



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

Notice of Decision

Decision Date: April 23, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027612

[REDACTED]

[REDACTED]

On March 27, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 11, 2017 eligibility determination and disenrollment notices, and February 24, 2018 plan enrollment notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the 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.

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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Decision Date: April 23, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027612

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) properly determine that your eligibility for the Essential Plan ended effective January 1, 2018?

Did NYSOH properly determine that your eligibility for and enrollment in the Essential Plan was next effective March 1, 2018?

Procedural History

On September 7, 2017, NYSOH issued an eligibility determination notice based on your September 6, 2017 application stating that you were eligible to enroll in the Essential Plan for a limited time, effective October 1, 2017. The notice directed you to provide documentation confirming your citizenship status before December 5, 2017.

On September 7, 2017, you provided a copy of your NY State Driver's License (see Document [REDACTED]).

On September 7, 2017, your documentation was determined to be invalid proof of your citizenship by a NYSOH representative.

On September 8, 2017, NYSOH issued a notice stating the documentation it reviewed does not confirm the information in your application. The notice directed you to provide proof of your citizenship status by December 5, 2017.

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On September 14, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in an Essential Plan, effective October 1, 2017.

No additional documentation was received by NYSOH by December 5, 2017.

On December 10, 2017, NYSOH redetermined your eligibility.

On December 11, 2017, NYSOH issued an eligibility determination notice stating you were not qualified to enroll in health insurance coverage through NYSOH because NYSOH did not receive the citizenship documentation needed to verify your eligibility. Your eligibility was to end as of January 1, 2018.

On December 11, 2017, NYSOH issued a disenrollment notice stating that your enrollment in the Essential Plan would end as of December 31, 2017, because you were no longer eligible to remain in your health plan.

On January 22, 2018, you updated your application for financial assistance. That day, a preliminary eligibility determination was prepared stating that you were eligible to enroll in the Essential Plan for a limited time, effective March 1, 2018. You selected a plan for enrollment that day with a March 1, 2018 start date.

Also on January 22, 2018, you spoke to NYSOH's Account Review Unit and appealed the termination of your Essential Plan for the months of January 2018 and February 2018.

On January 23, 2018, NYSOH issued an eligibility determination notice, based on your January 22, 2018 application, stating that you were eligible to enroll in the Essential Plan for a limited time, effective March 1, 2018. The notice directed you to provide proof of your citizenship status by April 22, 2018.

On February 9, 2018, NYSOH issued a notice stating you selected to get information from NYSOH by email, all notices about eligibility and coverage would be in your NYSOH account, and you would be notified of any changes to your account by email.

On February 23, 2018, NYSOH received a copy of your U.S. Passport which was verified that day by NYSOH representatives as acceptable proof of your U.S. citizenship (see Document [REDACTED]).

On March 27, 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 hearing.

Findings of Fact

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

- 1) According to your NYSOH account and your testimony, you receive all of your notices from NYSOH via regular mail.
- 2) You testified you changed this preference to email notifications after you discovered you were not receiving notices and after your appeal request on [REDACTED].
- 3) You testified that you were aware that you needed to provide citizenship documentation and thought you complied with that request when you provided a copy of your license.
- 4) You submitted a copy of your NYS driver's license to NYSOH on September 7, 2017. This documentation was determined to be invalid by NYSOH since it was not an enhanced NYS Driver's License.
- 5) You testified that you cannot remember if you received any notices stating that your eligibility remained conditional and that you still needed to provide more documentation as proof of your citizenship status.
- 6) No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable.
- 7) Your NYSOH account indicates that, on December 10, 2017, your application was run and you were found no longer eligible for the Essential Plan as of January 1, 2018.
- 8) You testified that you learned you needed to submit additional documentation to prove your citizenship status when you were attempting to pay your premium in January 2018.
- 9) You submitted a copy of your U.S. passport on January 23, 2018 and February 9, 2018. The copies were illegible and determined invalid by NYSOH.
- 10) On February 23, 2018, you submitted a legible copy of your U.S. passport which was determined valid that day.
- 11) On January 22, 2018, you were re-enrolled in an Essential Plan conditionally pending income documentation with a March 1, 2018 start date.

