



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

Notice of Decision

Decision Date: April 18, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028300

[REDACTED]
[REDACTED],

On April 13, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 29, 2018 eligibility determination and disenrollment notices, and the February 3, 2018 eligibility determination and enrollment confirmation 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 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

Decision Date: April 18, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028300

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) properly determine that your eligibility for the Essential Plan ended effective February 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 October 26, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan for a limited time, effective December 1, 2017. The notice further directed you to provide documentation confirming your citizenship status and Social Security number before January 23, 2018.

Also on October 26, 2017, NYSOH issued a notice confirming your enrollment in an Essential Plan, effective December 1, 2017.

On November 1, 2017, you uploaded to your NYSOH account copies of your birth certificate and Social Security card.

On January 29, 2018, NYSOH issued an eligibility determination notice stating that you were not qualified to enroll in health insurance coverage through NYSOH because NYSOH did not receive the citizenship documentation and

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Social Security number needed to verify your eligibility. This eligibility ended as of February 1, 2018.

Also on January 29, 2018, NYSOH issued a disenrollment notice stating that your enrollment in the Essential Plan would end as of January 31, 2018, because you were no longer eligible to enroll in health insurance through NYSOH.

On February 2, 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 and you selected a plan for enrollment.

Also on February 2, 2018, you spoke to NYSOH's Account Review Unit and appealed the termination of your Essential Plan for the month of February 2018.

On February 3, 2018, NYSOH issued an eligibility determination notice, based on your February 2, 2018 updated application, stating that you were eligible to enroll in the Essential Plan, effective March 1, 2018.

Also on February 3, 2018, NYSOH issue an enrollment confirmation notice, based on your plan selection on February 2, 2018, stating that you were enrolled in an Essential Plan effective March 1, 2018.

On April 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 supports the following findings of fact:

- 1) According to your NYSOH account you first submitted an application for financial assistance for health insurance in November 2015. In that initial application and subsequent applications, you have indicated you were a U.S. citizen and your date of birth was [REDACTED].
- 2) On October 25, 2017, with the assistance of a navigator, your account was updated and an application for financial assistance with health insurance was submitted. The date of birth entered in that application was listed as [REDACTED].
- 3) The October 26, 2017 eligibility determination issued as a result of that October 25, 2017 updated application stated you were eligible for a limited period of time for the Essential Plan. The notice stated you needed to submit proof of citizenship status and Social Security number by January 23, 2018.

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- 4) On November 1, 2017 the navigator uploaded copies of your birth certificate and Social Security card to your NYSOH account.
- 5) On November 7, 2017, notes entered in your NYOSH account indicate your birth certificate and Social Security card were reviewed and verified. The notes indicate that your account was updated with the correct date of birth per the birth certificate.
- 6) According to your NYSOH account, on January 28, 2018, NYSOH ran a systematic update of your eligibility.
- 7) On January 29, 2018, NYSOH issued an eligibility determination, based on the system run update of January 28, 2018, stating that you were no longer eligible for health insurance through NYSOH because you did not provide proof of your citizenship or Social Security number.
- 8) Based on the system run eligibility determination of January 28, 2018, NYSOH disenrolled you from your Essential Plan as of January 31, 2018.
- 9) According to your NYSOH account and your testimony, you updated your account on February 2, 2018 and you re-selected your Essential Plan.
- 10) According to your NYSOH account your re-enrollment in your Essential Plan began March 1, 2018.
- 11) You testified that you are seeking enrollment in your Essential Plan as of February 1, 2018, because you incurred medical bills during the month of February 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

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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 five days after the date on the notice, unless the applicant demonstrates that he or she did not receive the notice within the five-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)).

Verification of Social Security Number

NYSOH must review an applicant's Social Security Number (SSN) when applying for Medicaid, as well as case records for those already enrolled to determine whether they contain a beneficiary's SSN, or in the case of families, each family member's SSN. If the case record does not contain the required SSN's, the agency must require the beneficiary to furnish them (42 CFR §§ 435.910, 435.920 (a)(b)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your eligibility for the Essential Plan ended effective January 31, 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. They must also provide a Social Security number.

