



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

Notice of Decision

Decision Date: September 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018161

[REDACTED]

On August 1, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 18, 2017 plan enrollment 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).

This page intentionally left blank.



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

Decision

Decision Date: September 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018161

[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) fail to determine your spouse eligible to enroll in a qualified health plan (QHP) as of March 30, 2017?

Did NYSOH fail to enroll your spouse in an Essential Plan in the month of April 2017?

Procedural History

On March 11, 2017, NYSOH issued an eligibility determination notice stating in relevant part that your spouse was eligible for a tax credit up to \$479.00 per month and cost-sharing reductions, effective as of April 1, 2017.

On March 30, 2017, your NYSOH account was updated.

On March 31, 2017, NYSOH issued a notice, in relevant part, that your application for health insurance had been reviewed and the income information in your application did not match what NYSOH received from state and federal data sources. The notice directed you to provide proof of income by April 14, 2017, to confirm your spouse’s eligibility.

On April 6, 2017, you uploaded additional documentation to your NYSOH account [REDACTED].

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).

On April 13, 2017, NYSOH issued an eligibility determination stating in relevant part that your spouse was eligible to enroll in the Essential Plan with a \$20.00 premium per month for a limited time, effective May 1, 2017. The notice directed you to provide proof of income by July 11, 2017, to confirm your spouse's eligibility.

On April 18, 2017, NYSOH issued a plan enrollment notice confirming in relevant part that your spouse was enrolled in an Essential Plan with an enrollment start date of May 1, 2017. The notice directed you to provide proof of income by July 11, 2017, to confirm your spouse's eligibility.

On April 19, 2017, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as your spouse was not eligible to enroll in a QHP or an Essential Plan in the month of April 2017.

On August 1, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing. The record was left open to allow you to submit a termination letter from your spouse's health insurance company, and to allow the Hearing Officer to request a recording of your March 30, 2017 conversation with a representative with NYSOH's customer service center.

On August 3, 2017, you faxed two-pages of documentation to NYSOH's Appeals Unit. That documentation was made part of the record as "Appellant's Exhibit A."

The NYSOH Appeals Unit received the recording of your March 30, 2017, conversation with NYSOH's customer service. That recording was made part of the record as "NYSOH Exhibit 1."

The record is now complete and closed.

Findings of Fact

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

- 1) According to your NYSOH account, you expect to file your 2017 federal income taxes as jointly with your spouse and expect to claim your two children as dependents on that return.
- 2) You testified that your spouse was enrolled in employer-sponsored insurance until March 31, 2017.
- 3) You submitted a summary of your spouse's coverage in a UnitedHealthcare Oxford plan. The summary states that your spouse's coverage end date was March 31, 2017 (see Appellant's Exhibit A, p. 2).

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).

- 4) On March 11, 2017, NYSOH issued you a notice stating, based on your household income of \$51,284.43, your spouse was eligible for a shared tax credit up to \$479.00 per month and cost-sharing reductions, effective as of April 1, 2017 [REDACTED]).
- 5) You testified you attempted to enroll your spouse in a health plan on March 30, 2017; however, you were unable to select a plan.
- 6) On March 30, 2017, you contacted NYSOH's customer service center because you were unable to access your NYSOH account. The representative accessed your account and notified you that your application was still in progress. You were informed that the application needed to be completed before you could enroll your spouse in a health plan (see NYSOH Exhibit 1).
- 7) You testified that [REDACTED] is your username for your NYSOH account.
- 8) According to your NYSOH account, on March 30, 2017, income changes were initiated by [REDACTED]"
- 9) According to your NYSOH account, on March 30, 2017, you attested to an annual household income of \$23,777.25.
- 10) According to your NYSOH account, on April 17, 2017, your spouse was enrolled in an Essential Plan.
- 11) You testified that you want your spouse to be enrolled in a QHP or an Essential Plan for the month of April 2017 to cover the medical expenses that were incurred in that month.

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

Applicable Law and Regulations

General Eligibility for Financial Assistance

NYSOH must permit an applicant to request only an eligibility determination for enrollment in a QHP through the NYSOH; however, NYSOH may not permit an applicant to request an eligibility determination for less than all insurance affordability programs (45 CFR § 155.310(b)).

Medicaid - Eligibility

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application, that was the 2017 FPL, which is \$24,600.00 for a four-person household (82 Fed. Reg. 8831).

Medicaid Verification Process - Income

NYSOH may accept self-attestation of information needed to determine the income eligibility of an individual for Medicaid (42 CFR § 435.945(a)). NYSOH must request information relating to financial eligibility from other agencies in the State, other States, and Federal programs to the extent NYSOH determines such information is useful to verifying the financial eligibility for an individual (42 CFR § 435.948(a)).

