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

Notice of Decision

Decision Date: September 26, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000020097

[redacted]

[redacted]

On September 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 6, 2017 eligibility determination, June 6, 2017 plan enrollment, and June 29, 2017 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 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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DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: September 26, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000020097

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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 were eligible for and enrolled in an Essential Plan, effective July 1, 2017?
>
> Did NYSOH properly end your Essential Plan coverage, effective July 31, 2017?

Procedural History

On January 14, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for a tax credit up to $306.00 per month and cost-sharing reductions, effective February 1, 2017.

Also on January 14, 2017, NYSOH issued a plan enrollment notice confirming that, as of January 13, 2017, you were enrolled in a qualified health plan (QHP) with an enrollment start date of February 1, 2017.

On June 6, 2017, your account was updated.

On June 7, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with a $20.00 monthly premium, effective July 1, 2017.

Also on June 7, 2017, NYSOH issued a plan enrollment notice confirming that, as of June 6, 2017, you were enrolled in an Essential Plan with an enrollment start date of July 1, 2017.

On June 28, 2017, your account was updated.

On June 28, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as you were determined eligible for and enrolled in an Essential Plan for the month of July 2017.

On June 29, 2017, NYSOH issued three notices:

(1) An eligibility determination notice stating that you were eligible for a tax credit up to $115.00 per month, effective as of August 1, 2017;
(2) A plan enrollment notice confirming that, as of June 28, 2017, you were enrolled in a qualified health plan with an enrollment start date of August 1, 2017;
(3) A disenrollment notice stating that your Essential Plan coverage would end on July 31, 2017, because you were no longer eligible to enroll in an Essential Plan.

On September 20, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing and the record was left open to allow the Hearing Officer to request the recording of your June 6, 2017 telephone conversation with NYSOH's customer service.

On September 22, 2017, NYSOH's Appeal Unit received the recording of your June 6, 2017, conversation with NYSOH's Customer Service. That recording has been 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 and testimony, you are applying for health insurance for yourself.

2) According to your NYSOH account and testimony, you were enrolled in a QHP with financial assistance, effective February 1, 2017.

3) According to your NYSOH account and testimony, you expected to file your 2017 federal income tax return with the tax status of single and do not expect to claim any dependents on that tax return.

4) On June 6, 2017, you contacted NYSOH's customer service to update the information in your account. You stated that you expected your 2017 annual household income to be approximately $18,000.00 (NYSOH Exhibit 1).

5) According to your June 6, 2017 application, you attested to an annual household income of $18,000.00.

6) According to your June 6, 2017 application, you did not expect to claim any deductions on your 2017 federal income tax return.

7) According to your NYSOH account, you enrolled in an Essential Plan on June 6, 2017.

8) According to your June 28, 2017 application, you attested to annual household income of $40,340.00.

9) You testified that you re-enrolled in the same QHP on June 28, 2017. Your plan deductible was reset back to $0.00 and do not believe that you should have to meet the deductible again.

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

Applicable Law and Regulations

Household – "Family Size"

"Family size" means the number of persons counted as members of an individual's household. The household of a taxpayer who expects to file a return, and does not expect to be claimed as a tax dependent by anyone else, consists of the taxpayer plus all people the taxpayer expects to claim as tax dependents (42 CFR § 435.603(f)(1)).

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).

In an analysis of Essential Plan eligibility, the determination is based on the FPL in effect on the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). On the date of your application, that was the 2016 FPL, which is $11,880.00 for a one-person household (81 Federal Register 4036).

A person who has a household income that is above 150% of the FPL has a $20.00 premium contribution and has higher cost-sharing (New York's Basic Health Plan Blueprint, pgs. 23-24, as approved January 2016; see https://www.medicaid.gov/basic-health-program/basic-health-program.html).

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)).

Redetermination During a Benefit Year

NYSOH requires that enrollees report any change with respect to their eligibility within 30 days of such change (42 CFR § 600.340(a), 45 CFR § 155.330(b)). NYSOH must implement changes resulting from a redetermination effective the first day of the month after NYSOH is notified of the change. However, NYSOH must implement a change that results in a decreased amount of financial assistance, and for which the date of the notice is after the 15th of the month, to be effective on the first day of the second month after NYSOH has been notified of the change (45 CFR §§ 155.330(f)(1)(iii), 155.330 (f)(3), New York's Basic Health Plan Blueprint, p. 18, as approved January 2016; see https://www.medicaid.gov/basic-health-program/basic-health-program.html).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you were eligible for the Essential Plan as of June 7, 2017, effective July 1, 2017.