- 12) You testified that you are seeking enrollment in your Essential Plan as of January 1, 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 <https://www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf>; 42 CFR § 600.345(a)(2)).

If an applicant attests to citizenship, status as a national, or lawful presence, and NYSOH is unable to verify such attestation, NYSOH must provide the applicant with notice of the inconsistency. NYSOH must then provide the applicant with 90 days to provide satisfactory documentary evidence, from the date the notice of inconsistency is received by the applicant. Notice is considered received 5 days after the date on the notice, unless the applicant demonstrates that he or she did not receive the notice within the 5-day period (42 CFR § 600.345, 45 CFR § 155.315(c)(3), (f)(2)(i)).

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)).

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 Analysis

The first issue under review is whether NYSOH properly determined that your eligibility for the Essential Plan ended, effective January 1, 2018.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, that their citizenship status is satisfactory. If NYSOH cannot verify an individual's citizenship status, 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 issued on September 7, 2017, you were advised that you were eligible for the Essential Plan for a limited time, and that you needed to confirm your citizenship status by providing documentation before December 5, 2017. 90 days from September 7 would be by December 5, 2017.

You testified that you thought you had complied when you provided a copy of your NYS driver's license. However, this document was invalidated by NYSOH because it was not enhanced. On September 8, 2017, NYSOH issued a notice informing you that the document was reviewed and deemed insufficient and you still needed to provide proof of your citizenship. You testified that you did not receive any other notice from NYSOH telling you that you needed to provide additional citizenship documentation to confirm your eligibility. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, it is concluded that NYSOH properly notified you of an inconsistency in your account and that documentation was needed to confirm your citizenship status listed in the account.

If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine an individual's eligibility based on the information available from the data sources.

Although you provided a copy of your NYS driver's license on September 7, 2017, it was not an Enhanced NYS Driver's License which was needed to validate your citizenship status. No further documentation was received by the December 5, 2017 deadline. Accordingly, your eligibility for the Essential Plan and enrollment in an Essential Plan terminated as of December 31, 2017 because you did not submit adequate citizenship documentation.

Therefore, the December 11, 2017 eligibility determination and disenrollment notices were proper and are **AFFIRMED**.

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

You testified, and your account confirms, that you updated your NYSOH application on January 22, 2018. That day, you selected an Essential Plan for enrollment.

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 on January 22, 2018, you selected an Essential Plan, your enrollment would properly take effect on the first day of the second month following January 2018; that is, as of March 1, 2018.

Therefore, the February 24, 2018 plan enrollment notice stating your enrollment in the Essential Plan was effective March 1, 2018, is correct and must be AFFIRMED.

Decision

The December 11, 2017 eligibility determination and disenrollment notices were proper and are AFFIRMED.

The February 24, 2018 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: April 23, 2018

How this Decision Affects Your Eligibility

NYSOH properly found you not eligible to remain enrolled in the Essential Plan effective December 31, 2017, because you did not provide sufficient documentation of your citizenship status. Your coverage in the Essential Plan terminated as of December 31, 2017.

Your enrollment in an Essential Plan was effective as of March 1, 2018.

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).

If You Disagree with this Decision (Appeal Rights)

This 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:
NY State of Health Appeals
P.O. Box 11729

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The December 11, 2017 eligibility determination and disenrollment notices were proper and are AFFIRMED.

The February 24, 2018 plan enrollment notice is AFFIRMED.

NYSOH properly found you not eligible to remain enrolled in the Essential Plan effective December 31, 2017, because you did not provide sufficient documentation of your citizenship status. Your coverage in the Essential Plan terminated as of December 31, 2017.

Your enrollment in an Essential Plan was effective as of March 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。我们可以为您免费提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

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

العربية (Arabic)

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

বাংলা (Bengali)

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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 srε wo, frε 1-855-355-5777. yeβεtumi 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 אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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