



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

Notice of Decision

Decision Date: August 9, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017304

[REDACTED]

Dear [REDACTED]

On July 11, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 27, 2017 eligibility determination notice, the February 28, 2017 disenrollment notice, and the March 21, 2017 eligibility determination 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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Decision Date: August 9, 2017

NY State of Health Account ID: [REDACTED]
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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 (NYSOH) properly determine that your eligibility for the Essential Plan ended effective April 1, 2017?

Did NYSOH properly determine that you were eligible to enroll in a full cost qualified health plan and not eligible for the Essential Plan, effective May 1, 2017?

Procedural History

On November 24, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time, effective January 1, 2017. The notice further directed you to provide documentation confirming your income before February 21, 2017.

On November 24, 2016, NYSOH issued a notice confirming your enrollment in an Essential Plan, effective January 1, 2017.

On February 27, 2017, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a qualified health plan at full cost. The notice stated that you were not eligible to enroll in the Essential Plan because NYSOH did not receive the income documentation needed to verify the income listed in your application. This eligibility was effective April 1, 2017.

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On February 28, 2017, NYSOH issued a disenrollment notice stating that your enrollment in the Essential Plan would end as of March 31, 2017, because you were no longer eligible to remain in your plan.

On March 3, 2017, you updated your application for financial assistance.

On March 4, 2017, NYSOH issued a notice directing you to submit income documentation by March 18, 2017.

On March 7, 2017, NYSOH received your income documentation.

On March 20, 2017, NYSOH validated your documentation and an application for financial assistance was run on your behalf.

On March 21, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to purchase a qualified health plan at full cost, effective May 1, 2017. The notice stated that you were not eligible for Medicaid, the Essential Plan, or to receive tax credits or cost-sharing reductions because your income was over the allowable income limit for those programs.

On March 27, 2017, you spoke to NYSOH's Account Review Unit and appealed the termination of your Essential Plan as of April 1, 2017 and the eligibility determination insofar as you were not determined eligible for financial assistance.

On March 29, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for the Essential Plan, effective April 1, 2017, because you were granted aid to continue.

On March 30, 2017, NYSOH issued an enrollment confirmation notice stating that you were enrolled in the Essential Plan, effective April 1, 2017.

On July 11, 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 up to July 25, 2017, to allow you to submit supporting documents.

On July 12, 2017, NYSOH received documentation and it was incorporated into the record as "Appellant's Exhibit #1." The record remained open to July 25, 2017, but no further documentation was received. The record was closed that day.

Findings of Fact

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

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- 1) You submitted an application for financial assistance on November 23, 2016.
- 2) You testified that you were aware that you needed to submit income documentation, and testified that you tried to upload paystubs in the fall or winter of 2016. You confirmed that you faxed the paystubs on March 7, 2017.
- 3) You testified that you did not know there was an issue with your enrollment until the winter of 2016.
- 4) Your NYSOH account indicates that on February 26, 2017, your application was run and you were found no longer eligible for the Essential Plan as of April 1, 2017.
- 5) You submitted four paystubs to NYSOH on March 7, 2017:
 - a. dated February 3, 2017 for a gross \$1,280.00
 - b. dated February 10, 2017 for a gross \$912.00
 - c. dated February 17, 2017 for a gross \$1,200.00
 - d. dated February 24, 2017 for a gross \$1,216.00
- 6) On March 29, 2017, you faxed documentation regarding unemployment benefits, stating that a claim had been entered for processing for the week of March 20, 2017 to March 26, 2017. The document does not contain your name, the date that a claim was made, or name the state providing the benefits.
- 7) On July 12, 2017, you resubmitted the paystub dated February 3, 2017.
- 8) You testified that you are seeking enrollment in your Essential Plan as of April 1, 2017.
- 9) You testified that you expect to file your 2017 taxes with a tax filing status of single. You will claim no dependents on that tax return.
- 10) Your application states that you will not be taking any deductions on your 2017 tax return.
- 11) The application that was submitted on March 20, 2017 listed annual household income of \$59,904.00, based on your paystubs.
- 12) You testified that you are currently unemployed, and that you are unable to get a letter from your employers confirming that you are not working. You testified that you had not been working for at least seven

weeks prior to the hearing, and sometimes will go six months with no work.

