



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

## Notice of Decision

Decision Date: September 13, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000019577

[REDACTED]

Dear [REDACTED],

On September 7, 2017, you appeared by telephone at a hearing of your appeal of NY State of Health's March 16, 2017 eligibility determination, March 16, 2017 disenrollment, and April 8, 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 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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## Decision

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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 you and your spouse were no longer eligible for financial assistance and ended your coverage effective March 31, 2017?

Did NYSOH provided a timely determination of your and your spouse's eligibility for financial assistance?

Did NYSOH properly reenroll you and your spouse in the Essential Plan with an enrollment start date of May 1, 2017?

## Procedural History

On December 8, 2016, you submitted an application for financial assistance through NYSOH.

On December 9, 2016, NYSOH issued an eligibility determination notice stating in part that you and your spouse were eligible to enroll in the Essential Plan for a limited time, effective January 1, 2017. The notice directed you to submit additional income documentation to confirm your eligibility before March 8, 2017.

On December 9, 2016, NYSOH issued a plan enrollment notice confirming that as of December 8, 2016, you and your spouse were enrolled in an Essential Plan with an enrollment start date of January 1, 2016. The notice directed you to

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submit additional income documentation to confirm your eligibility before March 8, 2017.

As of March 8, 2017, no documentation was received by NYSOH.

On March 15, 2017, your NYSOH account was systemically updated.

On March 16, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were newly eligible to purchase a qualified health plan at full cost, effective April 1, 2017. The notice stated that you and your spouse were not eligible for financial assistance because NYSOH did not receive the income documentation needed by the deadline to verify the income listed in your application.

Also on March 16, 2017, NYSOH issued a disenrollment notice stating that your and your spouse's Essential Plan coverage would end March 31, 2017, because you were no longer eligible to remain enrolled in the Essential Plan.

On March 28, 2017, your NYSOH account was updated.

On March 29, 2017, NYSOH issued a notice stating that the income information in your application does not match what NYSOH received from state and federal data sources. The notice directed you to provide proof of income for your household and proof of citizenship status for your spouse by April 12, 2017, to the information in your account.

On March 30, 2017, additional documentation was uploaded to your account (see Documents [REDACTED]).

On April 6, 2017, your NYSOH account was updated.

On April 7, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to enroll in the Essential Plan, effective May 1, 2017.

On April 8, 2017, NYSOH issued a plan enrollment notice confirming that, based on your April 7, 2017 plan selection, you and your spouse were enrolled in an Essential Plan with an enrollment start date of May 1, 2017.

On June 6, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as you and your spouse were not enrolled in an Essential Plan in the month of April 2017.

On September 7, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and was closed at the end of the hearing.

## Findings of Fact

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

- 1) According to your NYSOH account, you and your spouse were enrolled in an Essential Plan, effective January 1, 2017.
- 2) According to your NYSOH account, you receive all of your notices from NYSOH electronically.
- 3) You testified that you received the December 9, 2016 eligibility determination and plan enrollment notices from NYSOH.
- 4) You testified that you received a notice from NYSOH that your and your spouse's coverage would be discontinued.
- 5) According to your NYSOH account, no income documentation was received by NYSOH before March 8, 2017.
- 6) On March 30, 2017, you submitted to NYSOH:
  - (a) Paystubs from your employer for the pay dates of February 22, 2017, March 1, 2017, March 8, 2017, and March 15, 2017;
  - (b) Your spouse's Social Security card; and,
  - (c) Your spouse's U.S. Permanent Resident card;(see Documents [REDACTED]  
[REDACTED]).
- 7) According to your NYSOH account, you and your spouse were re-enrolled in an Essential Plan on April 7, 2017.
- 8) You testified that your spouse incurred medical expenses in the month of April 2017 and you want the bills to be covered by health insurance.
- 9) According to your NYSOH account, proof of your spouse's citizenship status is still being requested.
- 10) According to your NYSOH account, your spouse is a naturalized U.S. citizen.

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

## **Applicable Law and Regulations**

### 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).

### Verification Process - Income

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow the NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i)). If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f); 42 CFR §600.345 (a)) See also New York's Basic Health Plan Blueprint, p. 17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

NYSOH must provide the applicant with notice of the inconsistency. NYSOH must then provide the applicant with 90 days to provide satisfactory documentary evidence (45 CFR §155.315(f)(2)). If NYSOH remains unable to verify the information required to determine the applicant's eligibility after the 90 day period ends, it must determine the applicant's eligibility based on the information available (45 CFR § 155.315(f)(5)).

### Verification of Eligibility – Citizenship/Immigration

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)).

