).

Legal Analysis

The issue under review is whether the Appeals Unit of NYSOH has the authority to review the termination of your family's QHP for non-payment of premium effective April 30, 2017.

On April 12, 2017, your family was enrolled in a QHP for the 2017 coverage year, beginning at least as early as March 1, 2017, with a monthly premium of \$596.00, after applying a conditional APTC of \$630.00. The tax credit was to be applied as of May 1, 2017.

On May 17, 2017, after an update to your application for health insurance, your family remained enrolled in a QHP beginning March 1, 2017, with a monthly premium of \$213.00, after applying a conditional APTC of \$1,013.00. That tax credit amount was to be applied as of June 1, 2017.

You testified that you spoke with a NYSOH representative on or about May 16, 2017 seeking to confirm that your family's eligibility for coverage began effective June 1, 2017. You further testified that the NYSOH representative stated that all your paperwork was in order to begin your coverage as of June 1, 2017. However, you testified that when you took your daughter to her [REDACTED] she was found not to have been enrolled as of June 1, 2017 since the income documentation you provided was not complete as of that time.

On July 11, 2017, NYSOH issued a notice stating that your family had disenrolled from that bronze-level QHP for non-payment of the premium, effective April 30, 2017.

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 family was properly terminated from your health plan for non-payment of premium. Therefore, your appeal of the July 11, 2017 termination notice is **DISMISSED** as a non-appealable issue.

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).

Decision

Your appeal of the July 11, 2017 termination notice is **DISMISSED** as a non-appealable issue.

Effective Date of this Decision: January 29, 2018

How this Decision Affects Your Eligibility

Your family's eligibility has not changed.

Your family's QHP coverage ended effective April 30, 2017.

This Decision has no effect on any subsequent eligibility determination issued on or after July 11, 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 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)).

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

Summary

Your appeal of the July 11, 2017 termination notice is DISMISSED as a non-appealable issue.

Your family's eligibility has not changed.

Your family's QHP coverage ended effective April 30, 2017.

This Decision has no effect on any subsequent eligibility determination issued on or after July 11, 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).

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، يرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجانًا.

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 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.