



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

Notice of Decision

Decision Date: April 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012670

[REDACTED]

Dear [REDACTED]

On February 9, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 11, 2016 disenrollment notice, October 20, 2016 eligibility determination notice and October 20, 2016 enrollment confirmation 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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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 domestic partner's eligibility for the Essential Plan ended effective October 31, 2016?

Did NYSOH properly determine that your domestic partner's re-enrollment in the Essential Plan was effective no earlier than December 1, 2016?

Procedural History

On July 5, 2016, NYSOH issued a notice of eligibility determination stating that your domestic partner was eligible to enroll in the Essential Plan for a limited time, effective August 1, 2016. The notice further directed you to provide documentation confirming your domestic partner's household income before October 2, 2016. The notice stated that if you missed the due date, you might lose your insurance or receive less help paying for your coverage.

Also, on July 5, 2016, NYSOH issued a notice confirming your domestic partner's enrollment in an Essential Plan, effective August 1, 2016.

On July 19, 2016, you uploaded income information to your NYSOH account.

By notice dated July 27, 2016, NYSOH advised that the documentation submitted did not confirm the information in your application. The notice directed that you provide income information for your domestic partner by October 2,

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2016. The notice stated that if you missed the due date, you might lose your insurance or receive less help paying for your coverage.

No further documentation was received by October 2, 2016.

On October 10, 2016, NYSOH redetermined your domestic partner's eligibility.

On October 11, 2016, NYSOH issued a disenrollment notice stating that your domestic partner's enrollment in the Essential Plan would end effective October 31, 2016, because she was no longer eligible to remain in the plan.

On October 12, 2016, NYSOH issued an eligibility determination notice stating that your domestic partner was eligible for advance payments of the premium tax credit in the amount of \$79.00 per month. This eligibility was effective November 1, 2016.

On October 19, 2016, you updated your application for financial assistance. That day, a preliminary eligibility determination was made stating that your domestic partner was eligible to enroll in the Essential Plan, effective December 1, 2016.

Also, on October 19, 2016 you spoke to NYSOH's Account Review Unit and appealed the start date of your domestic partner's Essential Plan insofar as it began on December 1, 2016 and not November 1, 2016.

On October 20, 2016, NYSOH issued a notice of eligibility determination, based on your October 19, 2016 application, stating that your domestic partner was eligible to enroll in the Essential Plan, effective December 1, 2016.

Also on October 20, 2016, NYSOH issued a notice of enrollment confirmation, based on the plan selection on October 19, 2016, stating that your domestic partner was enrolled in an Essential Plan effective December 1, 2016.

On February 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 that you were appealing your domestic partner's Essential Plan start date insofar as it began on December 1, 2016 and not November 1, 2016.

- 2) NYSOH records reflect that your domestic partner was determined eligible for and enrolled in an Essential Plan effective August 1, 2016.
- 3) You uploaded a payroll journal from [REDACTED] on July 19, 2016.
- 4) The payroll journal was deemed invalid proof of income by NYSOH on July 26, 2016 because it did not contain the gross pay amounts of the checks that were issued.
- 5) By notice dated July 27, 2016, NYSOH advised that the documentation submitted did not confirm the information in your application and directed that you provide income information for your domestic partner by October 2, 2016.
- 6) No further documentation was received by October 2, 2016.
- 7) Your NYSOH account indicates that on October 10, 2016 your family eligibility was redetermined and your domestic partner was found no longer eligible for the Essential Plan as of October 31, 2016.
- 8) On October 19, 2016, a letter from your former employer, documenting the end of your employment, was uploaded to your account.
- 9) Your NYSOH account reflects that on October 19, 2016 you updated your NYSOH account and your domestic partner was determined eligible for the Essential plan effective December 1, 2016.
- 10) You testified that you selected an Essential plan for your domestic partner on October 19, 2016 and that she was enrolled in an Essential Plan, effective December 1, 2016.
- 11) You testified that you are seeking enrollment for your domestic partner in her 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

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

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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/basic-health-program.html>; 42 CFR § 600.345(a)(2)).

