



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

## Notice of Decision

Decision Date: June 30, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000016156

[REDACTED]

Dear [REDACTED],

On May 31, 2017, [REDACTED], acting as your authorized representative, appeared on your behalf by telephone at a hearing on your appeal of NY State of Health's January 20, 2017 eligibility determination and plan enrollment 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 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: June 30, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000016156

[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 you and your spouse's eligibility for and enrollment in your Essential Plan was effective March 1, 2017?

## Procedural History

On December 15, 2015, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for the Essential Plan effective January 1, 2016. You and your spouse were subsequently enrolled in Essential Plan 2 with a plan enrollment start date of January 1, 2016.

On October 19, 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 and your spouse would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2016 or you might lose the financial assistance you were currently receiving.

On November 28, 2016, your NYSOH account was updated.

On November 29, 2016, NYSOH issued a notice stating that the November 28, 2016 application had been reviewed, and the information contained therein did not match what NYSOH received from state and federal sources. The notice

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).

instructed you to provide proof of income by December 13, 2016 for you and your spouse.

Also on November 29, 2016, NYSOH issued a disenrollment notice stating that your and your spouse's coverage in Essential Plan 2 would end on December 31, 2016. This was because you were no longer eligible to enroll in the Essential Plan.

Also on November 29, 2016, your NYSOH account was updated.

On November 30, 2016, NYSOH issued a notice stating that the November 29, 2016 application had been reviewed, and the information contained therein did not match what NYSOH received from state and federal sources. You were instructed to provide proof of income by December 13, 2016 for you and your spouse.

On December 15, 2016, you sent via facsimile a copy your 2015 Income Tax Return to NYSOH.

On December 23, 2016, NYSOH uploaded part of that documentation to your NYSOH account (see Document [REDACTED]), resulting in partially legible and missing pages.

On January 5, 2017, NYSOH uploaded the same documentation that you sent via facsimile on December 15, 2016 to your NYSOH account (see Document [REDACTED]). This uploaded document accurately included all pages you submitted on December 15, 2016.

On January 9, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to enroll in a qualified health plan (QHP) at full cost, effective February 1, 2017. This was because NYSOH did not receive the income documentation needed to verify the income listed in your application and the date to send in this information had passed.

On January 13, 2017, NYSOH updated your account based on the income information in your 2015 Income Tax Return.

On January 14, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to enroll in the Essential Plan with a \$20.00 monthly premium each, effective February 1, 2017.

On January 19, 2017, your NYSOH account was updated and you enrolled yourself and your spouse in an Essential Plan.

On January 20, 2017, NYSOH issued an eligibility determination notice based on the January 19, 2017 updated application stating that you and your spouse were

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).

eligible to enroll in the Essential Plan with a \$20.00 monthly premium each, effective March 1, 2017.

Also on January 20, 2017, NYSOH issued a plan enrollment notice confirming your January 19, 2017, selection of an Essential Plan. The notice stated that you and your spouse's Essential Plan 1 with a \$20.00 monthly premium each would begin effective March 1, 2017.

On February 23, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your and your spouse's enrollment in the Essential Plan insofar as it did not begin on February 1, 2017.

On May 31, 2017, your spouse, as your authorized representative, 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 and your spouse were determined eligible for the Essential Plan on December 15, 2015, and subsequently enrolled in Essential Plan 2 with a plan enrollment start date of January 1, 2016.
- 2) According to your NYSOH account and your authorized representative's testimony, you are appealing only your and your spouse's eligibility and not your child's eligibility.
- 3) According to your NYSOH account and your testimony, you expect to file your taxes as married filing jointly and will claim one dependent.
- 4) According to your NYSOH account, on November 28, 2016 and November 29, 2016, you submitted updated applications for health insurance.
- 5) On November 29, 2016 and November 30, 2016, NYSOH issued requests for proof of your household income. That income documentation needed to be submitted by December 13, 2016.
- 6) According to your authorized representative's testimony, you submitted a copy of your 2015 Income Tax Return to NYSOH via facsimile on December 15, 2016.
- 7) According to your NYSOH account, the December 15, 2016 facsimile transmission of your 2015 Income Tax Return was initially uploaded to your account on December 23, 2016. However, the facsimile transmission

appears to have been misloaded and shows only partially legible pages and is missing other pages of the document. That same document was again uploaded to your NYSOH account on January 5, 2017 and this was a clean copy with all pages of the facsimile transmission sent on December 15, 2016.

