



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

Notice of Decision

Decision Date: March 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027044

[REDACTED]

Dear [REDACTED],

On March 13, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's October 11, 2017 and January 11, 2018 eligibility determination 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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DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: March 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027044

[REDACTED]

Issue

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

Was your appeal of NY State of Health's (NYSOH) October 11, 2017 eligibility determination notice timely?

Did NYSOH properly determine that your eligibility for, and enrollment in an Essential Plan with a \$20.00 monthly premium, was effective February 1, 2018?

Procedural History

On April 25, 2017, you updated your application for financial assistance with health insurance through NYSOH.

On April 26, 2017, NYSOH issued a notice of eligibility determination, based on your April 25, 2017 application, stating that you were eligible to enroll in the Essential Plan with a \$0.00 monthly premium for a limited time, effective June 1, 2017. The notice also stated that you needed to submit documentation of your income by June 7, 2017 to confirm your eligibility.

Also on April 26, 2017, NYSOH issued a notice of enrollment, based on your plan selection on April 25, 2017, stating that you were enrolled in an Essential Plan 2, with dental and vision coverage, beginning April 1, 2017.

On June 6, 2017, you uploaded income documentation to your NYSOH account.

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On June 7, 2017, NYSOH issued notice of eligibility determination stating that you were eligible to enroll in the Essential Plan with a \$0.00 monthly premium, effective July 1, 2017.

Also on June 7, 2017, NYSOH issued a notice of enrollment, confirming your enrollment in an Essential Plan 2, with dental and vision coverage, beginning April 1, 2017.

On July 17, 2017, you updated your NYSOH account.

On July 18, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan with a \$0.00 monthly premium for a limited time, effective September 1, 2017. The notice also stated that you needed to submit documentation of your income by October 15, 2017 to confirm your eligibility.

Also on July 18, 2017, NYSOH issued a notice of enrollment, confirming your enrollment in an Essential Plan 2 with dental and vision coverage, beginning April 1, 2017.

On October 8, 2017, you uploaded documentation to your NYSOH account.

On October 10, 2017, NYSOH redetermined your eligibility.

On October 11, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective November 1, 2017.

On October 12, 2017, NYSOH issued a notice of enrollment, confirming your enrollment in an Essential Plan 1 with dental and vision coverage, beginning November 1, 2017.

On January 10, 2018, you updated your NYSOH account. That same day, NYSOH prepared a preliminary eligibility determination stating that you were eligible for the Essential Plan with a \$0.00 monthly premium for a limited time, effective February 1, 2018.

Also on January 10, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your eligibility for the Essential Plan 2 with a \$0.00 monthly premium, insofar as it did not begin November 1, 2017.

On January 11, 2018, NYSOH issued a notice of eligibility determination, stating that you were eligible for the Essential Plan with a \$0.00 monthly premium for a limited time, beginning February 1, 2018. The notice also stated that you need to provide documentation of your income to NYSOH by April 10, 2018 to confirm your eligibility.

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Also on January 11, 2018, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an Essential Plan 2 with dental and vision coverage, beginning February 1, 2018.

On March 13, 2018, 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 support the following findings of fact:

- 1) You were found eligible for the Essential Plan with no monthly premium for a limited time, pending documentation of your income, effective September 1, 2017.
- 2) You uploaded income documentation to your NYSOH account on October 8, 2017, and NYSOH reviewed that documentation on October 10, 2017, and redetermined your eligibility.
- 3) On October 11, 2017, NYSOH issued a notice informing you that your eligibility had changed, and you were eligible for the Essential Plan with a \$20.00 monthly premium, effective November 1, 2017. NYSOH also issued a notice of enrollment, confirming your enrollment in an Essential Plan with a \$20.00 monthly premium, plus dental and vision coverage.
- 4) Your NYSOH account reflects that you receive email alerts from NYSOH regarding notices in your NYSOH account.
- 5) You testified that you received the October 11, 2017 notice, and saw that there had been a change in your eligibility and premium.
- 6) You testified that you did not realize that your copays would also change because you did not receive any information from your plan regarding the new costs that would be associated with the Essential Plan 1.
- 7) You testified that you have been trying to change your address with your health plan, but that they keep telling you that you need to do so through NYSOH; however, when you call NYSOH, you are told your address is correct in NYSOH's system.
- 8) Your NYSOH account reflects that your mailing address is listed as [REDACTED], and that this address has been listed on your account since April 25, 2017.

- 9) You testified that the address that NYSOH has on file is correct.
- 10) You testified that you do not think the income information NYSOH relied on in making its October 11, 2017 eligibility determination was accurate as you were working extra hours during the weeks for which you submitted paystubs.
- 11) You testified that you earned an extra \$200.00 a month during that time period, which you paid directly toward your student loans.
- 12) You testified that you do not know how much of your student loan payments went to interest.
- 13) You updated your NYSOH application again on January 10, 2018, and were found eligible for the Essential Plan 2 with a \$0.00 monthly premium for a limited time, pending the submission of income documentation.
- 14) Your NYSOH account reflects that your Essential Plan 2 eligibility is still limited, and income documentation has not been submitted.
- 15) You testified that you are looking to have your Essential Plan 2 eligibility backdated to November 1, 2017 because you accrued over \$600.00 in copays during the time when you were enrolled in an Essential Plan 1, and you would like to get those expenses paid.

