



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

## Notice of Decision

Decision Date: October 17, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000020802

[REDACTED]

Dear [REDACTED],

On October 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 24, 2016 and January 10, 2017 eligibility determination 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.

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## Decision

Decision Date: October 17, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000020802



## 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 Essential Plan coverage with a \$20.00 monthly premium, effective January 1, 2017?

Did NYSOH properly determine that you were eligible for Essential Plan coverage with no monthly premium, effective February 1, 2017?

## Procedural History

On December 14, 2015, you submitted an application for financial assistance.

On December 15, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan with no monthly premium, effective January 1, 2016.

Also on December 15, 2015, NYSOH issued an enrollment notice confirming your enrollment in an Essential Plan 2 (no monthly premium) as of December 14, 2015. The notice confirmed that your Essential Plan coverage would begin effective January 1, 2016.

On October 19, 2016, NYSOH issued a notice that it was time to renew your health insurance for the upcoming year. That notice stated that, based on information from federal and state sources, NYSOH could not determine whether you would qualify for financial help paying for your health coverage, and that you

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needed to update your account by December 15, 2016 or you might lose the financial assistance you were currently receiving.

On November 23, 2016, you submitted an update to your application for health insurance.

On November 24, 2016, NYSOH issued an eligibility determination notice stating that you were enrolled in an Essential Plan 1 with a \$20.00 monthly premium, effective January 1, 2017.

Also on November 24, 2016, NYSOH issued an enrollment notice confirming your enrollment in an Essential Plan 1 with a \$20.00 monthly premium. The notice confirmed that your plan enrollment start date was January 1, 2016.

On January 9, 2017, you submitted an update to your application for health insurance.

On January 10, 2017, NYSOH issued an enrollment notice confirming your enrollment in an Essential Plan 2 (no monthly premium) as of January 9, 2017. The notice confirmed that your Essential Plan coverage would begin effective February 1, 2017.

Also on January 10, 2017, NYSOH issued an enrollment notice confirming your enrollment in an Essential Plan 2 with no monthly premium. The notice confirmed that your plan enrollment start date had been January 1, 2016.

On July 24, 2017, you spoke to NYSOH's Account Review Unit and appealed that you were apparently enrolled in an Essential Plan 1 (with a \$20.00 monthly premium) during the months of December 2016 and February 2017.

On October 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 hearing.

## **Findings of Fact**

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

- 1) You attested in your application NYSOH account that you expect to file your 2017 taxes with a tax filing status of single. You will claim no dependents on that tax return.
  
- 2) You are seeking insurance for yourself only.

- 3) The application that was submitted on November 23, 2016 listed annual household income of \$18,000.00. You testified that this amount was correct when you had submitted your application.
- 4) The application that was submitted on January 9, 2017 listed an annual household income of \$17,000.00. You testified that this amount was correct when you had submitted that application, since you anticipated receiving slightly less money during 2017.
- 5) Your application states that you will not be taking any deductions on your tax return.
- 6) You live in [REDACTED], New York.
- 7) You testified that even though you were found by NYSOH to be eligible for the Essential Plan with a \$20.00 monthly premium beginning January 1, 2017, your insurance carrier's internal records indicate that your Essential Plan 1 enrollment covered the month of December 2016.
- 8) You testified that while the notices issued by NYSOH reflected that your Essential Plan 2 (no monthly premium) coverage should have begun as of February 2017, the insurance carrier's internal records indicate that your Essential Plan 1 enrollment covered the month of February 2017 as well.
- 9) You testified that you were not contesting your enrollment in the Essential Plan 1 plan during the month of January 2017.
- 10) You testified that you were seeking for reenrollment in the Essential Plan 2 during the months of December 2016 and February 2017 due not only to the reduced premium, but also recover the co-pays that you were forced to front during those months.

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

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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 at or below 150% of the FPL has a \$0.00 premium contribution (New York's Basic Health Plan Blueprint, p. 21, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

A person who has a household income greater than 150% of the FPL or below 200% of the FPL has a \$20.00 per month premium contribution (New York's Basic Health Plan Blueprint, as approved January 2016).

### 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 were eligible for Essential Plan coverage with a \$20.00 monthly premium, effective January 1, 2017.

The application that was submitted on November 23, 2016 listed an annual household income of \$18,000.00 and the eligibility determination relied upon that information.

You are in a one-person household. You expect to file your 2017 income taxes as single and will claim no dependents on that tax return.

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 November 23, 2016 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 with a \$20.00 monthly premium effective January 1, 2017.

Therefore, the November 24, 2016 eligibility determination notice is AFFIRMED.

The second issue under review is whether NYSOH properly determined that you were eligible for Essential Plan coverage with no monthly premium, effective February 1, 2017.

The application that was submitted on January 9, 2017 listed an annual household income of \$17,000.00 and the eligibility determination relied upon that information.

On the date of the January 9, 2017 application, the relevant FPL was \$11,880.00 for a one-person household. Since an annual household income of \$17,000.00 is 143.10% of the 2016 FPL, NYSOH properly found you to be eligible for the Essential Plan with no monthly premium effective February 1, 2017.

Therefore, the January 10, 2017 eligibility determination notice is AFFIRMED.

Your case is RETURNED to NYSOH to (1) confirm that your eligibility and enrollment details as reflected in your NYSOH account coincide with those of the insurance carrier in that you ought to have been enrolled in the Essential Plan 2 during the months of December 2016 and February 2017, and (2) facilitate any necessary resubmission of any claims to the insurance carrier under the Essential Plan 2.

## **Decision**

The November 24, 2017 eligibility determination notice is AFFIRMED.

The January 10, 2017 eligibility determination notice is AFFIRMED.

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Your case is RETURNED to NYSOH to (1) investigate in ensuring your enrollment details as reflected in your NYSOH account coincide with those of the insurance carrier in that you ought to have been enrolled in the Essential Plan 2 during the months of December 2016 and February 2017, and (2) facilitate resubmission of any claims to the insurance carrier under the Essential Plan 2.

**Effective Date of this Decision:** October 17, 2017

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

You remain eligible for enrollment in Essential Plan 2 (no monthly premium) during the months of December 2016 and February 2017.

Your case is being sent back to NYSOH to (1) investigate in ensuring your enrollment details as reflected in your NYSOH account coincide with those of the insurance carrier in that you ought to have been enrolled in the Essential Plan 2 during the months of December 2016 and February 2017, and (2) facilitate resubmission of any claims to the insurance carrier under the Essential Plan 2.

### **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

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).

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  
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Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The November 24, 2017 eligibility determination notice is AFFIRMED.

The January 10, 2017 eligibly determination notice is AFFIRMED.

You remain eligible for enrollment in Essential Plan 2 (no monthly premium) during the months of December 2016 and February 2017.

Your case is being sent back to NYSOH to (1) investigate in ensuring your enrollment details as reflected in your NYSOH account coincide with those of the insurance carrier in that you ought to have been enrolled in the Essential Plan 2 during the months of December 2016 and February 2017, and (2) facilitate resubmission of any claims to the insurance carrier under the Essential Plan 2.

### **Legal Authority**

We are sending you this notice in accordance with 45 CFR § 155.545.

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**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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