



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

Notice of Decision

Decision Date: January 29, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022548, AP000000024758

[REDACTED]

Dear [REDACTED]

On December 15, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 19, 2017 disenrollment notice, November 18, 2017 disenrollment notice, and November 23, 2017 enrollment confirmation 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.

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: January 29, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022548, AP000000024758

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) properly terminate your family's health insurance enrollments, effective October 31, 2017?

Does the Appeals Unit of NYSOH have the authority to review your family's Essential Plan disenrollment 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 January 1, 2018?

Procedural History

On May 2, 2017, NYSOH issued an eligibility determination notice stating you, your spouse, and your two oldest children were eligible for the Essential Plan, for a limited time, with a \$20.00 monthly premium, effective June 1, 2017. The notice also stated that your youngest child was eligible for Child Health Plus, for a limited time, with no monthly premium, effective June 1, 2017. The notice directed you to submit proof of your household income by June 30, 2017 for your youngest child and by July 30, 2017 for the rest of your family. The notice indicated that if you missed the due date, your family might lose their insurance or receive less help paying for coverage.

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Also on May 2, 2017, NYSOH issued an enrollment notice confirming you, your spouse, and your two oldest children were enrolled in an Essential Plan, and your youngest child was enrolled in Child Health Plus, all effective June 1, 2017.

On June 29, 2017, NYSOH issued a notice stating the documentation received did not confirm the information in your application. You were directed to submit additional documentation of your household income by July 30, 2017.

NYSOH systematically redetermined your family's eligibility on September 18, 2017.

On September 19, 2017, NYSOH issued an eligibility determination notice stating your family was eligible to purchase a qualified health plan at full cost, effective November 1, 2017. The notice indicated that your family was not eligible for financial assistance, because NYSOH had not received the income documentation needed to verify the information listed in your application by the due date.

Also on September 19, 2017, NYSOH issued a disenrollment notice stating your family's health plan enrollments would end on October 31, 2017, because you were no longer eligible to enroll in the plans.

Additionally, on September 19, 2017, you spoke to NYSOH's Account Review Unit and appealed your family's October 31, 2017 disenrollment. The appeal was assigned appeal number AP000000022548.

On September 28, 2017, NYSOH received an updated application for financial assistance with health insurance submitted on behalf of your family.

On September 29, 2017, NYSOH issued an enrollment notice, based on your September 28, 2017 plan selections, confirming you, your spouse, and your two oldest children were enrolled in an Essential Plan, and your youngest child was enrolled in Child Health Plus, all effective November 1, 2017.

On October 1, 2017, NYSOH issued an eligibility determination notice, based on your September 28, 2017 updated application, stating you, your spouse, and your two oldest children were eligible for the Essential Plan, for a limited time, with a \$20.00 monthly premium, effective November 1, 2017. The notice also stated that your youngest child was eligible for Child Health Plus with a \$9.00 monthly premium, effective November 1, 2017. The notice directed you to submit proof of your household income by December 27, 2017 or you, your spouse, and your two oldest children might lose your insurance or receive less help paying for coverage.

On November 18, 2017, NYSOH issued a disenrollment notice stating coverage for you, your spouse, and your middle child, [REDACTED], was terminated,

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effective November 1, 2017, because you did not pay your insurance bill by the payment deadline.

On November 22, 2017, an Essential Plan reenrollment request was received by NYSOH on behalf of you, your spouse, and your middle child.

Also on November 22, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as the reenrollment of you and your spouse in your Essential Plan was not effective November 1, 2017. That appeal was assigned appeal number AP000000024758.

On November 23, 2017, NYSOH issued an enrollment notice, based on your November 22, 2017 plan selections, confirming you and your spouse were enrolled in an Essential Plan, effective January 1, 2018. The notice indicated that your two oldest children were enrolled in an Essential Plan, and your youngest child was enrolled in a Child Health Plus plan, all effective November 1, 2017.

On December 15, 2017, you had an adjourned telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. While under oath you waived your right to written notice of the adjourned hearing. The record was developed during the hearing and held open to allow you to submit supporting documentation. On December 22, 2017 the documentation was viewable in your NYSOH account and it was incorporated into the record as Appellant's Exhibit # 1. The record closed thereafter.

Findings of Fact

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

- 1) On May 1, 2017, NYSOH received an updated application to renew your family's health coverage for the upcoming coverage year. According to your account, NYSOH was unable to verify the income information listed in that application.
- 2) You, your spouse, and your two oldest children were determined conditionally eligible for the Essential Plan and your youngest child was determined conditionally eligible for Child Health Plus, effective June 1, 2017.
- 3) The eligibility determination notice issued by NYSOH on May 2, 2017 stated that household income documentation was required to confirm your youngest child's Child Health Plus eligibility by June 30, 2017. The notice stated that the deadline for income documentation to confirm the Essential Plan eligibility of you, your spouse, and your two oldest children was July 30, 2017.

