



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

Notice of Decision

Decision Date: January 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012692

[REDACTED]

[REDACTED]

On December 20, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's November 14, 2016 eligibility determination notice and November 23, 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 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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Issue

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

Did NY State of Health properly determine that your eligibility for financial assistance and enrollment in the Essential Plan ended effective November 30, 2016?

Procedural History

On August 10, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, based on your August 9, 2016 application, stating that you were conditionally eligible to the Essential Plan with no premium, effective September 1, 2016. This was because you are living in the United States under the color of law (PRUCOL). The notice further requested that you provide documentation confirming your income before November 7, 2016.

Also on August 10, 2016, NYSOH issued a notice confirming your enrollment in the Essential Plan.

On October 20, 2016, you spoke to NYSOH's Account Review Unit and appealed the August 10, 2016 eligibility determination insofar as it determined you were eligible for the Essential Plan instead of Medicaid due to your immigration status.

On November 14, 2016, NYSOH issued an eligibility determination notice stating you were newly eligible to purchase a qualified health plan at full cost. That

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notice also stated that you were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. This was because NYSOH did not receive the income documentation needed to verify the income listed in your application within the required timeframe. Your eligibility for coverage ended effective November 30, 2016.

On November 23, 2016, NYSOH issued a notice regarding your plan enrollment stating that your coverage with the Essential Plan will end November 30, 2016.

On December 20, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you requested to amend your appeal to solely the issue of reinstatement of your Essential Plan, which the Hearing Officer granted. 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) On August 10, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, based on your August 9, 2016 application, stating that you were conditionally eligible to the Essential Plan with no premium, effective September 1, 2016. This was because you are living in the United States under the color of law (PRUCOL). The notice further requested that you provide documentation confirming your income before November 7, 2016.
- 3) No additional proof of income was provided by November 7, 2016.
- 4) You testified that you are unable to provide current proof of income because you are self-employed and your accountant will charge you \$100.00 for the paperwork.
- 5) You testified that you are seeking reinstatement in your qualified health plan as of December 1, 2016.

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

Applicable Law and Regulations

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow 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 through data sources, they must also attempt to resolve the inconsistency by giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR § 155.315(f)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were no longer eligible for financial assistance through NYSOH, effective November 30, 2016.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, that the income provided in the application is accurate.

If NYSOH cannot verify an individual's income, 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 the inconsistency. For purposes of verifying income, notice is considered received 5 days after the date on the notice.

In the eligibility determination issued on August 10, 2016, you were advised that your eligibility was only conditional, and that you needed to confirm your income before November 7, 2016. November 7, 2016 is 90 days from August 9, 2016, the date you updated your application.

The record reflects that NYSOH did not receive the income documentation before the November 7, 2016 deadline.

Therefore, NYSOH properly notified you of an inconsistency in your account and you did not submit the requested income documentation before the deadline.

If NYSOH remains unable to verify the inconsistency after the 90 day period ends, then it must determine the applicant's eligibility based on the information available in the data sources.

Since the requested income documentation was not received within the 90 day period, NYSOH was required to redetermine your eligibility without verification of your income. As a result, NYSOH properly determined that you were no longer

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eligible for financial assistance to help pay for the cost of health insurance but that you could purchase a qualified health plan at full cost through NY State of Health effective December 1, 2016. This was because you did not provide the income information requested by NYSOH.

Therefore, NYSOH's November 14, 2016 eligibility determination notice is correct and is AFFIRMED.

The November 22, 2016 disenrollment notice is AFFIRMED.

Decision

The November 14, 2016 eligibility determination notice is AFFIRMED.

The November 22, 2016 disenrollment notice is AFFIRMED.

Effective Date of this Decision: January 18, 2017

How this Decision Affects Your Eligibility

NYSOH properly found you ineligible for financial assistance to help pay for the cost of health insurance because you did not provide the income information it requested within the required timeframe.

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 after 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)).

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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:

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Summary

The November 14, 2016 eligibility determination notice is AFFIRMED.

The November 22, 2016 disenrollment notice is AFFIRMED.

NYSOH properly found you ineligible for financial assistance to help pay for the cost of health insurance because you did not provide the income information it requested within the required timeframe.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

