



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: AP000000020384

[REDACTED]

Dear [REDACTED],

On October 3, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 8, 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: October 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020384

[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 you and your spouse were ineligible for the Essential Plan and your coverage ended on June 30, 2017?

Procedural History

On March 30, 2017, you submitted an application for financial assistance through NYSOH.

On March 31, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to enroll in the Essential Plan for a limited time, effective as of May 1, 2017. The notice directed you to submit additional proof of income by June 28, 2017, to confirm your eligibility.

Also on March 31, 2017, NYSOH issued a plan enrollment notice confirming that as of March 30, 2017, you and your spouse were enrolled in an Essential Plan with an enrollment start date of May 1, 2017. The notice directed you to submit additional proof of income by June 28, 2017, to confirm your eligibility.

On April 3, 2017, and April 6, 2017, you uploaded additional documentation to your account (see Documents [REDACTED]).

On April 7, 2017, your NYSOH account was updated.

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On April 8, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for a tax credit up to \$602.00 per month and cost-sharing reductions, effective May 1, 2017. The also notice stated, in relevant part, that you and your spouse did not qualify for the Essential Plan because the income in your application was over the maximum allowable income limit for that program.

On April 8, 2017, NYSOH issued a disenrollment notice stating that your and your spouse's Essential Plan coverage would end on May 1, 2017, because you were no longer eligible to enroll in the Essential Plan.

On April 13, 2017, you updated your NYSOH account.

On April 14, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to enroll in the Essential Plan for a limited time, effective May 1, 2017. The notice directed you to submit additional proof of income by July 12, 2017, to confirm your eligibility.

Also on April 14, 2017, NYSOH issued a plan enrollment notice confirming that as of April 13, 2017, you and your spouse were enrolled in an Essential Plan with an enrollment start date of May 1, 2017. The notice directed you to submit additional proof of income by July 12, 2017, to confirm your eligibility.

On June 7, 2017, you uploaded additional documentation to your account (see Document [REDACTED]).

Also on June 7, 2017, your NYSOH account was updated.

On June 8, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for a tax credit up to \$652.00 per month and cost-sharing reductions, effective July 1, 2017. The notice also stated, in relevant part, that you and your spouse did not qualify for the Essential Plan because the income in your application was over the maximum allowable income limit for that program.

On June 8, 2017, NYSOH issued a disenrollment notice stating that your and your spouse's Essential Plan coverage would end on June 30, 2017, because you were no longer eligible to enroll in the Essential Plan.

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

Also on June 30, 2017, you updated your NYSOH account.

On July 1, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to enroll in the Essential Plan for a limited

time, effective August 1, 2017. The notice directed you to submit additional proof of income by September 28, 2017, to confirm your eligibility.

Also on July 1, 2017, NYSOH issued a plan enrollment notice confirming that, as of April 13, 2017, you and your spouse were enrolled in an Essential Plan with an enrollment start date of August 1, 2017. The notice directed you to submit additional proof of income by September 28, 2017, to confirm your eligibility.

On July 10, 2017, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as your and your spouse's Essential Plan coverage ended June 30, 2017.

On October 3, 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 closed at the end of the proceeding.

Findings of Fact

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

- 1) You testified that you want to have your and your spouse's Essential Plan coverage reinstated for the month of July 2017.
- 2) According to your NYSOH account and testimony, you expect to file a 2017 federal income tax return with the tax status of married filing jointly and expect to claim your two children as dependents on that return.
- 3) On April 6, 2017, you submitted four weekly pay statements from your spouse's employer, [REDACTED] to NYSOH totaling \$1,665.00 for a four week period. The statements reflect that your spouse was issued gross income of:
 - (a) \$435.00 on March 17, 2017;
 - (b) \$435.00 on March 24, 2017;
 - (c) \$435.00 on March 31, 2017;
 - (d) \$360.00 on April 7, 2017(see Document [REDACTED]).
- 4) According to your April 13, 2017 application, you attested that: (1) Your weekly income was \$620.00; (2) Your spouse's weekly income was \$300.00; and (3) You and your spouse expected to claim \$4,361.50 in deductions on your 2017 federal income tax return.

- 5) On June 7, 2017, you submitted four weekly earnings statements from your employer, [REDACTED] to NYSOH. The statements reflect that you were issued gross income of:
- (a) \$620.00 on April 7, 2017;
 - (b) \$620.00 on April 14, 2017;
 - (c) \$620.00 on April 21, 2017;
 - (d) \$620.00 on April 28, 2017
- (see Document [REDACTED])
- 6) According to the notes in your NYSOH account, on June 7, 2017, your spouse's earned income was updated to \$21,645.00 by taking the average of your spouse's four weekly paychecks submitted on April 6, 2017 and multiplying the average by 52 weeks ($\$1,665.00/4 = \416.25×52 weeks).
- 7) According to your NYSOH account, you did not submit any income documentation for your spouse between April 7, 2017, and June 29, 2017.
- 8) According to your NYSOH account, you submitted four weekly pay statements from your spouse's employer to NYSOH (see Document [REDACTED]). The June 2, 2017 pay statement indicated your spouse had year-to-date gross earnings of \$7,869.75 as of May 28, 2017, the end date of the pay period.
- 9) According to your NYSOH account, your family resides in Westchester County, New York.
- 10) You testified that you incurred medical expenses in the month of July 2017, and want your and your spouse's Essential Plan coverage to be reinstated for that month.