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 the Exchange to provide timely notice of an eligibility determination; 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)).

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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 October 11, 2017 eligibility determination was timely.

Your NYSOH account was updated on July 17, 2017, and you were found eligible for the Essential Plan 2, with no monthly premium, for a limited time, pending confirmation of your income. You submitted income documentation on October 8, 2017, and NYSOH redetermined your eligibility, based on the income documentation you provided. You were found eligible for the Essential Plan 1, with a \$20.00 monthly premium, effective November 1, 2017, as stated in an eligibility determination notice dated October 11, 2017.

An individual has the right to request an appeal of a NYSOH eligibility determination with which they do not agree, and must file that appeal within 60 days of the eligibility determination.

For an appeal of the October 11, 2017 eligibility determination notice to have been timely, it would have to have been filed by December 10, 2017. According to the credible evidence in the record, you did not contact NYSOH until January 10, 2018 to file a formal appeal, which is 91 days from the October 11, 2017 notice.

Your NYSOH account reflects that you receive email alerts when notices are issued in your NYSOH account. You confirmed in your testimony that NYSOH sent you an email alert when your eligibility changed, and that you reviewed the October 11, 2017 eligibility determination notice. You testified that you did not file

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an appeal at that time because you did not realize that your copays would increase with your new eligibility. Further, you testified that you did not receive any notices from your plan because your plan continues to use the incorrect mailing address.

Nevertheless, as you acknowledged receipt of the October 11, 2017 eligibility determination, it is concluded that you were therefore on notice of your change in eligibility. At that time, you could have contacted either NYSOH or your plan to find out if, or how, your new eligibility would affect your copays and other costs. Moreover, though you testified that your health plan informed you that you need to update your address through NYSOH, the record reflects that your correct mailing address, as confirmed in your testimony, has been on record with NYSOH since April 25, 2017. Therefore, it would appear that any error with regard to your mailing address is on the part of your plan, and not on the part of NYSOH.

Therefore, there has been no timely appeal of the October 11, 2017 eligibility determination notice, and your appeal on the issue of your eligibility for the Essential Plan 1 versus the Essential Plan 2, as stated in that notice, is DISMISSED.

The second issue under review is whether NYSOH properly determined that your eligibility for, and enrollment in, the Essential Plan 2 was effective February 1, 2018.

You testified, and the record indicates, that you updated your NYSOH application on January 10, 2018. As a result, you were found eligible for the Essential Plan 2 with no monthly premium for a limited time, as of February 1, 2018. You also selected an Essential Plan for enrollment on January 10, 2018.

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 January 10, 2018, you updated your application and selected an Essential Plan, so your enrollment properly took effect on the first day of the first month following January; that is, on February 1, 2018.

With regard to the start date of your eligibility for the Essential Plan 2 versus the Essential Plan 1, you testified that your eligibility should never have changed because the income documentation you submitted showed earnings that were not in keeping with your usual earnings. However, this argument is not

persuasive because: 1. These are the paystubs you chose to submit to reflect your income, and NYSOH properly utilized them to update your income; 2. Your previous eligibility for the Essential Plan 2 (with no monthly premium) was only temporary, and is only temporary again, as you have not, to date, submitted income documents that confirm the income attested to in your application; and 3. As stated above, there was no timely appeal of the October 11, 2017 eligibility determination, which found you eligible for the Essential Plan 1.

Therefore, the January 11, 2018 eligibility determination and enrollment confirmation notices, stating that your eligibility for, and enrollment in, and Essential Plan 2 was effective February 1, 2018, are correct and must be AFFIRMED.

Decision

Your appeal with regard to the October 11, 2017 eligibility determination is DISMISSED as untimely.

The January 11, 2018 eligibility determination is AFFIRMED.

The January 11, 2018 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to NYSOH's Plan Management to outreach your Essential Plan carrier and ensure that they have your correct mailing address, as stated in your NYSOH account.

Effective Date of this Decision: March 22, 2018

How this Decision Affects Your Eligibility

Your eligibility, for a limited time, for the Essential Plan 2 properly began on February 1, 2018.

Your enrollment in your Essential Plan 2 coverage properly began on February 1, 2018.

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 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

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

Summary

Your appeal with regard to the October 11, 2017 eligibility determination is **DISMISSED** as untimely.

The January 11, 2018 eligibility determination is **AFFIRMED**.

The January 11, 2018 enrollment confirmation notice is **AFFIRMED**.

Your case is **RETURNED** to NYSOH's Plan Management to outreach your Essential Plan carrier and ensure that they have your correct mailing address, as stated in your NYSOH account.

Your eligibility, for a limited time, for the Essential Plan 2 properly began on February 1, 2018.

Your enrollment in your Essential Plan 2 coverage properly began on February 1, 2018.

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&etumi 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.

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