



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

## Notice of Decision

Decision Date: July 31, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017595

[REDACTED]

Dear [REDACTED],

On July 19, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 28, 2017 plan disenrollment, and the April 4, 2017 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 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  
P.O. Box 11729  
Albany, NY 12211

## Decision

Decision Date: July 31, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017595

[REDACTED]

## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health properly determine that your enrollment in your Essential Plan ended effective March 31, 2017?

## Procedural History

On November 23, 2016, NY State of Health (NYSOH) received your application for financial assistance with health insurance. You also uploaded ten documents to your NYSOH account on this day.

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.

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

On December 11, 2016, NYSOH invalidated the income documentation you had submitted on November 23, 2016.

On December 12, 2016, NYSOH issued a notice stating that the documentation you had submitted did not confirm the information in your application. This notice directed you to submit additional income documentation by February 21, 2017.

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On February 21, 2017, you uploaded five documents to your NYSOH account.

On February 26, 2017, NYSOH systematically ran an application update on your NYSOH account.

On February 27, 2017, NYSOH issued an eligibility determination notice stating that you were newly eligible for a tax credit up to \$228.00 per month to help pay for your health coverage. The notice stated that you qualified for advanced premium tax credits because federal and state data sources show that your household income was between the allowable income limits. This eligibility was effective April 1, 2017.

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 1, 2017, NYSOH invalidated the income documentation you had submitted on February 21, 2017, and an application was submitted on your behalf.

On March 2, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan, for a limited time, effective April 1, 2017. This notice also directed you to submit additional income documentation by May 30, 2017.

Also on March 2, 2017, NYSOH issue a notice stating that the documentation that you uploaded on February 21, 2017 did not confirm what was listed in your application. This notice further directed you to submit additional income documentation by May 30, 2017.

On April 3, 2017, you enrolled yourself into an Essential Plan, effective May 1, 2017.

Also on April 3, 2017, you spoke to NYSOH's Account Review Unit and appealed the termination of your Essential Plan for the month of April 2017.

On April 4, 2017, NYSOH issued a plan enrollment notice, based on your April 3, 2017 plan selection, confirming your enrollment in your Essential Plan, effective May 1, 2017.

On July 19, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and the record was closed at the end of the hearing.

## **Findings of Fact**

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

- 1) The record indicates that NYSOH requested that you submit income documentation to confirm the information listed in your account by February 21, 2017.
- 2) You testified that you did submit income documentation.
- 3) The record indicates that on November 23, 2016, you uploaded ten paystubs to your NYSOH account.
- 4) On December 11, 2016, NYSOH invalidated the income documentation you submitted on November 23, 2016 because your application indicated that you no longer worked for one of the employers, and you did not upload a separation letter.
- 5) The record indicates that on February 21, 2017 you uploaded five paystubs to your NYSOH account.
- 6) There is no indication in the record that NYSOH reviewed the documents submitted on February 21, 2017 before the system ran an updated application on February 26, 2017.
- 7) The application that was run on February 26, 2017 used federal and state data sources to compute your expected yearly income, and as a result, you were found eligible for APTC, effective April 1, 2017.
- 8) The record indicates that on March 1, 2017, a NYSOH representative realized that your application had been run on February 26, 2017 before reviewing your income documentation that you had submitted on February 21, 2017.
- 9) The record indicates that on March 1, 2017, the NYSOH representative ran an application to reinstate your Essential Plan eligibility, effective April 1, 2017.
- 10) The record indicates that on March 1, 2017, the NYSOH representative also invalidated your income documentation that was submitted on February 21, 2017 because the paystubs were not dated within 30 days of your November 23, 2016 application. The NYSOH representative extended your due date to submit additional income documentation to May 20, 2017.

- 11) The record indicates that you were never reenrolled in an Essential Plan after the NYSOH representative reran your eligibility on March 1, 2017.
- 12) Your NYSOH account indicates that on April 3, 2017 you selected an Essential Plan for enrollment, effective May 1, 2017.
- 13) You testified that you are seeking reinstatement of your Essential Plan for the month of April 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 <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)).

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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 under review is whether NYSOH properly determined that your eligibility in the Essential Plan ended effective March 31, 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. The record reflects that you uploaded ten documents to your NYSOH on November 23, 2016. On December 12, 2016, NYSOH invalidated those documents, and requested that you submit additional documentation by February 21, 2017. The record reflects that, on February 21, 2017, you uploaded five documents to your NYSOH account.

On February 26, 2017, NYSOH systematically ran your eligibility without reviewing nor acknowledging receipt of the February 21, 2017 income documentation. On February 27, 2017, NYSOH issued an eligibility determination stating that, based on federal and state data sources, you were eligible for up to \$228.00 per month in advanced premium tax credits, effective April 1, 2017.

The record reflects that you did submit income documentation by the due date in the form of five paystubs. That documentation did not contain sufficient information to determine your household income because the paystubs you submitted were not within 30 days from the November 24, 2016 application. However, NYSOH failed to invalidate the documentation prior to systematically updating your application on February 26, 2017 and redetermining you eligible for APTC.

On March 1, 2017, NYSOH reviewed your account, invalidated your income documentation and reran an application on your behalf since you did submit income documentation on February 21, 2017; which found you eligible for the Essential Plan, for a limited time, effective April 1, 2017 and extended the due date for additional income documentation to May 20, 2017. However, NYSOH failed to reenroll you into your Essential Plan.

Had NYSOH invalidated the paystubs prior to the February 26, 2017 systematic run, your eligibility for and enrollment in your Essential Plan, for a limited time, would not have terminated effective March 31, 2017, and you would have remained enrolled in your Essential Plan.

Therefore, the April 4, 2017 plan enrollment notice stating that your enrollment in your Essential Plan was effective May 1, 2017 is MODIFIED to state that your enrollment in that plan is effective April 1, 2017.

It follows that the February 28, 2017 disenrollment notice stating that your enrollment in your Essential Plan ended March 31, 2017 is RESCINDED.

Your case is RETURNED to NYSOH to effectuate these changes and to notify you accordingly.

## **Decision**

The April 4, 2017 plan enrollment notice is MODIFIED to state that your enrollment in an Essential Plan was effective April 1, 2017.

The February 28, 2017 notice of disenrollment is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your coverage in your Essential Plan as of April 1, 2017.

**Effective Date of this Decision:** July 31, 2017

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

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).



NYSOH erred in terminating your Essential Plan effective March 31, 2017.

Your case is being sent back to NYSOH to reinstate your coverage in your Essential Plan as of April 1, 2017.

You are responsible for the premium payments for the months you are enrolled into coverage.

### **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 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 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 April 4, 2017 plan enrollment notice is MODIFIED to state that your enrollment in an Essential Plan was effective April 1, 2017.

The February 28, 2017 notice of disenrollment is RESCINDED.

Your case is being sent back to NYSOH to reinstate your coverage in your Essential Plan as of April 1, 2017.

You are responsible for the premium payments for the months you are enrolled into coverage.

## **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).

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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. y&b&tumi 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.

## **שׂוֹדֵשׁ (Yiddish)**

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).

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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