



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

Notice of Decision

Decision Date: August 29, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017190

[REDACTED]

Dear [REDACTED],

On June 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 20, 2017 eligibility determination notice, February 23, 2017 eligibility determination notice and March 5, 2017 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: August 29, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017190

[REDACTED]

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 and your oldest son were eligible for enrollment in an Essential Plan with a \$20.00 per month premium each, effective March 1, 2017?

Did NYSOH properly determine that your oldest daughter was eligible for enrollment in an Essential Plan as of April 1, 2017?

Procedural History

On January 24, 2017, you submitted an application for financial assistance to NYSOH.

On January 25, 2017, NYSOH issued a notice of eligibility determination stating that you and your oldest son were determined eligible for an Essential Plan, with a \$0.00 premium per month, for a limited time, effective March 1, 2017. The notice directed you to provide proof of income for you and your oldest son by April 24, 2017 and to provide proof of income for your oldest daughter by February 8, 2017. The notice stated that if you missed the due date, you might lose your insurance or receive less help paying for your coverage.

Also on January 25, 2017, NYSOH issued a notice stating that the income information in your January 24, 2017 application did not match what NYSOH received from state and federal sources. You were directed to provide proof of

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).

income for you and your oldest son by April 24, 2017 and to provide proof of income for your oldest daughter by February 8, 2017.

Also, on January 25, 2017, NYSOH issued a notice of enrollment confirmation stating that you and your oldest son were enrolled in an Essential Plan with a \$0.00 per month premium, effective March 1, 2017.

On January 30, 2017, you faxed income documentation to NYSOH.

On February 11, 2017, your income documentation was uploaded to your NYSOH account.

On February 19, 2017, NYSOH redetermined your oldest daughter's eligibility.

On February 20, 2017, NYSOH issued a notice of eligibility determination, stating that your oldest daughter was eligible to enroll in a full cost qualified health plan and was not eligible for Medicaid, the Essential Plan, or Child Health Plus, because NYSOH did not receive the income documentation to verify the income listed in your application within the requested timeframe.

On February 22, 2017, NYSOH verified your income documentation and redetermined your eligibility.

On February 23, 2017, NYSOH issued a notice of eligibility determination, stating that you, your oldest son and your oldest daughter were eligible to enroll in an Essential Plan, with a \$20.00 per month premium each, effective April 1, 2017.

On March 5, 2017, NYSOH issued a notice of enrollment confirmation stating that you and your oldest son were enrolled in an Essential Plan with a \$20.00 premium per month each, effective March 1, 2017. The notice also stated that your oldest daughter was enrolled in an Essential Plan, effective April 1, 2017.

On March 23, 2017, you spoke to NYSOH's Account Review Unit and appealed the fact that you and your oldest son were charged a \$20.00 premium each for your Essential Plan coverage for March 2017 after receiving a notice on January 25, 2017 stating that your premium for the month of March 2017 was \$0.00 per month each. You also appealed the fact that you and your two children were unable to enroll Essential Plan coverage for the month of February 2017 due to notices being sent to an incorrect address. Finally, you appealed your oldest daughter's Essential Plan start date insofar as it was April 1, 2017 and not March 1, 2017.

On June 28, 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:

- 1) NYSOH records reflect that on January 24, 2017 you changed your address with NYSOH from [REDACTED], NY [REDACTED], NY [REDACTED].
- 2) You testified, and the record reflects that correspondence from NYSOH was mailed to you at [REDACTED], NY [REDACTED] during November 2016 through January 24, 2017. NYSOH records reflect that these notices were returned as "RETURN TO SENDER, NOT DELIVERABLE AS ADDRESSED, UNABLE TO FORWARD."
- 3) You testified that you had provided the Westchester Department of Social Services your new address of [REDACTED] in November 2016. You testified that you incorrectly believed that the Westchester Department of Social Services would advise NYSOH of your new address. You testified that you did not provide NYSOH with your new address until January 24, 2017.
- 4) You appealed the fact that you and your two children were unable to enroll into Essential Plan coverage for the month of February 2017 due to notices having been sent to you at the incorrect address.
- 5) You amended your appeal during the hearing to the extent that you were not appealing that you and your two children were unable to enroll into Essential Plan coverage for the month of February 2017 due to notices being sent to you at the incorrect address. You testified that you were appealing the Essential Plan monthly premium for March 2017 for you and your oldest son, insofar as it was \$20.00 each and not \$0.00 per month each. You testified that you were also appealing your oldest daughter's Essential Plan start date insofar as it was April 1, 2017 and not March 1, 2017.
- 6) By notice dated January 25, 2017, you and your oldest son were determined conditionally eligible for the Essential Plan with a \$0.00 premium, effective March 1, 2017. The notice directed you to provide proof of income for you and your oldest son by April 24, 2017 and to provide proof of income for your oldest daughter by February 8, 2017.
- 7) By fax dated January 30, 2017, you provided NYSOH with a letter from yourself dated January 27, 2017 indicating that you were financially responsible for your two oldest children, that your oldest daughter was no longer employed and a letter from your employer, indicating that you were paid a salary of \$1,730.77 every two weeks as well as two biweekly pay

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).

stubs with pay dates of January 6, 2017 and January 20, 2017 (See [REDACTED], [REDACTED], [REDACTED]).