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 October 26, 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 and Social Security number by providing documentation before January 23, 2018.

The record reflects that on October 25, 2017, during the updated application that was submitted at that time, there was an error in the entry of your date of birth. The navigator entered [REDACTED] instead of [REDACTED]. The October 26, 2017 eligibility determination stated you needed to submit proof of citizenship and Social Security number by January 23, 2018. According to your NYSOH account on November 1, 2017, the navigator uploaded to your account, copies of your birth certificate and Social Security card. The record reflects that on November 7, 2017, NYSOH reviewed those documents and your account was updated and your date of birth was corrected in your account.

On January 28, 2018, the system ran an automatic update of your application for financial assistance. Inexplicably, the system determined that you had not submitted the required documents to prove your citizenship or Social Security number. Based on the January 28, 2018, system updated application, you were determined ineligible to enroll in health insurance through NYSOH and your enrollment in your Essential Plan was terminated as of January 31, 2018.

The record reflects that you did submit the required documents to prove your citizenship and Social Security number in a timely manner. Through no fault of your own, on January 28, 2018, the system failed to correctly determine that you had complied with the eligibility requirements for health insurance with NYSOH and improperly disenrolled you from your Essential Plan effective January 31, 2018.

Therefore, the January 29, 2018 eligibility determination and disenrollment notices are RESCINDED.

The second issue 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 February 2, 2018. That day you selected an Essential Plan for enrollment.

Generally, 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.

As noted above, since you were improperly disenrolled from your Essential Plan on January 31, 2018. As such, your re-enrollment in your Essential Plan should properly take effect on February 1, 2018.

Therefore, the February 3, 2018 eligibility determination and enrollment confirmation notices stating that your enrollment in the Essential Plan is effective March 1, 2018, are MODIFIED to state that your eligibility and enrollment in the Essential Plan is effective February 1, 2018.

Your case is RETURNED to NYSOH to reinstate your coverage in your Essential Plan for the month of February 2018 and to notify you accordingly. You will be responsible for any premium due for the month of February 2018.

Decision

The January 29, 2018 eligibility determination notice is RESCINDED.

The January 29, 2018 discontinuance notice is RESCINDED.

The February 3, 2018 eligibility determination notice is MODIFIED to state that you were eligible for the Essential Plan effective February 1, 2018.

The February 3, 2018 enrollment notice is MODIFIED to state that your enrollment in your Essential Plan began February 1, 2018.

Your case is RETURNED to NYSOH reinstate your coverage in your Essential Plan for the month of February 2018 and to notify you accordingly. You will be responsible for any premium due for the month of February 2018.

Effective Date of this Decision: April 18, 2018

How this Decision Affects Your Eligibility

NYSOH improperly disenrolled you from your Essential Plan effective January 31, 2018.

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Your case is being sent back to NYSOH to reinstate you in your Essential Plan as of February 1, 2018. NYSOH will notify you once this is done. You will be responsible for any premium due for the month of February 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 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

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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

The January 29, 2018 eligibility determination and discontinuance notices are **RESCINDED**.

The February 3, 2018 eligibility determination notice is **MODIFIED** to state that you were eligible for the Essential Plan effective February 1, 2018.

The February 3, 2018 enrollment notice is **MODIFIED** to state that your enrollment in your Essential Plan began February 1, 2018.

Your case is **RETURNED** to NYSOH reinstate your coverage in your Essential Plan for the month of February 2018 and to notify you accordingly. You will be responsible for any premium due for the month of February 2018.

NYSOH improperly disenrolled you from your Essential Plan effective January 31, 2018.

Your case is being sent back to NYSOH to reinstate you in your Essential Plan as of February 1, 2018. NYSOH will notify you once this is done. You will be responsible for any premium due for the month of February 2018.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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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.

(Bengali)

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1-855-355-5777

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. yeb&tumi ama wo obi a okyer& 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.

אַײַדיש (Yiddish)

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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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