



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

## Notice of Decision

Decision Date: April 21, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014241

[REDACTED]

Dear [REDACTED],

On March 29, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 21, 2016 eligibility determination notice, and the December 21, 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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: April 21, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014241

[REDACTED]

## 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 eligibility for and enrollment in the Essential Plan was effective February 1, 2017?

## Procedural History

On October 17, 2016, NY State of Health (NYSOH) received your updated application for financial assistance.

On October 18, 2016, NYSOH issued a notice stating the income information in your application does not match what NYSOH received from state and federal data sources. More information was needed to confirm the information in your application. The notice stated you would need to provide proof of your income by November 1, 2016. The notice stated if you missed this deadline, NYSOH would not be able to determine your eligibility for health coverage.

On October 24, 2016, NYSOH received your income documentation.

On November 4, 2016, NYSOH issued a notice stating more information was needed to confirm your eligibility. The notice stated the documentation NYSOH reviewed does not confirm the information in your application. The notice asked that you send in more proof to verify the income by November 16, 2016.

No additional documentation was received by NYSOH before November 16, 2016.

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On November 28, 2016, NYSOH issued an eligibility redetermination notice stating your eligibility was redetermined on November 27, 2016. The notice stated you were eligible to purchase a qualified health plan at full cost effective January 1, 2017. The notice stated you were ineligible for Medicaid, Child Health Plus or the Essential Plan because NYSOH did not receive the income documentation needed to verify the income listed in your application.

On December 19, and 20, 2016 NYSOH received your income documentation.

On December 20, 2016, you updated your application for financial assistance. That day, a preliminary eligibility determination was prepared stating that you were eligible to enroll in the Essential Plan and you selected a plan for enrollment.

On December 21, 2016, NYSOH issued a notice of eligibility determination, based on your December 20, 2016 application, stating that you were eligible to enroll in the Essential Plan, for a limited time, effective February 1, 2017. The notice stated your eligibility was conditional and you needed to provide proof of your income by March 20, 2017.

Also on December 21, 2016, NYSOH issue a notice of enrollment confirmation, based on your plan selection on December 20, 2016, stating that you were enrolled in an Essential Plan effective February 1, 2017.

On December 21, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your Essential Plan, requesting that it begin January 1, 2017.

On March 29, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open to April 12, 2017, to allow you to submit a copy of your former spouse's Social Security Benefits Statement.

As of April 12, 2017, the Appeals Unit did not receive any documents from you and none were viewable in your NYSOH account. Therefore, the record was closed that same day and this decision is based on the record as developed at the time of the hearing.

## **Findings of Fact**

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

- 1) According to your NYSOH account, your health plan agreed to backdate your coverage to January 1, 2017. The enrollment history in

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your NYSOH account confirms that your Essential Plan started as of January 1, 2017.

- 2) You submitted income documentation to NYSOH on October 24, 2016 in the form of your 2015 Individual Tax Return.
- 3) NYSOH invalidated your income documentation on November 3, 2016. The notes in your account indicate your documentation was invalid because you needed to submit a signed and dated tax return.
- 4) You submitted additional income documentation to NYSOH on December 19, and 20, 2016.
- 5) NYSOH invalidated your income documentation on January 11, 2017. The notices in your account indicated your income documentation was valid, but your spouse who was also a household member on your account attested to income from Social Security Benefits. You needed to provide a letter from the Social Security Administration for your spouse for 2017.
- 6) You testified that you are seeking enrollment in your Essential Plan as of January 1, 2017.

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 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

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<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 issue is whether NYSOH properly determined that your eligibility for and enrollment in the Essential Plan was effective February 1, 2017.

On December 21, 2016, NYSOH issued a notice of eligibility determination, based on your December 20, 2016 application, stating that you were eligible to enroll in the Essential Plan, for a limited time, effective February 1, 2017. The notice stated your eligibility was conditional and you needed to provide proof of your income by March 20, 2017.

You then enrolled in an Essential Plan with a start date of February 1, 2017.

On December 21, 2016, you requested an appeal to dispute the start date of your enrollment in the Essential Plan, requesting it begin January 1, 2017.

According to your NYSOH account, your health plan agreed to backdate your coverage to January 1, 2017. The enrollment history in your NYSOH account confirms that your Essential Plan started as of January 1, 2017.

Since NYSOH conceded that your enrollment in the Essential Plan is now effective January 1, 2017, a discussion of the merits of your case is not necessary on that issue.

Therefore, the December 21, 2016 eligibility determination notice, and the December 21, 2016 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective February 1, 2017, is MODIFIED to reflect your enrollment is effective January 1, 2017.

## **Decision**

The December 21, 2016 notice of eligibility determination is MODIFIED to reflect your conditional eligibility for the Essential Plan is January 1, 2017.

The December 21, 2016 notice of enrollment is MODIFIED to reflect your enrollment in the Essential Plan is January 1, 2017.

**Effective Date of this Decision:** April 21, 2017

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

Your enrollment in your Essential Plan is effective January 1, 2017.

This decision does not affect any subsequent determinations made after December 21, 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

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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

### **Summary**

The December 21, 2016 notice of eligibility determination is MODIFIED to reflect your conditional eligibility for the Essential Plan is January 1, 2017.

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The December 21, 2016 notice of enrollment is MODIFIED to reflect your enrollment in the Essential Plan is January 1, 2017.

Your enrollment in your Essential Plan is effective January 1, 2017.

This decision does not affect any subsequent determinations made after December 21, 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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