- 8) NYSOH records reflect that the fax dated January 30, 2017 was uploaded to your NYSOH account on February 11, 2017.
- 9) On February 19, 2017, NYSOH determined that your oldest daughter was not eligible for Medicaid, the Essential or Child Health Plus because NYSOH did not receive the income documentation to verify the income listed in your application within the requested time frame.
- 10) On February 22, 2017, NYSOH verified your income documentation and redetermined your eligibility.
- 11) Also on February 22, 2017, NYSOH determined your annual income to be \$52,728.78.
- 12) Also on February 22, 2017, NYSOH records reflect that you, your oldest son and your oldest daughter were determined eligible for an Essential Plan with a \$20.00 per month premium each, effective April 1, 2017.
- 13) On March 5, 2017, NYSOH issued a notice of enrollment confirmation stating that you and your oldest son were enrolled in an Essential Plan with a \$20.00 premium per month each, effective March 1, 2017.
- 14) Your application states that you expect to file your 2017 taxes with a tax filing status of single. You testified that you will claim four dependents on that tax return.
- 15) You testified that you will not be taking any deductions on your 2017 tax return.
- 16) Your application states that you live in Westchester County.

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

Applicable Law and Regulations

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-

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).

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 2016 FPL, which is \$11,880.00 for a one-person household (81 Federal Register 4036).

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 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 under review is whether NYSOH properly determined that you and your oldest son were eligible for enrollment in an Essential Plan with a \$20.00 per month premium each, effective March 1, 2017.

The Essential Plan is provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income that is between 138% and 200% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$28,440.00 for a five-person household. Since an annual household income of \$52,728.78 is 185.40% of the 2016 FPL, NYSOH properly found you and your oldest son to be eligible for the Essential Plan.

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. Since your household income of \$52,728.78 is 185.40% of the 2016 FPL, NYSOH properly found that you and your oldest son were responsible for a \$20.00 per month premium each.

Since the March 5, 2017 enrollment confirmation notice properly stated, based on the information you provided, that you and your oldest son were enrolled in an Essential Plan, with a \$20.00 per month premium each, effective March 1, 2017, it is correct and must be AFFIRMED.

The second issue under review is whether NYSOH properly determined that your oldest daughter was not eligible for enrollment in an Essential Plan as of March 1, 2017.

On January 25, 2017, NYSOH issued a notice of eligibility determination directing you to provide proof of income for your oldest daughter by February 8, 2017. According to NYSOH records, by facsimile dated January 30, 2017, you provided NYSOH with a letter from yourself dated January 27, 2017 indicating that you were financially responsible for your oldest daughter and that your oldest daughter was no longer employed.

However, NYSOH records reflect that the fax dated January 30, 2017 was not uploaded to your NYSOH account until February 11, 2017. On February 19, 2017, NYSOH redetermined your oldest daughter's eligibility.

On February 20, 2017, NYSOH issued a notice of eligibility determination, stating that your oldest daughter was eligible to enroll in a full cost qualified health plan and was not eligible for an Essential Plan because NYSOH did not receive the income documentation to verify the income listed in your application within the requested time frame.

However, your oldest daughter's application was complete on the date that you faxed the income information to NYSOH on January 31, 2017. As such, you should have been able to select an Essential Plan for your oldest daughter on that 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 January 31, 2017, you should have been able to select an Essential Plan, so your oldest daughter's enrollment should have taken effect on the first day of the month following February; that is, on March 1, 2017.

Therefore, the February 20, 2017 and February 23, 2017 eligibility determination notices are MODIFIED to reflect that your oldest daughter was eligible to enroll in an Essential Plan, with a \$20.00 per month premium, effective March 1, 2017, and your case is RETURNED to NYSOH to reinstate your oldest daughter into an Essential Plan, with a \$20.00 per month premium, as of March 1, 2017.

Decision

The March 5, 2017 enrollment confirmation notice is AFFIRMED.

The February 20, 2017 and February 23, 2017 eligibility determination notices are MODIFIED to reflect that your oldest daughter was eligible to enroll in an Essential Plan, with a \$20.00 per month premium, effective March 1, 2017.

Your case is being RETURNED to NYSOH to reinstate your oldest daughter into an Essential Plan, with a \$20.00 per month premium, as of March 1, 2017.

Effective Date of this Decision: August 29, 2017

How this Decision Affects Your Eligibility

NYSOH correctly determined that you and your oldest son were enrolled in an Essential Plan with a \$20.00 premium per month, effective March 1, 2017.

Your case is being RETURNED to NYSOH to reinstate your oldest daughter into an Essential Plan, with a \$20.00 per month premium, as of March 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).

The effective date of your oldest daughter's Essential Health Plan is March 1, 2017.

You may owe additional premiums.

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
- 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):

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).

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 March 5, 2017 enrollment confirmation notice is AFFIRMED.

The February 20, 2017 and February 23, 2017 eligibility determination notices are MODIFIED to reflect that your oldest daughter was eligible to enroll in an Essential Plan, with a \$20.00 per month premium, effective March 1, 2017.

NYSOH correctly determined that you and your oldest son were enrolled in an Essential Plan with a \$20.00 premium per month, effective March 1, 2017.

Your case is being RETURNED to NYSOH to reinstate your oldest daughter into an Essential Plan, with a \$20.00 per month premium, as of March 1, 2017.

The effective date of your oldest daughter's Essential Health Plan is March 1, 2017.

You may owe additional premiums.

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 مجانًا.

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 דאלמענטשער 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).