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

Applicable Law and Regulations

Modified Adjusted Gross Income

NYSOH bases its eligibility determinations on modified adjusted gross income as defined in the federal tax code (45 CFR § 155.300(a)). The term "modified adjusted gross income" means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3)

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Social Security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

“Adjusted gross income” means, in the case of an individual taxpayer, gross federal taxable income minus certain specific deductions, such as expenses reimbursed by an employer, losses from sale or exchange of property, losses from premature withdrawal of funds from time savings accounts, deductions attributable to royalties, and certain retirement savings (26 USC § 62(a)).

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 \$20,160.00 for a three-person household (81 Fed. Reg. 4036).

Income Verification Process

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>).

Legal Analysis

The issue under review is whether NYSOH properly determined you and your spouse ineligible for the Essential Plan, and ended your coverage as of June 30, 2017.

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On April 13, 2017, you submitted an application through NYSOH. In that application, you attested that: your weekly income was \$620.00; your spouse's weekly income was \$300.00; and you and your spouse expected to claim \$4,361.50 in deductions on your 2017 federal income tax return. Based on your attestations, your annual household income was calculated to be \$43,478.50. For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income. If NYSOH cannot verify the income information required to determine eligibility, they must attempt to resolve the inconsistency by allowing the applicant the opportunity to submit satisfactory documentary evidence.

The income information that was attested to in the April 13, 2017 application did not match federal and state data sources. As a result, on April 14, 2017, NYSOH issued notices stating, in relevant part, that you and your spouse were eligible for and enrolled in Essential Plan coverage for a limited time and instructing you and your spouse to submit additional income documentation by July 12, 2017, to confirm your eligibility.

On June 7, 2017, you submitted four weekly earnings statements from your employer to NYSOH. Each statement reflected that you were issued gross income of \$620.00 (see Document [REDACTED]).

The record reflects that, on June 7, 2017, NYSOH changed your annual household income from \$43,478.50 to \$49,523.50. The change in your annual household income was based on your spouse's earned income being recalculated by NYSOH to be \$21,645.00 (see Fact (6) above). However, no current income documentation had been submitted for your spouse since April 6, 2017. The available record indicates that NYSOH recalculated your spouse's earned income by using the documentation submitted on April 6, 2017 (see Document [REDACTED]).

NYSOH updated and recalculated your household's annual income using documentation that was submitted two months before the recalculation occurred. Therefore, your NYSOH account was updated based on out-of-date documentation. Further, the July 12, 2017 deadline to submit income documentation for your spouse had not expired as of the June 7, 2017 recalculation.

The record reflects that your spouse's current income documentation was uploaded to your NYSOH account on June 30, 2017, before the July 12, 2017 deadline to submit such documentation had expired. The June 2, 2017 check indicated your spouse had year-to-date gross earnings of \$7,869.75, which suggests that NYSOH also miscalculated your spouse's annual income on June 7, 2017 (see Document [REDACTED]).

Based on the foregoing information, the June 8, 2017 eligibility determination and disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your and your spouse's Essential Plan coverage for the month of July 2017, and to notify you accordingly.

Decision

The June 8, 2017, eligibility determination and disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your and your spouse's Essential Plan coverage for the month of July 2017, and to notify you accordingly.

This Decision has no effect on any subsequent eligibility determinations made or corresponding notices issued by NYSOH.

Effective Date of this Decision: October 10, 2017

How this Decision Affects Your Eligibility

You and your spouse's were eligible for the Essential Plan in the month of July 2017.

Your case is being sent back to NYSOH to reinstate your and your spouse's coverage for the month of July 2017. NYSOH will notify you once this has been done.

You will be responsible to pay the health insurance premiums for that month to the health plan directly to effectuate this coverage.

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.

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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 June 8, 2017, eligibility determination and disenrollment notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your and your spouse's Essential Plan coverage for the month of July 2017, and to notify you accordingly.

This Decision has no effect on any subsequent eligibility determinations made or corresponding notices issued by NYSOH.

You and your spouse's were eligible for the Essential Plan in the month of July 2017.

Your case is being sent back to NYSOH to reinstate your and your spouse's coverage for the month of July 2017. NYSOH will notify you once this has been done.

You will be responsible to pay the health insurance premiums for that month to the health plan directly to effectuate this coverage.

Legal Authority

We are sending you this notice 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 okyerε 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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