



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

Notice of Decision

Decision Date: September 05, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018569

[REDACTED]

Dear [REDACTED],

On August 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 9, 2017 eligibility determination and disenrollment 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: September 05, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018569

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that your eligibility for the Essential Plan ended effective April 30, 2017?

Procedural History

On December 20, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time, effective February 1, 2017. The notice further directed you to provide documentation confirming your income by March 19, 2017.

On January 30, 2017, NYSOH issued a notice confirming your enrollment in an Essential Plan, effective February 1, 2017.

On February 17, 2017, NYSOH received (1) a copy of your 2016 W-2 and Earnings Summary issued to you by [REDACTED], (2) two earning statements you received from [REDACTED] on January 27, 2017 and February 3, 2017; (3) two earnings statements you received from [REDACTED] on January 6, 2017 and January 13, 2017, (4) a letter issued by [REDACTED], dated January 19, 2017, confirming your employment on a per diem basis, (5) a letter from you, dated February 17, 2017, confirming that your expected income for 2017 would be lower than the previous year from both of your employers, and (6) a copy of your 2016 W-2 and Earnings Summary issued to you by [REDACTED].

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On March 1, 2017, NYSOH issued a notice stating that the documentation you provided did not confirm the information contained within your application. The notice requested that you provide additional income documentation by March 19, 2017 to verify the information contained in your application.

On April 3, 2017, NYSOH received (1) a duplicate copy of the January 19, 2017 letter from your employer, (2) an apparent earnings statement issued to you by [REDACTED] confirming your gross earnings for the period worked between March 27, 2017 and April 2, 2017, and (3) and three earnings statements issued to you by [REDACTED] between March 10, 2017 and March 24, 2017.

On April 8, 2017, NYSOH redetermined your eligibility for financial assistance.

On April 9, 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 May 1, 2017.

Also on April 9, 2017, NYSOH issued a disenrollment notice stating that your enrollment in the Essential Plan would end as of April 30, 2017, because you were no longer eligible to remain in your plan.

On April 12, 2017, NYSOH issued a notice stating that the documentation you provided did not resolve the inconsistency in your application. The notice requested that you provide additional income documentation to verify the information contained in your application, but did not further extend the due date by which such documents were required to be received.

On May 1, 2017, you spoke to NYSOH's Account Review Unit and appealed the termination of your Essential Plan, effective April 30, 2017.

On August 8, 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 your notices from NYSOH by regular mail.

- 2) You testified that you received the eligibility determination notice stating that your eligibility was only conditional and that you needed to provide documentation of your household's income.
- 3) You testified, and your NYOSH account reflects, that in response to this notice you provided to NYSOH:
 - a. a letter issued by [REDACTED] confirming that your 2016 per diem gross wages were \$18,870.70;
 - b. a 2016 W-2 and Earnings Summary issued to you by [REDACTED]. reflecting your gross income of \$6,361.92;
 - c. a 2016 W-2 and Earnings Summary issued to you by [REDACTED]. reflecting your gross income of \$18,870.70;
 - d. two earning statements issued to you by [REDACTED] confirming that you received \$72.60 on January 27, 2017 and \$72.60 on February 3, 2017;
 - e. two earning statements issued to you by [REDACTED] confirming that you received \$126.70 on January 6, 2017 and \$80.00 on January 13, 2017; and
 - f. a letter from you stating that you would be working less hours with both of your employers during 2017 than you had during 2016.
- 4) On March 1, 2017, NYSOH issued a notice stating that the documentation you provided was not sufficient to confirm your eligibility, and to provide additional income documentation by March 19, 2017.
- 5) On April 3, 2017, you provided to NYSOH:
 - a. an apparent earnings statement issued to you by your employer confirming your gross earnings for the period worked between March 27, 2017 and April 2, 2017, reflecting a gross pay amount of \$357.00; and
 - b. three earnings statements issued to you by [REDACTED] confirming that you received \$240.00 on March 10, 2017, \$546.00 on March 17, 2017, and \$546.00 on March 24, 2017.
- 6) The documents you provided on April 3, 2017 were invalidated by NYSOH as not sufficient proof of your income during 2017

- 7) Your NYSOH account indicates that on April 8, 2017 your application was run and you were found no longer eligible for the Essential Plan as of April 30, 2017
- 8) You testified that you are seeking enrollment in your Essential Plan as of May 1, 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 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 issue under review is whether NYSOH properly determined that your eligibility for the Essential Plan ended effective April 30, 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 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 December 20, 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 by March 19, 2017.

In response to this, on February 17, 2017, you provided: (1) a copy of your 2016 W-2 and Earnings Summary issued to you by [REDACTED], (2) two earning statements you received from [REDACTED] on January 27, 2017 and February 3, 2017; (3) two earnings statements you received from [REDACTED] on January 6, 2017 and January 13, 2017, (4) a letter issued by [REDACTED], dated January 19, 2017, confirming your employment on a per diem basis, (5) a letter from you, dated February 17, 2017, confirming that your expected income for 2017 would be lower than the previous year from both of your employers, and (6) a copy of your 2016 W-2 and Earnings Summary issued to you by [REDACTED].

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However, the December 20, 2016 eligibility determination specified that the documentation that would be accepted to provide wage and salary information was paycheck stubs (for the last four weeks) or a letter from your employer on company letterhead, signed by the employer and dated.

The record reflects that while you provided four weeks of pay stubs between January 6, 2017 and February 3, 2017, the first two pay stubs were issued by [REDACTED], while the last two were issued by [REDACTED]. You testified that these employers are separate and distinct. Accordingly, since you are paid on a weekly basis, you were required to provide at least four pay stubs for each employer issued to you, for the same period of time

As a result, NYSOH correctly found the documents you provided on February 17, 2017 to be insufficient to confirm the information contained in your application.

On March 1, 2017, NYSOH issued a notice stating that the documentation was not sufficient to confirm your eligibility. It requested that you provide additional income documentation by the March 19, 2017 deadline.

On April 3, 2017, you provided to NYSOH (1) a duplicate copy of the January 19, 2017 letter from your employer, (2) an apparent earnings statement issued to you by [REDACTED] confirming your gross earnings for the period worked between March 27, 2017 and April 2, 2017, and (3) and three earnings statements issued to you by [REDACTED] between March 10, 2017 and March 24, 2017.

The record reflects that although you provided the necessary pay stubs issued to you by [REDACTED] for the period between March 10, 2017 and April 2, 2017, you did not provide any supporting documentation for your other employer, [REDACTED].

Since these documents did not verify the information contained in your application by the March 19, 2017 due date, your eligibility was determined on April 8, 2017.

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 30, 2017 because you did not submit the necessary documentation to confirm the information contained in your application, and did not adequately demonstrate that you could not provide documentation to confirm your income.

Therefore, the April 9, 2017 eligibility determination and disenrollment notice are AFFIRMED.

Decision

The April 9, 2017 eligibility determination and disenrollment notice are AFFIRMED.

Effective Date of this Decision: September 05, 2017

How this Decision Affects Your Eligibility

NYSOH properly found you not eligible to enroll in the Essential Plan effective April 30, 2017 because you did not provide sufficient documentation of your household's income.

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.

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).

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 April 9, 2017 eligibility determination and disenrollment notice are **AFFIRMED**.

NYSOH properly found you not eligible to enroll in the Essential Plan effective April 30, 2017 because you did not provide sufficient documentation of your household's income.

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 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 דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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