An applicant is required to attest to their household's projected annual income. (45 CFR § 155.320(c)(3)(ii)(B)). For all individuals whose household income is needed, NYSOH must request tax return data from the Secretary of the Treasury and data regarding Social Security benefits from the Commissioner of Social Security in order to confirm that the information the applicant is attesting to is accurate (45 CFR § 155.320(c)(1)(i); 45 CFR § 155.320(c)(3)(ii)(A)).

If income data is unavailable, or if an applicant's attestation is not reasonably compatible with the income data NYSOH obtains, NYSOH must request additional information from the applicant in order to resolve the inconsistency (45 CFR § 155.320 (c)(3)(iii), (iv)).

NYSOH must provide the applicant with notice of the inconsistency in their account and 90 days to provide satisfactory documentary evidence to resolve the inconsistency (45 CFR § 155.315 (f)(2)). If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine the applicant's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation (45 CFR § 155.315(f)(2), (g)).

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)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your domestic partner's eligibility for the Essential Plan ended effective October 31, 2016.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH. When an application requests financial assistance, NYSOH must verify an applicant's household income.

If NYSOH cannot verify the household income attested to by the applicant through available data sources, it must provide the individual with notice of the inconsistency. NYSOH must then provide the individual with reasonable time to provide documentation or information to resolve that inconsistency.

In the eligibility determination notice issued on July 5, 2016, you were advised that your domestic partner's eligibility for the Essential Plan was conditional, and that you needed provide documentation confirming your domestic partner's income by October 2, 2016.

You uploaded a payroll journal on July 19, 2016 from [REDACTED] which was deemed invalid proof of income by NYSOH on July 26, 2016 because it did not contain the gross pay amounts of the checks that were issued. By notice dated July 27, 2016, NYSOH advised that the documentation submitted did not confirm the information in your application. The notice directed that you provide income information for your domestic partner by October 2, 2016 or you may lose your health coverage. NYSOH records indicate that no further income documentation was received by October 2, 2016.

Your NYSOH account reflects that on October 10, 2016 your family eligibility was redetermined, and your domestic partner was found no longer eligible for the Essential Plan as of October 31, 2016. On October 11, 2016, NYSOH issued a disenrollment notice stating that your domestic partner's enrollment in the Essential Plan would end effective, October 31, 2016.

NYSOH records reflect that you were properly notified of an inconsistency in your account and that documentation was needed to confirm your domestic partner's income listed in the account. Since you did not provide the requested documentation by the date provided by NYSOH, the October 11, 2016 disenrollment notice is AFFIRMED.

The second issue under review is whether NYSOH properly determined that your domestic partner's enrollment in an Essential Plan was effective December 1, 2016.

You testified, and your account confirms, that after your partner was again found eligible for the Essential Plan, you selected an Essential Plan for enrollment for your domestic partner on October 19, 2016.

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 October 19, 2016, you selected an Essential Plan, your domestic partner's enrollment would properly take effect on the first day of the second following month; that is, on December 1, 2016.

Therefore, the October 20, 2016 eligibility and enrollment confirmation notices stating that your domestic partner's enrollment in the Essential Plan was effective December 1, 2016, are correct and must be AFFIRMED.

Decision

The October 11, 2016 disenrollment notice is AFFIRMED.

The October 20, 2016 eligibility determination is AFFIRMED.

The October 20, 2016 enrollment confirmation is AFFIRMED.

Effective Date of this Decision: April 17, 2017

How this Decision Affects Your Eligibility

This decision does not change your domestic partner's eligibility.

The effective date of your domestic partner's Essential Plan is December 1, 2016.

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 October 11, 2016 disenrollment notice is AFFIRMED.

The October 20, 2016 eligibility determination is AFFIRMED.

The October 20, 2016 enrollment confirmation is AFFIRMED.

This decision does not change your domestic partner's eligibility.

The effective date of your domestic partner's Essential Plan is December 1, 2016.

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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