An individual who expects to file a federal income tax return, the household equals the taxpayers and the number of individuals for whom the taxpayers are claiming as dependents.

You attested that you expect to file a 2017 federal income tax return with the tax status of single and did not expect to claim any dependents on that tax return. Therefore, you were in a one-person household for purposes of this analysis.

On June 6, 2017, you contacted NYSOH's customer service to update the information in your account. You attested that you expected your 2017 annual household income to be approximately $18,000.00 (NYSOH Exhibit 1). The June 7, 2017, eligibility determination notice relied upon your attestation.

The Essential Plan is provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income that is between 138% and 200% of the FPL for the applicable family size. On the date of your application, the relevant FPL was $11,880.00 for a one-person household. Since an annual household income of $18,000.00 is 151.52% of the 2016 FPL, NYSOH properly found you to be eligible for the Essential Plan.

Therefore, the June 7, 2017 eligibility determination notice properly stated that you were eligible for the Essential Plan and is AFFIRMED.

The second issue under review is whether NYSOH properly determined that you were enrolled in an Essential Plan with an enrollment start date of July 1, 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 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.

The record reflects that you selected an Essential Plan on June 6, 2017, 2017. Since you selected an Essential Plan on June 6, 2017, it properly took effect on the first day of the first month following June 6, 2017; that is on, July 1, 2017.

Therefore, the June 8, 2017 plan enrollment notice confirming that you were enrolled in an Essential Plan with an enrollment start date of July 1, 2017 is AFFIRMED.

The third issue under review is whether NYSOH properly ended your Essential Plan coverage on July 31, 2017.

The record reflects that on June 28, 2017, the information in your NYSOH account was changed to reflect an increase in your annual household income. Based on that update, on June 29, 2017, NYSOH issued a disenrollment notice stating that your Essential Plan coverage would end on July 31, 2017, because you were no longer eligible to enroll in an Essential Plan.

An enrollee must report any change to NYSOH that may affect their eligibility. Generally, when an individual changes the information in their account, any change resulting from that update will be effective the first day of the month after NYSOH is notified of the change. However, NYSOH must implement a change that results in a decreased amount of financial assistance, and for which the date of the notice is after the 15th of the month, to be effective on the first day of the second month after NYSOH has been notified of the change.

The record reflects that the June 28, 2017 update to your account resulted in a decrease in the amount of financial assistance. Further, the corresponding notice was issued on June 29, 2017. Therefore, the change in your eligibility for financial assistance should have been effectuated as of August 1, 2017.

Therefore, the June 29, 2017 disenrollment notice properly stated that your Essential Plan coverage would end as of July 31, 2017 and is AFFIRMED.

You re-enrolled in the same QHP on June 28, 2017 with an enrollment start date of August 1, 2017. You testified that your health plan's deductible was reset back to $0.00 and do not believe that you should have to meet the deductible again.

Your case will be RETURNED to NYSOH's Plan Management to ascertain whether the health plan properly reset your deductible.

Decision

The June 7, 2017 eligibility determination and enrollment notices are AFFIRMED.

The June 29, 2017 disenrollment notice is AFFIRMED.

Your case will be RETURNED to NYSOH's Plan Management to ascertain whether the health plan properly reset your deductible.

Effective Date of this Decision: September 26, 2017

How this Decision Affects Your Eligibility

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 were properly determined eligible for and enrolled in an Essential Plan for the month of July 2017.

Your case has been sent back to NYSOH's Plan Management to determine whether your health plan has properly reset your deductible. You will be notified accordingly.

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
- By mail at:

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

Summary

The June 7, 2017 eligibility determination and enrollment notices are AFFIRMED.

The June 29, 2017 disenrollment notice is AFFIRMED.

Your case will be RETURNED to NYSOH's Plan Management to ascertain whether the health plan properly reset your deductible.

You were properly determined eligible for and enrolled in an Essential Plan for the month of July 2017.

Your case has been sent back to NYSOH's Plan Management to determine whether your health plan has properly reset your deductible. You will be notified accordingly.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

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).

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)

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).

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।

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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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.

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).

(Yiddish) אידיש

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).