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- 4) On June 28, 2017, NYSOH received a letter from you indicating your youngest child was your dependent. This document was deemed invalid proof of your household income by NYSOH.
- 5) On September 18, 2017, NYSOH systematically redetermined your family's eligibility and found that you and your family were not eligible for financial assistance, because you failed to submit sufficient documentation of your household income by the due date.
- 6) Your family was disenrolled from their health coverage, effective October 31, 2017.
- 7) According to your account, on September 28, 2017, plan selections were submitted on behalf of you and your family for reenrollment in your health plans. Your family's subsequent enrollments became effective November 1, 2017. Your family did not experience a gap in health coverage at that time.
- 8) You testified that you are still seeking review of your family's October 31, 2017 disenrollment, because it caused issues resulting in a subsequent disenrollment for non-payment of the premium.
- 9) You testified that following your family's May 1, 2017 renewal application, you were aware that you had to submit income documentation to confirm your family's eligibility.
- 10) You testified that you and your spouse had received an extension of time to file your 2016 tax return so you were unable to provide proof of your household income at that time.
- 11) You testified that you contacted NYSOH in July 2017 and received an extension of time in which to submit your income documentation. You testified that you believed you had until September 30, 2017, but you later found out the extension deadline was September 13, 2017.
- 12) According to your account, the first record of documentation of your household income was posted to your NYSOH account on September 28, 2017.
- 13) You testified that your family should not have been disenrolled from your health plan for failure to timely submit income documentation, because NYSOH failed to issue written notice confirming the date of the extension you were granted.
- 14) The Appeals Unit reviewed the recordings of calls associated with your account made to NYSOH in July 2017 and conclude the following:

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- a. You called NYSOH on July 28, 2017 and acknowledged that you were aware documentation of your household income was due by July 30, 2017, but you were unable to provide it by that date, because your accountant had not yet finished preparing your tax return.
 - b. The representative advised you that you could have an extension of time to submit income documentation to September 13, 2017.
- 15) Your family was reenrolled into coverage for November 1, 2017.
 - 16) According to your account, on November 11, 2017, your health plan initiated termination of the Essential Plan enrollment for you, your spouse, and your middle child, [REDACTED], for non-payment of the premium.
 - 17) The disenrollment notice issued by NYSOH on November 18, 2017 indicated that you, your spouse, and your middle child were disenrolled from your Essential Plans effective November 1, 2017.
 - 18) According to your account, on November 18, 2017, the health plan initiated reinstatement of your middle child into her Essential Plan, effective November 1, 2017.
 - 19) On November 22, 2017, NYSOH received a plan selection on behalf of you and your spouse to reenroll into an Essential Plan. According to your account, coverage through that plan became effective on January 1, 2018.
 - 20) You appealed insofar as you and your spouse were not reenrolled in your Essential Plan, effective November 1, 2017.
 - 21) You testified that you did not pay your family's October premium payment to the health plan by the due date.
 - 22) You testified that you tried to make the October 2017 premium payment on November 8, 2017 and you were told by your health plan that your prior enrollment had been terminated and you could only pay for the November 1, 2017 enrollment. You testified that you made a premium payment that day for the November 2017 premiums due.
 - 23) You testified that the health plan applied the payment made in November to the premiums due for October 2017 and subsequently disenrolled your family from their health coverage.

- 24) You testified that you received a notice from your family's Essential Plan that your coverage had been terminated back to October 1, 2017 for non-payment of the premium. You submitted a letter from the health plan corroborating that testimony.
- 25) You testified that since the health plan had cancelled your family's coverage back to October 1, 2017, they should not have applied the November 2017 payment to the outstanding premium due for the month of October.
- 26) You testified that the health plan agreed to reinstate your spouse and your middle child into their Essential Plan, effective November ,1 2017, but refused to reinstate you. You testified that you have a gap in coverage for the months of November and December 2017.
- 27) According to your account, you, your spouse, and your two oldest children were subsequently disenrolled from your Essential Plans, effective January 31, 2018, purportedly due to an outstanding document request and reenrolled for March 1, 2018. A request for appeal of that disenrollment/ enrollment was received by NYSOH on January 24, 2018.

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

Applicable Law and Regulations

Verification of 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).

NYSOH must verify the eligibility of an applicant for the Essential Plan consistent with the standards set in 45 CFR § 155.315 and § 155.320 (New York's Basic Health Plan Blueprint, pgs. 16-17, as approved January 2016; see

www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf; 42 CFR § 600.345(a)(2)).

