



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

## Notice of Decision

Decision Date: February 3, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012163



Dear [REDACTED],

On January 9, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 18, 2016 disenrollment 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 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).

This page intentionally left blank.



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

## Decision

Decision Date: February 3, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012163



## Issue

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

Did NY State of Health (NYSOH) properly disenroll you from the Essential Plan effective October 31, 2016?

## Procedural History

On January 15, 2016, NYSOH received your application for financial assistance.

On January 16, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan for a limited time. The notice directed you to submit additional income documentation to confirm your eligibility before April 14, 2016.

Also on January 16, 2016, NYSOH issued an enrollment notice confirming that as of January 15, 2016, you were enrolled in an Essential Plan with an enrollment start date of February 1, 2016. The notice directed you to submit additional income documentation to confirm your eligibility before April 14, 2016.

On September 17, 2016, your NYSOH account was updated.

On September 18, 2016, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a qualified health plan at full cost through NYSOH effective November 1, 2016.

On September 18, 2016, NYSOH issued a disenrollment notice stating that your Essential Plan would terminate October 31, 2016, because you were no longer eligible to remain enrolled in your current health insurance.

On September 22, 2016, you contacted NYSOH's Account Review Unit and requested an appeal insofar as being disenrolled from your Essential Plan effective October 31, 2016.

On January 9, 2017, 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) You testified, and the record reflects, that you receive all of your notices from NYSOH via regular mail.
- 2) You testified that you did not receive any notices stating that your eligibility was only conditional and that you needed to provide documentation of your income.
- 3) According to NYSOH, you were enrolled in an Essential Plan with an enrollment start date of February 1, 2016.
- 4) No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable.
- 5) You testified that you received a notice from NYSOH stating that your Essential Plan would terminate because of a change in employment.
- 6) According to your NYSOH account, your Essential Plan was terminated effective October 31, 2016.
- 7) You testified that you are seeking reinstatement of your Essential Plan as of November 1, 2016.

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

## **Applicable Law and Regulations**

### 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).

### Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow the NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i)). 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 §600.345 (a)) See also New York's Basic Health Plan Blueprint, p. 17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

NYSOH must provide the applicant with notice of the inconsistency. NYSOH must then provide the applicant with 90 days to provide satisfactory documentary evidence (45 CFR §155.315(f)(2)). If NYSOH remains unable to verify the information required to determine the applicant's eligibility after the 90 day period ends, it must determine the applicant's eligibility based on the information available (45 CFR § 155.315(f)(5)).

### **Legal Analysis**

The issue is whether NYSOH, properly disenrolled you from the Essential Plan effective October 31, 2016.

You initially enrolled in an Essential Plan with an enrollment start date of February 1, 2016.

NYSOH then issued an eligibility determination notice on January 16, 2016, finding you eligible to enroll in the Essential Plan for a limited time. You were asked to provide income documentation by April 14, 2016, in order to confirm the information you had provided.

When NYSOH cannot verify information that is required to make an eligibility determination, it must notify the applicant and allow the applicant time to submit

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).

satisfactory documentation. NYSOH had provided you 90 days to confirm your income.

You testified that you did not receive the January 16, 2016 notice informing you of the need to provide proof of your income. The record indicates that the notice was issued to the mailing address listed in your NYSOH account, and that there is nothing in your account which would suggest that any of the notices were returned as undeliverable.

Therefore, it is determined that NYSOH properly notified you of the need to provide income documentation or risk losing the financial assistance you were currently receiving. Since no documentation was received by NYSOH within 90 days, you were properly disenrolled from your Essential Plan effective October 31, 2016.

Therefore, the September 18, 2016, disenrollment notice is AFFIRMED.

## **Decision**

The September 18, 2016, disenrollment notice is AFFIRMED.

**Effective Date of this Decision:** February 3, 2017

## **How this Decision Affects Your Eligibility**

You were properly disenrolled from your Essential Plan effective October 31, 2016.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. 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 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

### **Summary**

The September 18, 2016, disenrollment notice is AFFIRMED.

You were properly disenrolled from your Essential Plan effective October 31, 2016.

### **Legal Authority**

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

**A Copy of this Decision Has Been Provided To:**