- 8) According to your NYSOH account, your 2015 Income Tax Return was reviewed on January 13, 2017 and your application was revised to reflect the income listed on the tax return. At that time, NYSOH re-ran your eligibility and you and your spouse were redetermined eligible for the Essential Plan as of February 1, 2017.
- 9) Your authorized representative testified that you did not receive the January 14, 2017 eligibility determination notice in the mail until January 19, 2017. Your authorized representative testified that, upon receiving the notice, you immediately contacted NYSOH to select an Essential Plan.
- 10) According to your NYSOH account, you selected an Essential Plan for you and your spouse on January 19, 2017 with a plan enrollment start date of March 1, 2017.
- 11) Your authorized representative testified that [REDACTED] in February 2017 and incurred substantial medical costs during that month.
- 12) Your authorized representative testified that you are both seeking to have coverage in the Essential Plan for the month of February 2017.

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

## **Applicable Law and Regulations**

### **Essential Plan Renewal**

In general, NYSOH will review Essential Plan eligibility no more frequently than once every 12 months from the effective date of eligibility as long as enrollees are under age 65, not enrolled in minimum essential coverage, remain state residents, and do not have any changes in circumstances. An individual enrolled in the Essential Plan shall have his or her coverage continued until the end of the 12 month period, provided he or she does not lose eligibility by reason of citizenship status, lack of state residence, failure to provide a valid social security number, providing inaccurate information that would affect eligibility when requesting or renewing health coverage, failure to make the applicable premium payment, or changes in circumstances (42 CFR § 600.340(a); 42 CFR § 600.320(d); NY Social Services Law § 369-gg(3) and (4)(d)); New York's Basic

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).

Health Plan Blueprint, pp. 8 and 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (42 CFR § 600.340(e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates that may have been provided by the individual (42 CFR §600.345; (NY Social Services Law § 369-gg(4)(c); 45 CFR § 155.335(g); New York's Basic Health Plan Blueprint, p. 17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

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 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)).

#### Essential Plan – Income Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow the 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 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 §600.345 (a)) See also New York's Basic Health Plan Blueprint, p. 17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

NYSOH must provide the applicant with notice of the inconsistency. NYSOH must then provide the applicant with 90 days to provide satisfactory documentary evidence (45 CFR §155.315(f)(2)). If NYSOH remains unable to verify the information required to determine the applicant's eligibility after the 90 day period ends, it must determine the applicant's eligibility based on the information available (45 CFR § 155.315(f)(5)).

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).

## Legal Analysis

The issue under review is whether NYSOH properly determined that you and your spouse's eligibility for and enrollment in your Essential Plan was effective March 1, 2017.

You and your spouse were originally found eligible for and subsequently enrolled in the Essential Plan with a plan start date of January 1, 2016.

Generally, NYSOH will redetermine a qualified individual's eligibility for the Essential Plan 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 October 19, 2016 renewal notice stated that there was not enough information to determine whether you and your spouse were eligible to continue your financial assistance for health insurance, and that you needed to supply additional income information by December 13, 2016, or your financial assistance might end.

No income documentation was supplied by December 13, 2016. However, on December 15, 2016, you submitted to NYSOH via facsimile a copy of your 2015 Income Tax Return. On December 23, 2016, that document was uploaded to your account, but only partially. On January 5, 2017 that same document was again uploaded to your NYSOH account and was successful in that all pages you sent via facsimile on December 15, 2016 were included in your account.

On January 8, 2017, NYSOH systemically ran your and your spouse's eligibility without reviewing the January 5, 2017 uploaded 2015 Income Tax Return. On January 9, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to purchase a QHP at full cost, effective February 1, 2017. This was because NYSOH did not receive the income documentation needed to verify the income listed in your application and the date to send in this information had passed.

