



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

## Notice of Decision

Decision Date: April 25, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014540

[REDACTED]

Dear [REDACTED]

On March 30, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 22, 2016 eligibility determination notice and the December 22, 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 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: April 25, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014540

[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 a full cost qualified health plan was effective February 1, 2017?

## Procedural History

On May 17, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a qualified health plan at full cost, effective July 1, 2016.

On May 27, 2016, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a gold level qualified health plan, effective June 1, 2016.

On October 20, 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 by December 15, 2016.

On November 27, 2016, NYSOH issued a notice about your enrollment stating that your coverage with your qualified health plan would end on December 31, 2016 because you were no longer eligible to enroll in that plan.

On December 5, 2016, NYSOH received an updated application for financial assistance for health insurance.

On December 6, 2016, NYSOH issued a notice stating additional information was required to confirm your eligibility. You were asked to submit documentation confirming your income by December 20, 2016.

Also on December 6, 2016, you uploaded a self-attestation letter stating that you were out of work and not receiving any income.

On December 21, 2016, that documentation was invalidated by NYSOH.

Also on December 21, 2016, NYSOH received your updated application for health insurance, which was converted from a financial to a non-financial application.

On December 22, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a full cost qualified health plan, effective February 1, 2017.

Also on December 22, 2016, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a gold level full cost qualified health plan. The notice stated that the start date for that plan was January 1, 2017.

On January 3, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as it began your eligibility to purchase a full cost qualified health plan on February 1, 2017, and not January 1, 2017.

On March 30, 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 allow the Hearing Officer time to review telephone recordings. Ten calls were reviewed. The record is now closed.

## **Findings of Fact**

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

- 1) You testified, and the record reflects, that you originally attempted to update your account for coverage in 2017 on December 5, 2016.
- 2) You placed a call to NYSOH on December 5, 2016. During that call, you notified NYSOH that you were not working, and wanted to update your account. The NYSOH representative advised you that the whole system was down. She advised that she would call you back when the

system was working, but there is no evidence that such a call was placed.

- 3) You testified that on December 5, 2016, your intention was to re-enroll in the same qualified health plan that you had in 2016.
- 4) You placed a call to NYSOH on December 6, 2016. During that call, you indicated that your online account reflected Medicaid eligibility, and you requested clarification. The NYSOH representative advised you that you were not eligible for anything, but that you needed to submit proof of income. You were advised to submit a self-attestation letter indicating that you were currently out of work. The representative advised you that the letter would be sufficient to prove income.
- 5) Also on December 6, 2016, you uploaded a letter indicating that you were out of work and had no other source of income.
- 6) You placed a call to NYSOH on December 8, 2016, to confirm that your letter had been received. The NYSOH representative confirmed that the letter had been received and advised you that you were not able to pick a plan at that time.
- 7) You placed a call to NYSOH on December 20, 2016. During that call the NYSOH representative advised you that your letter had not yet been verified, but that it would be verified by the next day.
- 8) You placed a call to NYSOH on December 21, 2016. During that call the NYSOH representative advised you that your letter was invalidated because you had not submitted your spouse's income documentation as well. Also during that call, you stated that you had never intended to apply for Medicaid. You submitted a new non-financial application and enrolled in a qualified health plan with your spouse.
- 9) You placed a call to NYSOH on December 27, 2016. During that call, you requested clarification regarding conflicting enrollment notices. The NYSOH representative advised you to contact your health plan to determine your actual start date.
- 10) Your NYSOH account indicates that you are a US citizen, residing in [REDACTED] and that you were not incarcerated in January 2017.

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), 42 CFR § 435.945).

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 § 435.952).

### Eligibility to Enroll in a Qualified Health Plan

An applicant is eligible to enroll in a qualified health plan through NYSOH if they are (1) a citizen or a national of the United States or a non-citizen who is lawfully present in the United States, (2) is not incarcerated, and (3) resides or intends to reside in NY State (45 CFR § 155.305(a)).

### Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health 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)). 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 issue under review is whether NYSOH properly determined that your eligibility for and enrollment in a full cost qualified health plan was effective February 1, 2017.

You placed a call to NYSOH on December 5, 2016. During that call, you notified NYSOH that you were not working, and wanted to update your account. On December 5, 2016, NYSOH submitted an updated application for financial assistance for health insurance on your behalf. As a result of that application, you were put into a pending Medicaid status and NYSOH requested that you submit income documentation to confirm your income information.

You contacted NYSOH again on December 6, 2016, December 8, 2016, and December 20, 2016 to inquire as to the status of your application because you wanted to enroll into a plan. At no time during the December 5, 2016, December 6, 2016, December 8, 2016 or December 20, 2016 phone calls were you given the opportunity to submit a non-financial application for health insurance.

The record reflects that the first time you were offered the option to submit a non-financial application was December 21, 2016. At that time, you filed a non-financial application and selected a qualified health plan. The start date of that plan was February 1, 2017.

A person is eligible to enroll into a qualified health plan through NYSOH when they are a citizen or a national of the United States or a non-citizen who is lawfully present in the United States, not incarcerated, and resides or intends to reside in NY State. Your NYSOH account indicates that you are a US citizen, residing in NY State, and that you were not incarcerated in January 2017. Therefore, you would have been eligible to enroll into a qualified health plan during any of the phone calls placed on December 5, 6, 8, and 20, 2016.

When an individual changes information in their application before the 15th of any month, NYSOH will make the redetermination that results from the change effective the first day of the next following month. Additionally, the date on which a qualified health plan can take effect depends on the day a person selects the plan for enrollment. A plan that is before the fifteenth day of a month goes into effect on the first day of the next following month.

You credibly testified that it was your intention on December 5, 2016 to enroll in the same qualified health plan that provided you coverage in 2016 and that you never wanted to apply for Medicaid.

Because you did not authorize a financial assistance application to be run on December 5, 2016, any determination or request for information based on that application was improper. Since you would have submitted a nonfinancial application and enrolled in a qualified health plan on December 5, 2016 if given the opportunity, you should have been eligible to purchase and enroll in a full cost qualified health plan, effective January 1, 2017.

Therefore, NYSOH's December 22, 2016 eligibility determination notice is MODIFIED to state that your eligibility to purchase a full cost qualified health plan is effective January 1, 2017. The December 22, 2016 enrollment confirmation notice correctly states that your enrollment has a start date of January 1, 2017 and is AFFIRMED.

Your case is RETURNED to NYSOH to reinstate coverage in your qualified health plan with a start date of January 1, 2017.

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).

## **Decision**

The December 22, 2016 notice of eligibility redetermination is MODIFIED to state that, effective January 1, 2017, you were eligible to purchase a full cost qualified health plan.

The December 22, 2016 notice of enrollment confirmation is AFFIRMED.

Your case is RETURNED to NYSOH to enroll you into your qualified health plan, effective January 1, 2017.

**Effective Date of this Decision:** April 25, 2017

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

Your eligibility to purchase a full cost qualified health plan, and your enrollment in your qualified health plan, should have begun as of January 1, 2017.

Your case is being sent back to NYSOH to effectuate this change.

## **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

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).



- 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 22, 2016 notice of eligibility redetermination is MODIFIED to state that, effective January 1, 2017, you were eligible to purchase a full cost qualified health plan.

The December 22, 2016 notice of enrollment confirmation is AFFIRMED.

Your eligibility to purchase a full cost qualified health plan, and your enrollment in your qualified health plan, should have begun as of January 1, 2017.

Your case is being sent back to NYSOH to effectuate the changes listed above.

### **Legal Authority**

We are issuing this determination in accordance with 45 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).

**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।

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).

## **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.

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).