



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

Notice of Decision

Decision Date: September 01, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017902

[REDACTED]

Dear [REDACTED],

On August 29, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 5, 2017 eligibility determination and disenrollment notices and the April 11, 2017 eligibility determination and enrollment confirmation 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.

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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 and enrollment in your Essential Plan ended effective March 31, 2017?

Did NYSOH properly determine that your subsequent eligibility for and enrollment in an Essential Plan was effective no earlier than May 1, 2017?

Procedural History

On November 29, 2016, NYSOH issued a notice of eligibility determination stating you were eligible to enroll in the Essential Plan, for a limited time, effective January 1, 2017. The notice directed you to provide documentation confirming your income before February 26, 2017 or you might lose your insurance or receive less help paying for your coverage.

Also on November 29, 2016, NYSOH issued a notice confirming your enrollment in an Essential Plan, effective January 1, 2017.

On March 5, 2017, NYSOH issued an eligibility determination notice, based on a March 4, 2017 systematic eligibility redetermination, stating you were newly eligible to purchase a qualified health plan at full cost, effective April 1, 2017. 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.

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Also on March 5, 2017, NYSOH issued a disenrollment notice stating your enrollment in the Essential Plan would end on March 31, 2017, because you were no longer eligible to remain in your plan.

On April 10, 2017, you updated your application for financial assistance. That day, a preliminary eligibility determination was prepared stating that you were eligible to enroll in the Essential Plan, for a limited time, effective May 1, 2017.

Also on April 10, 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 11, 2017, NYSOH issued a notice of eligibility determination stating you were eligible to enroll in the Essential Plan for a limited time, effective May 1, 2017. The notice directed you to provide documentation confirming your income before July 9, 2017 or you might lose your insurance or receive less help paying for your coverage.

Also on April 11, 2017, NYSOH issue a notice of enrollment confirmation, based on your plan selection on April 10, 2017, stating that you were enrolled in an Essential Plan effective May 1, 2017.

On August 29, 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) You testified, and your application indicates, that you receive all your notices from NYSOH via regular mail.
- 2) You testified that you updated your application on [REDACTED] with the aid of a social worker from [REDACTED] where you receive treatment. You testified that the social worker advised you that you needed to submit proof of your income at that time.
- 3) You testified that you provided paystubs to the social worker and she indicated she would fax them to NYSOH.
- 4) You testified you did not know when you provided the paystubs to the social worker.

- 5) You testified that you did not receive any notice stating that your eligibility was only conditional and that you needed to provide documentation of your household's income.
- 6) No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable.
- 7) You confirmed the mailing address listed on the November 29, 2016 eligibility determination notice was your correct mailing address.
- 8) There is no record that NYSOH receive any income documentation submitted on your behalf until August 14, 2017.
- 9) Your NYSOH account indicates that on March 4, 2017 your eligibility was systematically redetermined and you were found no longer eligible for the Essential Plan as of March 31, 2017.
- 10) An updated application was submitted on your behalf on April 10, 2017. You were again determined conditionally eligible to enroll in the Essential Plan pending receipt of income documentation verifying the income information listed in your application.
- 11) You reenrolled in an Essential Plan on April 10, 2017 and your coverage through that plan became effective May 1, 2017.
- 12) You appealed insofar as you were not covered by an Essential Plan in 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)).

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 first issue under review is whether NYSOH properly determined that your eligibility for and enrollment in your 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

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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 29, 2016, you were advised that you were eligible for the Essential Plan for a limited time only, and that you needed to confirm your household's income before February 26, 2017.

You testified that you did not receive any notice from NYSOH telling you that you needed to provide income documentation to confirm your eligibility. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, NYSOH properly notified you of an inconsistency in your account and that documentation was needed to confirm the income you listed in the account.

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.

Although you testified that you submitted paystubs to the social worker that helped you with your application and that the social worker indicated she would fax the documents to NYSOH, there is no record that NYSOH received any income documentation submitted on your behalf prior to August 14, 2017. Additionally, you could provide no information regarding when you provided the income documentation to the social worker.

Because there is no record that NYSOH received the requested income documentation by the February 26, 2017 deadline, NYSOH was unable verify the income information listed in your application and your eligibility for the Essential Plan properly terminated as of March 31, 2017.

Therefore, the March 5, 2017 eligibility determination and disenrollment notices stating that your eligibility for and enrollment in an Essential Plan ended March 31, 2017 are correct and are AFFIRMED.

The second issue is whether NYSOH properly determined that your subsequent eligibility for and enrollment in the Essential Plan was effective no earlier than May 1, 2017.

You testified, and your account confirms, that you updated your NYSOH application on April 10, 2017. That day you selected an Essential Plan for enrollment.

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.

Since you selected your Essential Plan on April 10, 2017, before the fifteenth day of the month, your enrollment would properly take effect on the first day of the following month; that is, on May 1, 2017.

Therefore, the April 11, 2017 eligibility determination and enrollment confirmation notices stating that you are eligible for and your enrollment in an Essential Plan became effective May 1, 2017 are correct and must be AFFIRMED.

Decision

The March 5, 2017 notice of eligibility determination is AFFIRMED.

The March 5, 2017 notice of disenrollment is AFFIRMED

The April 11, 2017 notice of eligibility determination is AFFIRMED.

The April 11, 2017 notice of enrollment is AFFIRMED.

Effective Date of this Decision: September 01, 2017

How this Decision Affects Your Eligibility

NYSOH properly found you not eligible to enroll in the Essential Plan effective March 31, 2017, because you did not provide documentation of your household's income.

NYSOH properly found that your reenrollment in the Essential Plan was effective May 1, 2017.

You were not enrolled in an Essential Plan for the month of April 2017

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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):

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- By mail at:
NY State of Health Appeals
P.O. Box 11729

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The March 5, 2017 notice of eligibility determination is AFFIRMED.

The March 5, 2017 notice of disenrollment is AFFIRMED

The April 11, 2017 notice of eligibility determination is AFFIRMED.

The April 11, 2017 notice of enrollment is AFFIRMED.

NYSOH properly found you not eligible to enroll in the Essential Plan effective March 31, 2017, because you did not provide documentation of your household's income.

NYSOH properly found that your reenrollment in the Essential Plan was effective May 1, 2017.

You were not enrolled in an Essential Plan for the month of April 2017

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。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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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 मददत चाहन्छि भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोलने 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 okyerε 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.