



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

Notice of Decision

Decision Date: April 20, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000014195

[REDACTED]

Dear [REDACTED],

On March 13, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 21, 2016 and December 20, 2016 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.

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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 properly determine that you were eligible for the Essential Plan with no premium, effective December 1, 2016?

Did NY State of Health properly determine that your enrollment in an Essential Plan was effective December 1, 2016?

Procedural History

According to your NYSOH account, on December 4, 2015, NY State of Health (NYSOH) issued an eligibility determination notice stating that you were eligible for Medicaid, effective November 1, 2015. You were subsequently enrolled in a Medicaid Managed Care plan, effective February 1, 2016.

On September 3, 2016, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account between September 16, 2016 and October 15, 2016 or you might lose the financial assistance you were currently receiving.

On September 28, 2016, NYSOH issued a notice, based on your September 27, 2016 application, stating that the income information in your application did not match what NYSOH received from state and federal data sources. That notice

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stated that you must provide proof of income by October 12, 2016 to confirm your eligibility.

On September 28, 2016, NYSOH issued a disenrollment notice that stated your coverage in your Medicaid Managed Care plan would end effective October 31, 2016.

On September 29, 2016, you submitted your Department of Labor Payment History Report, stating that your last unemployment benefit payment was made on June 12, 2016 (see Document [REDACTED]). This document was invalidated by NYSOH on October 12, 2016.

On October 11, 2016, you submitted a profit and loss statement in part for the months of August 2016 through September 2016 (see Document [REDACTED]). This document was validated by NYSOH on October 20, 2016.

On October 21, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for the Essential Plan, effective December 1, 2016.

On October 22, 2016, NYSOH issued an enrollment confirmation notice, based on your October 21, 2016 plan selection, stating you were enrolled in an Essential Plan with no monthly premium, effective December 1, 2016.

On December 20, 2016, NYSOH issued an eligibility determination notice, based on the December 19, 2016 updated application, stating that you were eligible for the Essential Plan, effective February 1, 2017.

On December 20, 2016, NYSOH issued an enrollment confirmation notice, based on your December 19, 2016 updated plan selection, stating you were enrolled in an Essential Plan with no monthly premium, effective December 1, 2016.

Also on December 20, 2016, you contacted NYSOH's Account Review Unit and requested an appeal your eligibility determination as it related your eligibility for financial assistance and a gap in health insurance coverage for the month of November 2016.

On March 13, 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:

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- 1) According to your NYSOH account and your testimony, you expect to file your 2016 taxes with a tax filing status of single. You will claim no dependents on that tax return.
- 2) You are seeking insurance for yourself.
- 3) The application that was submitted on September 27, 2016 listed annual household income of \$14,400.00, consisting of \$14,400 you earn from self-employment. You testified that you weren't sure exactly what your income would be for this year.
- 4) According to your NYSOH account, as a result of a mismatch of your income and what federal and state data sources were reflecting, you were required to submit proof of income to NYSOH.
- 5) According to your NYSOH account, on September 29, 2016 and October 11, 2016, you submitted proof of income. Specifically, you submitted a Department of Labor Benefit Payment History Report and a profit and loss statement for each of those months. These documents reflect respectively that you stopped receiving unemployment benefits in June 2016 and that you receive an annual income of \$17,124.12. These documents also reflect that in September 2016, you received \$492.12 in income before deductions (see Documents [REDACTED]).
- 6) The application that was updated on December 19, 2016, reflects the updated annual expected income of \$17,124.12, consisting of \$17,124.00 you earn from self-employment.
- 7) You testified that the \$492.12 in income reflected in your September 2016 statement was correct, as you stopped receiving unemployment benefits in June 2016 and were not paid for a lot of your work in September 2016.
- 8) According to your NYSOH account, on October 20, 2016, NYOSH validated your proof of income and increased your expected annual earnings from \$14,400.00 to \$17,124.12.
- 9) According to your NYSOH account and your testimony, you live in [REDACTED], New York.

