



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

Notice of Decision

Decision Date: May 17, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030049



Dear [REDACTED]

On May 8, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's March 7, 2018 discontinuance and plan disenrollment 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

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030049



Issue

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

Did NY State of Health (NYSOH) properly determine that your spouse's eligibility for health insurance and her enrollment in her qualified health care plan ended March 31, 2018?

Procedural History

On January 6, 2018, NYSOH issued an eligibility determination notice stating that your spouse was conditionally eligible to purchase a qualified health plan at full cost, effective February 1, 2018. The notice further directed you to provide proof of her Social Security Number by February 28, 2018.

Also on January 6, 2018, NYSOH issued a plan enrollment notice confirming your spouse's enrollment in a qualified health plan, effective January 1, 2018.

On March 7, 2018, NYSOH issued a discontinuance notice stating that your spouse was no longer qualified for health insurance through NYSOH, effective April 1, 2018. This was because NYSOH did not receive proof of your spouse's Social Security Number by the February 28, 2018 deadline.

Also on March 7, 2018, NYSOH issued a disenrollment notice stating that your spouse's enrollment in her qualified health plan would end on March 31, 2018.

On March 12, 2018, you spoke to NYSOH's Account Review Unit and appealed the termination of your spouse's health insurance through NYSOH.

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On March 24, 2018, NYSOH issued an eligibility determination notice stating that your spouse was eligible to enroll in a qualified health plan at full cost, beginning April 1, 2018. This was because she had been granted Aid to Continue pending the outcome of this appeal.

Also on March 24, 2018, NYSOH issued a plan enrollment notice stating that your spouse was enrolled in a qualified health plan, effective April 1, 2018.

On May 8, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you gave permission for the Hearing Officer to listen to recordings of telephone calls you had with NYSOH. The record was developed during the hearing and closed after the telephone recording was reviewed.

Findings of Fact

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

- 1) You testified, and your NYSOH account indicates, that you receive your notices from NYSOH by regular mail.
- 2) You testified that you received the notice stating that your spouse's eligibility was only conditional and that you needed to provide documentation of her Social Security Number by February 28, 2018.
- 3) You testified that you contacted NSYOH by telephone and provided your spouse's Social Security Number to a NYSOH representative who told you that you did not need to take any further action.
- 4) The NYSOH Appeals Unit reviewed the recording of the January 26, 2018 telephone call between you and a NYSOH representative. During that call you provided a NYSOH representative with your spouse's Social Security Number. The NYSOH representative told you that her Social Security Number was entered into your NYSOH account successfully and that no additional actions were required on your part.
- 5) According to your NYSOH account, proof of your spouse's Social Security Number was not entered on January 26, 2018 by NYSOH.

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

Applicable Law and Regulations

Social Security Number Verification Process

For any individual who provides his or her Social Security Number to NYSOH, NYSOH must transmit the number and other identifying information to Health and Human Services which will submit it to the Social Security Administration. If NYSOH is unable to validate an individual Social Security Number, it must 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 (45 CFR §155.315 (b)(2)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your spouse's eligibility for health insurance and enrollment in her qualified health care plan ended March 31, 2018.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, that the individual has a valid Social Security Number.

If NYSOH cannot verify an individual's Social Security Number, it must provide the individual with notice of the inconsistency. NYSOH must then provide the individual with a period of 90 days from the date notice is received to resolve it.

On January 6, 2018, NYSOH issued a notice stating that your spouse's eligibility was conditional and that you needed to submit proof of her Social Security Number by February 28, 2018. According to your NYSOH account, proof of your spouse's Social Security Number was not received by NYSOH by that deadline. As a result, your spouse's eligibility for health insurance through NYSOH was discontinued and she was disenrolled from her qualified health plan.

However, the credible evidence of record reflects that you did submit proof of your spouse's Social Security Number by the deadline.

You testified, and the telephone recording reflects that, on January 26, 2018, you contacted NYSOH by telephone. During that call, you provided a NYSOH representative with your spouse's Social Security Number. The NYSOH representative told you that her Social Security Number had been entered successfully, and that no additional action was required on your part.

Since the credible evidence of record demonstrates that you contacted NYSOH and confirmed your spouse's Social Security Number before the February 28, 2018 deadline, and the NSYOH representative told you no additional action was required, it is reasonable to conclude that the March 7, 2018 discontinuance and disenrollment notices were issued in error.

Therefore, the March 7, 2018 discontinuance and plan disenrollment notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your spouse's eligibility and enrollment in her qualified health plan as of April 1, 2018, and to notify you accordingly.

Decision

The March 7, 2018 discontinuance notice is **RESCINDED**.

The March 7, 2018 plan disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your spouse's eligibility for health insurance and enrollment in her qualified health plan as of April 1, 2018, and to notify you accordingly.

Effective Date of this Decision: May 17, 2018

How this Decision Affects Your Eligibility

NYSOH erred in terminating your spouse's eligibility for health insurance on April 1, 2018.

NYSOH erred in terminating your spouse's enrollment in her qualified health plan on March 31, 2018.

Your case is being sent back to NYSOH to reinstate your spouse's eligibility for health insurance and enrollment in her qualified health plan beginning April 1, 2018. NYSOH will notify you once this is done.

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.

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).

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
Albany, NY 12211
- By fax: 1-855-900-5557

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Summary

The March 7, 2018 discontinuance notice is RESCINDED.

The March 7, 2018 plan disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your spouse's eligibility for health insurance and enrollment in her qualified health plan as of April 1, 2018, and to notify you accordingly.

NYSOH erred in terminating your spouse's eligibility for health insurance on April 1, 2018.

NYSOH erred in terminating your spouse's enrollment in her qualified health plan on March 31, 2018.

Your case is being sent back to NYSOH to reinstate your spouse's eligibility for health insurance and enrollment in her qualified health plan beginning April 1, 2018. NYSOH will notify you once this is done.

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. y&b&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.

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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