An applicant is required to attest to their household's projected annual income. (45 CFR § 155.320(c)(3)(ii)(B)). For all individuals whose household income is needed, NYSOH must request tax return data from the Secretary of the Treasury and data regarding Social Security benefits from the Commissioner of Social Security in order to confirm that the information the applicant is attesting to is accurate (45 CFR § 155.320(c)(1)(i); 45 CFR § 155.320(c)(3)(ii)(A)).

If income data is unavailable, or if an applicant's attestation is not reasonably compatible with the income data NYSOH obtains, NYSOH must request additional information from the applicant in order to resolve the inconsistency (45 CFR § 155.320 (c)(3)(iii), (iv)).

NYSOH must provide the applicant with notice of the inconsistency in their account and 90 days to provide satisfactory documentary evidence to resolve the inconsistency (45 CFR § 155.315 (f)(2)). If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine the applicant's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation (45 CFR § 155.315(f)(2), (g)).

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any updates in eligibility to the Essential Plan effective the first day of the following month for changes received by NYSOH from the first to the fifteenth of any month (45 CFR § 155.420(b)(1)(i); *see also* 42 CFR § 600.320(c)). For updates 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 § 155.420(b)(1)(ii); *see also* 42 CFR § 600.320(c)).

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).

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

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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)).

Legal Analysis

The first issue under appeal is whether NYSOH properly terminated your family's health insurance enrollments, effective October 31, 2017.

On May 1, 2017, NYSOH received an updated application to renew your family's health coverage for the upcoming coverage year. According to your account, NYSOH was unable to verify the income information listed in that application.

Pursuant to the regulations, an individual requesting financial assistance to help pay for the cost of coverage provided through NYSOH is required to attest to his or her household's projected annual income. For individuals seeking enrollment in the Essential Plan, NYSOH must request income data from federal data sources in order to verify an individual's income attestation. If NYSOH cannot verify an individual's attestation, it must provide the individual with notice of the inconsistency and provide a period of 90 days from the date notice is received to resolve the inconsistency.

In the eligibility determination notice issued by NYSOH on May 2, 2017, you were advised that your family's eligibility to remain enrolled in their health plans was

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only conditional and that documentation of your household income was required to confirm your youngest child's Child Health Plus eligibility by June 30, 2017. The notice stated that the deadline for income documentation to confirm the Essential Plan eligibility of you, your spouse, and your two oldest children was July 30, 2017.

You testified, and NYSOH's telephone call recording records corroborate, that you contacted NYSOH in July 2017 to request an extension of time to submit your household income documentation. A review of that recording confirms that the NYSOH representative advised you that you had an extension of time to submit income documentation to September 13, 2017.

Your account confirms that no documentation of your household income was received by NYSOH by September 13, 2017.

On September 18, 2017, NYSOH systematically redetermined your family's eligibility and found that you and your family were not eligible for financial assistance, because you failed to submit sufficient documentation of your household income by the due date. Your family was disenrolled from their health coverage, effective October 31, 2017.

Although your account confirms that you and your family were subsequently reenrolled into your health plans, effective November 1, 2017, with no gap in your family's health coverage at that time, you testified that you are still seeking review of the October 31, 2017 disenrollment, because it caused subsequent issues with your account.

The record establishes that NYSOH did not receive documentation of your household income until September 28, 2017, after both the original and the extended deadline had passed. Although you testified that you thought you had until September 30, 2017, the telephone call recording from July 28, 2017 confirms you were advised that the documentation deadline was extended to September 13, 2017. The Appeals Unit finds no legal basis for your contention that NYSOH's failure to issue written notice confirming the agreement to extend your documentation deadline to September 13, 2017 absolves you from your duty to timely submit documentation to verify the information in your application.

The Appeals Unit finds that you were on notice that you had to submit proof of your household income to confirm your family's eligibility for financial assistance, that NYSOH provided you with at least 90 days to submit said documents as required by the regulations, and that you failed to timely submit sufficient documents within that time frame. It is further concluded that NYSOH granted you an extension of time to submit your documents, which it was not required by law to do, and that you failed to submit your documents by the extended deadline.

The record establishes that NYSOH redetermined your family's eligibility for financial assistance on September 18, 2017. Since the record establishes that you had not submitted sufficient documentation of your household income at that time, NYSOH was unable to verify the income information in your application. As a result, pursuant to the regulations, NYSOH determined your family ineligible for financial assistance as of November 1, 2017. Since your family was no longer eligible for financial assistance, NYSOH disenrolled your family from their health plans, effective October 31, 2017. The record establishes that the disenrollment was supported by the record as well as the regulations.

Therefore, the September 19, 2017 disenrollment notice stating your family's health plan enrollments would end on October 31, 2017, because you were no longer eligible to enroll in those plans, is correct and is AFFIRMED.

The second issue under review is whether NYSOH has the authority to review the termination of your family's Essential Plan enrollments for failure to pay your premium by the payment deadline.