### Timely Notice of Eligibility Determination - Essential Plan

When an individual applies for insurance, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

The terms of 42 CFR § 435.912 (timely determination of eligibility under the Medicaid program) applies to eligibility determinations for enrollment in the Essential Plan (42 CFR § 600.320(b)). NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

### 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 properly determined that you and your spouse were ineligible for financial assistance and properly ended your Essential Plan coverage 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 their household's projected annual income. For individuals seeking financial assistance, 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.

NYSOH issued notices on December 9, 2016, stating that you and your spouse were eligible to enroll in the Essential Plan for a limited time. You were instructed to provide income documentation by March 8, 2017, to confirm your and your spouse's eligibility to enroll in the Essential Plan.

You testified that you received the December 9, 2016 eligibility determination and enrollment notices from NYSOH. 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.

The record is absent of any evidence that income documentation was submitted to NYSOH before March 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.

Therefore, it is determined that NYSOH properly notified you of the need to provide income documentation. Since no documentation was received by NYSOH within 90 days, NYSOH properly determined that you and your spouse were ineligible for financial assistance and ended your Essential Plan coverage effective March 31, 2017.

Therefore, the March 16, 2017, eligibility determination and disenrollment notices are AFFIRMED.

The second issue under review is whether NYSOH provided a timely determination of your and your spouse's eligibility for financial assistance.



On March 28, 2017 you submitted an updated application to NYSOH. The household income and your spouse's citizenship status that was entered into this application did not match federal and state data sources. As a result, on March 29, 2017, NYSOH issued a notice directing you to submit documentation of your household's income and your spouse's citizenship status.

For an individual whose income and citizenship status is needed, NYSOH must request data that will allow NYSOH to verify the household's income and individual's citizenship status. If NYSOH cannot verify the information required to determine eligibility, they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

On March 30, 2017, you submitted four consecutive paystubs from your employer, and your spouse's Social Security card and U.S. Permanent Resident card (see Documents [REDACTED]). Since this documentation was sufficient to resolve NYSOH's request for additional documentation, your application was complete as of March 30, 2017.

NYSOH must provide adults notice of their eligibility determination within 45 days from the date of the completed application.

On April 7, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for the Essential Plan, effective May 1, 2017. Since NYSOH issued an eligibility determination 8 days from the date your application was considered complete, the April 7, 2017 eligibility determination was timely.

The third issue under review is whether NYSOH properly determined that you and your spouse were enrolled in an Essential Plan with an enrollment start date of May 1, 2017.

The record reflects that you and your spouse were enrolled in an Essential Plan on April 7, 2017.

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 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.

Since the record reflects that you selected an Essential Plan for yourself and your spouse on April 7, 2017, the plan would properly take effect on the first day of the first month after April 7, 2017; that is, on May 1, 2017.

The April 8, 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).

Your account reflects that NYSOH is still requesting that you provide proof of your spouse's citizenship status. Your account states that your spouse is a naturalized U.S. citizen. On March 30, 2017, you submitted a copy of your spouse's U.S. Permanent Resident card as proof of your spouse's citizenship status. The card states that your spouse is a category "IR6" with an expiration date of February 8, 2025 (see Document [REDACTED]). Therefore, your case is RETURNED to NYSOH to update your spouse's citizenship/immigration status accordingly.

## **Decision**

The March 16, 2017 eligibility determination notice is AFFIRMED.

The March 16, 2017 disenrollment notice is AFFIRMED.

The April 7, 2017 eligibility determination was timely made.

The April 8, 2017 plan enrollment notice is AFFIRMED.

Your case is RETURNED to NYSOH to update your spouse's citizenship/immigration status.

**Effective Date of this Decision:** September 13, 2017

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

You and your spouse were properly determined ineligible for financial assistance and disenrolled from your Essential Plan coverage effective March 31, 2017.

You and your spouse were properly re-enrolled in the Essential Plan effective May 1, 2017.

You and your spouse did not have health insurance coverage through NYSOH during the month of April 2017.

Your case has been returned to NYSOH to update your spouse's citizenship/immigration status.

## **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.

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).

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

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## **Summary**

The March 16, 2017 eligibility determination notice is AFFIRMED.

The March 16, 2017 disenrollment notice is AFFIRMED.

The April 7, 2017 eligibility determination was timely made.

The April 8, 2017 plan enrollment notice is AFFIRMED.

Your case is RETURNED to NYSOH to update your spouse's citizenship/immigration status.

You and your spouse were properly determined ineligible for financial assistance and disenrolled from your Essential Plan coverage effective March 31, 2017.

You and your spouse did not have health insurance coverage through NYSOH during the month of April 2017.

You and your spouse were properly re-enrolled in the Essential Plan effective May 1, 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**

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 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 مجانًا.

### **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।

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).

## **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 महत्त्वपूर्ण 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&btumi 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.

## **אײַדיש (Yiddish)**

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אײך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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