



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

Notice of Decision

Decision Date: January 10, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023210

[REDACTED]

[REDACTED]

On December 5, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 26, 2017 eligibility determination and disenrollment notice and the August 17, 2017 eligibility determination and enrollment 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 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:

Was your appeal of NY State of Health's (NYSOH) July 26, 2017 plan disenrollment notice timely?

Did NYSOH properly determine that your eligibility for and enrollment in your Essential Plan was effective October 1, 2017?

Procedural History

On January 13, 2017, you submitted an updated application for health insurance using the services of a certified application counselor (CAC).

Also on January 13, 2017, you uploaded to your NYSOH account documentation regarding your income.

On January 14, 2017, NYSOH issued an eligibility determination notice, based on your January 13, 2017 application, stating that you were eligible to enroll in the Essential Plan, for a limited time, effective February 1, 2017. The notice further directed you to provide documentation confirming your income and citizenship status before April 13, 2017.

Also on January 14, 2017, NYSOH issued an enrollment confirmation notice, confirming your selection of an Essential Plan, with an enrollment start date of February 1, 2017.

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No updates were received by April 13, 2017 and NYSOH redetermined your eligibility for financial assistance with health insurance.

On April 19, 2017, NYSOH systematically re-determined your eligibility based on the available information and found that you were not eligible to purchase health care coverage through NYSOH.

On April 20, 2017, you submitted an updated application for health insurance using the services of a CAC. That day, a preliminary eligibility determination was prepared stating that you were eligible to enroll in the Essential Plan and you selected a plan for enrollment.

On April 21, 2017, NYSOH issued an eligibility determination notice based on the April 19, 2017 system update, stating that you were no longer eligible for health insurance through NYSOH because you had not provided information to confirm your citizenship status. The notice stated that you were not eligible to enroll in Medicaid, the Essential Plan or to received premium tax credits or cost-sharing reductions or purchase a qualified health plan at full cost. This eligibility was effective May 1, 2017.

Also on April 21, 2017, NYSOH issued a disenrollment notice stating that your enrollment in the Essential Plan would end as of April 30, 2017, because you were no longer eligible to remain in your plan.

Also on April 21, 2017, NYSOH issued an eligibility determination notice, based on your April 20, 2017 updated application, stating that you were eligible to enroll in the Essential Plan, for a limited time, effective June 1, 2017. The notice further directed you to provide documentation confirming your income and citizenship status before July 19, 2017.

Also on April 21, 2017, NYSOH issue an enrollment confirmation notice, based on your plan selection on April 20, 2017, stating that you were enrolled in an Essential Plan effective June 1, 2017.

No updates were received by July 19, 2017 and NYSOH redetermined your eligibility for financial assistance with health insurance.

On July 25, 2017, NYSOH systematically re-determined your eligibility based on the information that was available and found that you were not eligible to purchase health care coverage through NYSOH.

On July 26, 2017, NYSOH issued an eligibility determination notice based on the July 25, 2017 system update, stating that you were no longer eligible for health insurance through NYSOH because you had not provided information to confirm your household income or citizenship status. The notice stated that you were not eligible to enroll in Medicaid, the Essential Plan or to received premium tax

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credits or cost-sharing reductions or purchase a qualified health plan at full cost. This eligibility was effective August 1, 2017.

Also on July 26, 2017, NYSOH issued a disenrollment notice stating that your enrollment in the Essential Plan would end as of July 31, 2017, because you were no longer eligible to remain in your plan.

On August 16, 2017, you updated your application for financial assistance with health insurance through NYSOH. That day, a preliminary eligibility determination was prepared stating that you were eligible to enroll in the Essential Plan and you selected a plan for enrollment.

On August 17, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan for a limited time, effective October 1, 2017. The notice further directed you to provide documentation confirming your income and citizenship status before November 14, 2017.

Also on August 17, 2017, NYSOH issued an enrollment notice confirming your August 16, 2017 selection of your Essential Plan, with a plan enrollment start date of October 1, 2017.

On October 10, 2017, you spoke to NYSOH's Account Review Unit and appealed the termination of your Essential Plan on July 31, 2017 and the start date of your re-enrollment in the Essential Plan insofar as it did not begin on September 1, 2017.