You, your spouse, and your oldest two children reenrolled into an Essential Plan and your youngest child into a Child Health Plus plan on September 28, 2017 and coverage through those plans became effective on November 1, 2017. According to your account, on November 11, 2017, your health plan initiated termination of the Essential Plan enrollments for you, your spouse, and your middle child, [REDACTED], for non-payment of the premium. Your account confirms that the health plan subsequently agreed to reinstate your middle child into her Essential Plan, effective November 1, 2017.

The disenrollment notice issued by NYSOH on November 18, 2017 indicated that you and your spouse were disenrolled from your Essential Plans effective November 1, 2017 because you did not pay your insurance bill by the payment deadline. You appealed that 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 you were properly terminated from your health plan for non-payment of premiums. Therefore, your appeal of the November 18, 2017 disenrollment notice is DISMISSED as a non-appealable issue.

However, based on the evidence submitted indicating that your health plan terminated your family's Essential Plan coverage, effective October 1, 2017, for non-payment of the premium and your testimony that the health plan applied your November 2017 premium payment to the premiums due for the month of October 2017, your case is REFERRED to Plan Management to investigate whether your health plan applied your premium payments to a month in which your family was not enrolled in coverage.

The third issue under review is whether NYSOH properly determined your reenrollment in the Essential Plan became effective no earlier than January 1, 2018.

On November 22, 2017, NYSOH received a plan selection on behalf of you and your spouse to reenroll into an Essential Plan. According to your account, coverage through that plan became effective on January 1, 2018. Although you testified that the health plan agreed to reinstate your spouse into her Essential Plan, effective November 1, 2017, NYSOH records reflect that both you and your spouse were not reenrolled until January 1, 2018. You appealed insofar as you and your spouse were not reenrolled in your Essential Plan, effective November 1, 2017.

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 the evidence establishes that you did not contact NYSOH to reenroll you and your spouse into an Essential Plan until November 22, 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 January 1, 2018.

Therefore, the November 23, 2017 enrollment confirmation notice stating the reenrollment of you and your spouse in your Essential Plan was effective January 1, 2018, was correct and is AFFIRMED.

It is noted that according to your account, you, your spouse, and your two oldest children were subsequently disenrolled from your Essential Plans, effective January 31, 2018, purportedly due to an outstanding document request, and reenrolled for March 1, 2018. A request for appeal of that disenrollment/enrollment was received by NYSOH on January 24, 2018 and is currently pending. The issues involved in that appeal occurred after the appeals were filed

in this matter and are unrelated to the issues presently under review. Thus, this decision will not address any issue related to that appeal.

Decision

The September 19, 2017 disenrollment notice is AFFIRMED.

Your appeal of the November 18, 2017 disenrollment notice is DISMISSED as a non-appealable issue.

Your case is REFERRED to Plan Management to investigate whether your health plan applied your premium payments to a month in which your family was not enrolled in coverage.

The November 23, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: January 29, 2018

How this Decision Affects Your Eligibility

Your family was properly disenrolled from their health coverage, effective October 31, 2017.

The Appeals Unit will not review the November 18, 2017 disenrollment notice.

Your case is REFERRED to Plan Management to investigate whether your health plan applied your premium payments to a month in which your family was not enrolled in coverage.

The reenrollment of you and your spouse in your Essential Plan became effective on January 1, 2018.

Nothing in this decision is to be construed as to prevent your health plan from reinstating you or your spouse in your coverage in accordance with their policies and procedures.

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

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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
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:

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NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The September 19, 2017 disenrollment notice is **AFFIRMED**.

Your appeal of the November 18, 2017 disenrollment notice is **DISMISSED** as a non-appealable issue.

Your case is **REFERRED** to Plan Management to investigate whether your health plan applied your premium payments to a month in which your family was not enrolled in coverage.

The November 23, 2017 enrollment confirmation notice is **AFFIRMED**.

Your family was properly disenrolled from their health coverage, effective October 31, 2017.

The reenrollment of you and your spouse in your Essential Plan became effective on January 1, 2018.

Nothing in this decision is to be construed as to prevent your health plan from reinstating you or your spouse in your coverage in accordance with their policies and procedures.

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.

繁體 (Traditional Chinese)

此是一份重要的文件。如果您需要幫助理解此文件，請打電話至 1-855-355-5777。我們可以為您免費提供相應語種的口譯服務。

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)

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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)

이것은 중요한 문서입니다. 이 문서를 이해하는 데 도움이 필요하다면 1-855-355-5777로 전화하십시오. 무료로 귀하가 사용하는 언어의 통역 서비스를 제공할 수 있습니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجانًا.

বাংলা (Bengali)

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye b&etumi ama wo obi a 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 איר געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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