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

Applicable Law and Regulations

Verification Process

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For all individuals whose income is needed to calculate the household's eligibility, the Marketplace must request data that will allow the Marketplace to verify the household's income (45 CFR §155.320(c)(1)(i)). If the Marketplace 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)).

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).

In an analysis of Essential Plan eligibility, the determination is based on the FPL in effect on the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). On the date of your application, that was the 2015 FPL, which is \$11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

A person who has a household income that is at or below 150% of the FPL has a \$0.00 premium contribution (New York's Basic Health Plan Blueprint, p. 21, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

A person who has a household income greater than 150% of the FPL or below 200% of the FPL has a \$20.00 per month premium contribution (New York's Basic Health Plan Blueprint, as approved January 2016).

The Essential Plan is considered minimum essential coverage therefore, a person who is eligible for the Essential Plan is not eligible for any premium tax credit because they are eligible for minimum essential coverage through the individual market (see 26 CFR § 1.36B-2(c)(1), 26 USC § 5000A(f)(1)(C)).

Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services

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Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); see also 42 CFR § 600.320). For selections 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 §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Legal Analysis

The first issue is whether NYSOH properly determined that you were eligible for the Essential Plan, effective December 1, 2016.

You were originally found eligible for Medicaid effective November 1, 2015, were enrolled in a Medicaid Managed Care plan as of February 1, 2016, such that 12 months of coverage was due to end on October 31, 2016.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's September 3, 2016 renewal notice stated that there was not enough information to determine whether you were eligible to continue your financial assistance for health insurance in the upcoming policy year, and that you needed to supply additional information between September 16, 2016 and October 15, 2016, or your financial assistance might end.

The application that was submitted on September 27, 2016 listed an annual household income of \$14,400.00. However, this income information did not match federal and state data sources and NYSOH required you to submit proof of income to confirm your eligibility. On September 29, 2016 and October 11, 2016, you submitted proof of income. NYOSH validated your proof of income on October 20, 2016 and increased your expected annual earnings from \$14,400.00 to \$17,124.12. Therefore, your application was considered completed as of October 20, 2016 and NYSOH relied upon the information in that application in determining your eligibility for financial assistance.

You are in a one-person household for purposes of this analysis. This is because you expect to file your 2016 income taxes as single and will claim no dependents on that tax return.

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The Essential Plan is provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is between 138% and 200% of the FPL for the applicable family size. On the date of your completed application, the relevant FPL was \$11,770.00 for a one-person household. Since an annual household income of \$17,124.00 is 145.49% of the 2015 FPL, NYSOH properly found you to be eligible for the Essential Plan based on the information provided.

Therefore, the October 21, 2016 and December 2016 eligibility determination notices are correct and must be AFFIRMED.

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

You testified, and the record indicates, that you completed your NYSOH application on October 20, 2016. As a result, you were found eligible for the Essential Plan as of October 21, 2016 and enrolled into a plan that day with a December 1, 2016 start date.

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 21, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following October 2016; that is, on December 1, 2016.

Therefore, the October 22, 2016 and December 20, 2016 enrollment confirmation notices stating that your enrollment in the Essential Plan was effective December 1, 2016, are correct and must be AFFIRMED.

Decision

The October 21, 2016 and December 20, 2016 eligibility determination notices are AFFIRMED.

The October 22, 2016 and December 20, 2016 enrollment confirmation notices are AFFIRMED.

Effective Date of this Decision: April 20, 2017

How this Decision Affects Your Eligibility

This decision does not change your current eligibility.

You are eligible for the Essential Plan as of December 1, 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:
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- By fax: 1-855-900-5557

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Summary

The October 21, 2016 and December 20, 2016 eligibility determination notices are AFFIRMED.

The October 22, 2016 and December 20, 2016 enrollment confirmation notices are AFFIRMED.

You are eligible for the Essential Plan as of December 1, 2016.

This decision does not change your current eligibility.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