An individual must not be required to provide additional information or documentation unless information needed by NYSOH cannot be obtained electronically or the information obtained electronically is not reasonably compatible with information provided by or on behalf of the individual (42 CFR § 435.952(c)).

Advance Payments of Premium Tax Credit

Advance payments of the premium tax credit (APTC) are generally available to a person who is eligible to enroll in a qualified health plan (QHP) and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a QHP, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

Minimum Essential Coverage

Minimum essential coverage includes most government-sponsored insurance plans such as Medicaid, Medicare, CHIP, Tricare, Veterans' Health

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).

Coverage, and eligible employer-sponsored insurance (26 USC §§ 36B(c)(2)(B) and 5000A(f)).

The Medicaid program under title XIX of the Social Security Act is a government-sponsored plan that provides minimum essential coverage (26 USC § 5000A(f)(1)(A)(i)).

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 failed to determine your spouse eligible to enroll in a QHP as of March 30, 2017.

On March 11, 2017, NYSOH issued you a notice stating that, based on your household income of \$51,284.43, your spouse was eligible for a shared tax credit up to \$479.00 per month and cost-sharing reductions, effective as of April 1, 2017 (see Document [REDACTED]).

The record reflects that on March 30, 2017, you contacted NYSOH's Customer Service because you were unable to access your NYSOH account. You explained that you were seeking to enroll your spouse in a health plan. However, the representative stated that your application was in progress, and the application needed to be completed before a health plan could be selected.

On March 30, 2017, you accessed your NYSOH account and updated your household's application for financial assistance. You attested that you expected to file a federal income tax return jointly with your spouse and expected to claim your two children as dependents on that return. Therefore, your spouse was in a

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).

four-person household. Furthermore, you changed your household's expected annual income from \$51,284.43 to \$23,777.25.

Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138% of the FPL for the applicable family size. There is nothing in your NYSOH account or application to indicate your spouse would not meet the non-financial requirements.

An annual income of \$23,777.25 is 96.66% of the 2017 FPL for a four-person household. Therefore, the annual household income attested to was within the income threshold for Medicaid eligibility.

However, the income information attested to in the March 30, 2017 application did not match the federal and state data sources. As a result, on March 31, 2017, NYSOH issued a notice directing you to submit additional income documentation to confirm your eligibility for Medicaid.

When applying for health insurance through NYSOH, an applicant may only request enrollment in a QHP; however, if an applicant requests an eligibility determination for financial assistance, NYSOH must evaluate their eligibility for all the insurance affordability programs.

When an adult submits an application for financial assistance and is determined eligible for or potentially eligible for Medicaid, they are ineligible for any other financial assistance program.

The credible record reflects that you submitted a financial assistance application on March 30, 2017, and your attestation was within the income threshold for Medicaid. Therefore, your spouse was ineligible to enroll in a QHP with financial assistance as of March 30, 2017.

The second issue under review is whether NYSOH failed to determine that your spouse was ineligible to enroll in an Essential Plan in the month of April 2017.

The date on which 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 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.

For your spouse to be enrolled in an Essential Plan with an enrollment start date of April 1, 2017, the plan must have been selected on or before March 15, 2017. Since an Essential Plan was selected for your spouse on April 17, 2017, they were ineligible to be enrolled in that plan in the month of April 2017. Therefore, the April 18, 2017 plan enrollment notice is AFFIRMED.

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).

Decision

Your spouse was ineligible to enroll in a QHP with financial assistance as of March 30, 2017.

The April 18, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: September 20, 2017

How this Decision Affects Your Eligibility

Your spouse was ineligible to enroll in a QHP with financial assistance in the month of April 2017.

Your spouse was properly determined eligible to enroll in an Essential Plan with an enrollment start date of 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:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:

Health Insurance Marketplace

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).

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

Your spouse was ineligible to enroll in a QHP with financial assistance or an Essential Plan in the month of April 2017.

The April 18, 2017 plan enrollment notice is AFFIRMED.

Your spouse was ineligible to enroll in a QHP with financial assistance or an Essential Plan in the month of April 2017.

Your spouse was properly determined eligible to enroll in an Essential Plan with an enrollment start date of May 1, 2017.

Legal Authority

We are sending you this notice in accordance with 45 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).

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).

000 00 00000000000000 0000 000 00000 00000 000 0000000000 00000000 00 000000,
00000000 000 1-855-355-5777 0000000 00 000000 0000 00 0000000 0000 0000 000000000000 0000
0000000 0000 0000000 0000 000000

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.

שׂוֹדִישׁ (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.

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).