



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

Notice of Decision

Decision Date: October 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019402

[REDACTED]

Dear [REDACTED],

On September 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 28, 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: October 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019402

[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 you were no longer eligible to remain enrolled in the Essential Plan 2, effective April 30, 2017?

Procedural History

On December 8, 2016, NYSOH issued an eligibility determination notice based on your December 7, 2016 application stating you were eligible to enroll in the Essential Plan 2 for a limited time, effective January 1, 2017. The notice requested you provide proof of your income by March 7, 2017.

On December 8, 2016, NYSOH issued an enrollment confirmation notice stating you Essential Plan 2 would be effective January 1, 2016.

On February 23, 2017, you faxed income documentation to NYSOH.

On March 22, 2017, NYSOH uploaded a copy of your February 23, 2017 faxed income documentation.

On March 28, 2017, NYSOH issued a notice stating you were newly eligible to purchase a qualified health plan at full cost, effective May 1, 2017. The notice stated this was because NYSOH did not receive the income documentation needed to verify the income listed in your application.

On March 28, 2017, NYSOH issued a disenrollment notice stating your Essential Plan 2 coverage would end, effective April 30, 2017.

On March 30, 2017, NYSOH representatives invalidated the income documentation you provided.

Also on March 30, 2017, NYSOH received your updated application for financial assistance.

On March 31, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time, effective May 1, 2017. The notice further directed you to provide documentation confirming your income before June 28, 2017.

On March 31, 2017, NYSOH issued a notice stating the documentation reviewed does not confirm the information in your application. The notice requested you to provide proof of your income by June 28, 2017.

On April 6, 2017, you faxed income documentation to NYSOH.

On April 7, 2017, NYSOH uploaded copies of your income documentation which you provided by fax on April 6, 2017.

On April 13, 2017, a NYSOH representative verified your income documentation.

On April 14, 2017, NYSOH issued an eligibility determination notice stating you were eligible to enroll in the Essential Plan 2 with a \$0.00 premium per month, effective May 1, 2017.

On May 8, 2017, you enrolled in an Essential Plan 2.

On May 9, 2017 NYSOH issued a notice confirming your enrollment in an Essential Plan 2, effective June 1, 2017.

On May 31, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your Essential Plan 2, enrollment requesting a backdate to May 1, 2017.

On September 6, 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 proceeding.

Findings of Fact

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

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- 1) You testified you are seeking insurance for yourself.
- 2) You testified that you did receive a letter stating you needed to provide proof of your income by March 7, 2017.
- 3) You testified you faxed a copy of your income documentation on February 23, 2017.
- 4) You faxed proof of your income on February 23, 2017 in the form of a copy of your February 21, 2017 pay stub in Document [REDACTED].
- 5) On March 27, 2017, your application was run and you were found no longer eligible for the Essential Plan as of April 30, 2017 because you failed to submit documentation.
- 6) The income documentation you faxed on February 21, 2017, was found invalid on March 30, 2017, by a NYSOH representative.
- 7) An application was submitted on your behalf on March 30, 2017.
- 8) You testified you were not aware you had been disenrolled from your Essential Plan 2 effective April 30, 2017.
- 9) You submitted income documentation to NYSOH on April 7, 2017. NYSOH uploaded copies of your income documentation which you provided by fax on April 6, 2017 in documents [REDACTED], and [REDACTED].
- 10) On April 13, 2017, a NYSOH representative verified your income documentation.
- 11) The record supports you did not contact NYSOH to enroll in a plan until May 8, 2017.
- 12) You testified that you are seeking enrollment in your Essential Plan as of May 1, 2017 as you had uncovered medical expenses due to [REDACTED] for that month.
- 13) The Hearing Officer requested a copy of the call you made to NYSOH on March 30, 2017. During the call, you stated you did not want your insurance to lapse and asked what to do. The representative told you that you only sent one paystub and to send the additional paystubs for four consecutive weeks as soon as possible, so there would be no

lapse in coverage and call back within 7-10 business days to allow time for NYSOH to verify your income documentation.

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

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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 2 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 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 December 8, 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 March 7, 2017.

You testified that you did receive the notice from NYSOH telling you that you needed to provide income documentation to confirm your eligibility. The record shows you faxed a copy of your income documentation in response to the request on February 23, 2017 in the form of one paystub dated February 21, 2017.

On March 27, 2017, your application was run and you were found no longer eligible for the Essential Plan as of April 30, 2017 because you failed to submit documentation. You were subsequently disenrolled from your Essential Plan, effective April 30, 2017.

However, you did submit income documentation to NYSOH before the deadline. NYSOH failed to upload and verify the income documentation you submitted until after the deadline listed in the December 2016 notice. Even though NYSOH determined your one paystub was not valid proof, the March 28, 2017

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determination notice was incorrect in its statement that you had not produce income documentation prior to the requested March 7, 2017 deadline.

Furthermore, you contacted NYSOH on March 30, 2017 because you did not want your insurance to lapse and asked what to do. During the phone call, you were not informed that you needed to reenroll into coverage or that there was anything you needed to do besides upload additional income documentation, which you did on April 6, 2017. As a result of this phone call, you were again found eligible for the Essential Plan for a limited time as of May 1, 2017 however no enrollment was resubmitted in that Essential Plan. Had the NYSOH representative properly reenrolled you at the time of the March 30, 2017 phone call, you would have been reenrolled into your Essential Plan as of May 1, 2017.

Therefore, the March 28, 2017, eligibility determination notice stating you were newly eligible to purchase a qualified health plan at full cost and ineligible for the Essential Plan, effective May 1, 2017 because you did not provide income documentation was improper is RESCINDED.

The March 28, 2017, disenrollment notice terminating your Essential Plan 2, effective April 30, 2017 was improper and is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your Essential Plan 2 for the month of May 2017.

Decision

The March 28, 2017, eligibility determination notice is RESCINDED.

The March 28, 2017, disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your Essential Plan 2 for the month of May 2017.

Effective Date of this Decision: October 10, 2017

How this Decision Affects Your Eligibility

NYSOH improperly found you not eligible to enroll in the Essential Plan 2 effective April 30, 2017, because you did not provide documentation of your household's income.

Your case is being sent back to NYSOH to ensure your enrollment in the Essential Plan 2 for the month of May, 2017.

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 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):

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777

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- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The March 28, 2017, eligibility determination notice is RESCINDED.

The March 28, 2017, disenrollment notice is RESCINDED.

NYSOH improperly found you not eligible to enroll in the Essential Plan 2 effective April 30, 2017, because you did not provide documentation of your household's income.

Your case is RETURNED to NYSOH to reinstate your Essential Plan 2 for the month of May 2017.

Your case is being sent back NYSOH to ensure your enrollment in the Essential Plan 2 for the month of May 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 bɛtumi ama wo obi a okyerɛ 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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