On December 5, 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) You testified, and your NYSOH account confirms, that you receive your notices from NYSOH by electronic mail.
- 2) On January 14, 2017, you were determined eligible for the Essential Plan for a limited period of time, with an effective date of February 1, 2017. The notice required you to submit proof of income and citizenship status by April 13, 2017.
- 3) You were enrolled in an Essential Plan with a plan start date of February 1, 2017.

- 4) You uploaded proof of income on January 13, 2017.
- 5) On April 20, 2017, you were disenrolled from your Essential Plan effective April 30, 2017, because you did not submit proof of citizenship.
- 6) Also on April 20, 2017, using the services of a CAC, you updated your account and again were found eligible for the Essential Plan for a limited period of time pending proof of your income and citizenship by July 19, 2017. You were re-enrolled in an Essential Plan effective June 1, 2017.
- 7) According to your NYSOH account, no proof of income or citizenship was submitted by the July 19, 2017 deadline.
- 8) According to your NYSOH account, you were disenrolled from your Essential Plan effective July 31, 2017.
- 9) You testified that you did not know your health plan was cancelled until you receive a letter from the plan indicating coverage would end on July 31, 2017.
- 10) According to your NYSOH account, on August 16, 2017 you updated your account and were again found eligible for the Essential Plan.
- 11) You selected an Essential Plan on August 16, 2017 with an October 1, 2017 enrollment start date.
- 12) You testified that you have received emails alerts from NYSOH but they looked like advertisements and you thought they were unimportant.
- 13) You testified that you are seeking to have coverage in the Essential Plan start September 1, 2017 because you have medical bills related to a September 2017 hospitalization.

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

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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)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by 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 (42 CFR § 600.330(e); 42 CFR § 435.918(b)(4)).

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)).

Legal Analysis

The initial issue under review is whether your appeal of NYSOH's July 26, 2017 eligibility determination and plan disenrollment notices was timely.

You receive alerts concerning NYSOH's notices electronically. You testified that you have received emails alerts from NYSOH but they looked like advertisements and you thought they were unimportant. Further, a review of your account shows that you have made several updates to your account in 2017 using the services of a CAC. You were disenrolled on several occasions and

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each time it was due to your failure to provide proof of income and/or citizenship status. Your subsequent updates to your account following these disenrollment's occurred shortly after the alerts were electronically sent to you.

Therefore, the Appeals Unit finds that NYSOH properly notified you of the need to submit proof of income and citizenship to confirm your eligibility for health insurance and that you failed to submit the required documentation by the July 19, 2017 deadline.

The record reflects that NYSOH issued an eligibility determination and plan disenrollment notices on July 26, 2017.

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

For an appeal to have been valid on the issue of whether you were no longer eligible for the Essential Plan 1 effective August 1, 2017, an appeal should have been filed on or around September 24, 2017. The record reflects that your appeal was filed on October 10, 2017, which is beyond the 60-day deadline.

Therefore, your appeal of the July 26, 2017 eligibility determination and the disenrollment notices that terminated of your Essential Plan effective July 31, 2017 was untimely and is DISMISSED.

The second issue under review is whether NYSOH properly determined that your re-enrollment in your Essential Plan was effective October 1, 2017.

You testified, and the record indicates, that you updated your NYSOH application on August 16, 2017. As a result, you were found eligible for the Essential Plan as of October 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 16, 2017, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following August 2017; that is, on October 1, 2017.

Therefore, NYSOH's August 17, 2017 eligibility determination and enrollment confirmation notices are AFFIRMED because they properly began your eligibility for and enrollment in the Essential Plan on October 1, 2017.

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Decision

Your appeal of the July 26, 2017 eligibility determination and disenrollment notices that terminated your Essential Plan effective July 31, 2017 was untimely and is DISMISSED.

The August 17, 2017 eligibility determination notice is AFFIRMED.

The August 17, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: January 10, 2018

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Essential Plan is October 1, 2017.

You were not enrolled in health insurance through NYSOH for the months of August 2017 and September 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

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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 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 July 26, 2017 eligibility determination and disenrollment notices that terminated your Essential Plan effective July 31, 2017 was untimely and is **DISMISSED**.

The August 17, 2017 eligibility determination notice is **AFFIRMED**.

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The August 17, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Plan is October 1, 2017.

You were not enrolled in health insurance through NYSOH for the months of August 2017 and September 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.