- 13) Your application states that you live in [REDACTED].

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 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 <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)).

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

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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 Fed. Reg. 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)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your eligibility for the Essential Plan ended effective April 1, 2017.

An individual requesting financial assistance to help pay for the cost of coverage provided through NYSOH is required to attest to his or her household's projected annual income. For individuals seeking enrollment in the Essential Plan, NYSOH must request income data from federal data sources in order to verify an individual's income attestation.

If NYSOH cannot verify an individual's attestation, it must provide the individual with notice of the inconsistency and provide a period of 90 days from the date notice is received to resolve the inconsistency.

In the eligibility determination issued on November 24, 2016, you were advised that you were eligible for the Essential Plan for a limited time, and that you needed to confirm your household's income before February 21, 2017.

You testified that you were aware that you were required to submit income documentation to NYSOH, and that you had tried to upload your documentation in the fall or winter of 2016. The record does not reflect that income documentation was submitted until March 7, 2017, after the deadline.

If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine an individual's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation.

Accordingly, your eligibility for the Essential Plan terminated as of April 1, 2017 because you did not submit documentation by the deadline and did not adequately demonstrate that you could not provide documentation to confirm your income.

Therefore, the February 27, 2017 eligibility determination and February 28, 2017 disenrollment notices are AFFIRMED.

The second issue under review is whether NYSOH properly determined that you were eligible to enroll in a full cost qualified health plan and not eligible for the Essential Plan, effective May 1, 2017

The application that was submitted on March 20, 2017 listed an annual household income of \$59,904.00 and the eligibility determination relied upon that information. That income was calculated based on the paystubs you submitted on March 7, 2017, by taking the average of the four paystubs (\$4,608.00 divided by 4 equals \$1,152.00) and multiplying by 52 weeks.

You are in a one-person household. You expect to file your 2017 income taxes as single and will claim no dependents on that tax return.

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 \$11,880.00 for a one-person household. Since an annual household income of \$59,904.00 is 504.24% of the 2016 FPL, NYSOH properly found you to be not eligible for the Essential Plan.

Since the March 21, 2017 eligibility determination properly stated that, based on the information in the application, you were not eligible for the Essential Plan, it is correct and is AFFIRMED.

Although you subsequently submitted documentation regarding unemployment benefits and testified that you are currently unemployed, the record does not contain sufficient information to recalculate your income and redetermine your eligibility. The document you submitted regarding unemployment does not

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specify the state, does not contain your name, and does not state when the application was submitted. If your account or information is not correct, please update your application accordingly.

Decision

The February 27, 2017 eligibility determination notice is AFFIRMED.

The February 28, 2017 disenrollment notice is AFFIRMED.

The March 21, 2017 notice of eligibility determination is AFFIRMED.

Effective Date of this Decision: August 9, 2017

How this Decision Affects Your Eligibility

NYSOH properly found you not eligible to enroll in the Essential Plan effective April 1, 2017 because you did not provide documentation of your household's income.

NYSOH properly determined you not eligible for financial assistance with health insurance, effective May 1, 2017.

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 February 27, 2017 eligibility determination notice is AFFIRMED.

The February 28, 2017 disenrollment notice is AFFIRMED.

NYSOH properly found you not eligible to enroll in the Essential Plan effective April 1, 2017 because you did not provide documentation of your household's income.

The March 21, 2017 notice of eligibility determination is AFFIRMED.

NYSOH properly determined you not eligible for financial assistance with health insurance, effective May 1, 2017.

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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)

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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&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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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