The record reflects that you did submit income documentation on December 15, 2016 in the form of a copy your 2015 Income Tax Return. That documentation was partially uploaded on December 23, 2016 and fully uploaded into your account on January 5, 2017. That documentation contained sufficient information to determine your household income. However, NYSOH failed to verify and validate the documentation prior to systematically updating your application on January 8, 2016, and redetermining you and your spouse ineligible for financial assistance.

Had NYSOH updated your household income using the income information contained in your 2015 Income Tax Return that you submitted on December 15, 2016 and had that document been uploaded correctly to your account on

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).



December 23, 2016, you and your spouse could have been found fully eligible for and able to enroll in an Essential Plan with a \$20.00 monthly premium each, effective February 1, 2017.

The date on which an Essential Plan can take effect depends on the day a person selects the plan for enrollment.

Generally, a plan that is selected from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

Had you been allowed to select a plan on December 23, 2016, your and your spouse's Essential Plan coverage would have taken effect the first day of the second month following December 2016; that is, as of February 1, 2017.

Therefore, NYSOH's January 9, 2017 eligibility determination notice finding you and your spouse eligible for a QHP at full cost, effective February 1, 2017 is **RESCINDED**.

The January 14, 2017, eligibility determination notice finding you and your spouse eligible for the Essential Plan with a \$20.00 monthly premium each, effective February 1, 2017 is **AFFIRMED**.

The January 20, 2017 eligibility determination notice and plan enrollment notice are **MODIFIED** to state that you and your spouse were eligible for and enrolled in an Essential Plan with an enrollment start date of February 1, 2017.

Your case is **RETURNED** to NYSOH to effectuate your and your spouse's Essential Plan coverage from February 1, 2017 to February 28, 2017, and to notify you accordingly.

You will be responsible for any premium payments due to the Essential Plan for the month of February 2017.

## **Decision**

The January 9, 2017 eligibility determination notice finding you and your spouse eligible for a QHP at full cost, effective February 1, 2017 is **RESCINDED**.

The January 14, 2017, eligibility determination notice finding you and your spouse eligible for the Essential Plan with a \$20.00 monthly premium each, effective February 1, 2017 is **AFFIRMED**.

The January 20, 2017 eligibility determination notice and plan enrollment notice are MODIFIED to state that you and your spouse were eligible for and enrolled in an Essential Plan with an enrollment start date of February 1, 2017.

Your case is RETURNED to NYSOH to effectuate your and your spouse's Essential Plan coverage from February 1, 2017 to February 28, 2017, and to notify you accordingly.

You will be responsible for any premium payments due to the Essential Plan for the month of February 2017 for you and your spouse.

**Effective Date of this Decision:** June 30, 2017

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

This decision does not change your and your spouse's current eligibility.

Your case is being sent back to NYSOH to change the start date of your and your spouse's Essential Plan from March 1, 2017 to February 1, 2017. NYOSH will notify you once this change has been completed.

You will be responsible for any Essential Plan premium payments due for the month of February 2017 for you and your spouse.

### **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:

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 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 January 9, 2017 eligibility determination notice finding you and your spouse eligible for a QHP at full cost, effective February 1, 2017 is **RESCINDED**.

The January 14, 2017, eligibility determination notice finding you and your spouse eligible for the Essential Plan with a \$20.00 monthly premium each, effective February 1, 2017 is **AFFIRMED**.

The January 20, 2017 eligibility determination notice and plan enrollment notice are **MODIFIED** to state that you and your spouse were eligible for and enrolled in an Essential Plan with an enrollment start date of February 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).

Your case is RETURNED to NYSOH to effectuate your and your spouse's Essential Plan coverage from February 1, 2017 to February 28, 2017, and to notify you accordingly.

You will be responsible for any premium payments due to the Essential Plan for the month of February 2017 for you and your spouse.

This decision does not change your and your spouse's current eligibility.

Your case is being sent back to NYSOH to change the start date of your and your spouse's Essential Plan from March 1, 2017 to February 1, 2017. NYOSH will notify you once this change has been completed.

## **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。我们可以为您免费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)

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).

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।

### **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&btumi 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).

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).