



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

## Notice of Decision

Decision Date: October 25, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000021137

[REDACTED]

Dear [REDACTED],

On October 17, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 23, 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 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

Decision Date: October 25, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000021137

[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 were no longer eligible for the Essential Plan and properly end your coverage as of June 30, 2017?

## Procedural History

On January 18, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with no monthly premium for a limited time, effective February 1, 2017. The notice directed you to submit additional income documentation to confirm your eligibility before April 17, 2017.

Also on January 18, 2017, NYSOH issued a plan enrollment notice confirming that as of January 17, 2017, you were enrolled in an Essential Plan with an enrollment start date of February 1, 2017. The notice directed you to submit additional income documentation to confirm your eligibility before April 17, 2017.

On April 5, 2017, you mailed additional documentation to NYSOH (see Documents [REDACTED]; uploaded [REDACTED]).

On April 21, 2017, NYSOH issued a notice stating that the documentation reviewed did not confirm the information in your application. The notice instructed you to submit additional income documentation by May 17, 2017, to confirm your eligibility.

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On May 22, 2017, your NYSOH account was systematically updated.

On May 23, 2017, NYSOH issued an eligibility determination stating, in relevant part, that you no longer qualified for the Essential Plan as of June 30, 2017.

Also on May 23, 2017, NYSOH issued a disenrollment notice stating that your Essential Plan coverage would end on June 30, 2017, because you were no longer eligible to enroll in the Essential Plan.

On August 3, 2017, your account was updated.

Also on August 3, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as your Essential Plan coverage ending June 30, 2017.

On August 4, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with a \$0.00 monthly premium, effective September 1, 2017.

Also on August 4, 2017, NYSOH issued a plan enrollment notice confirming that as of August 3, 2017, you were enrolled in an Essential Plan with an enrollment start date of September 1, 2017.

On October 17, 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) According to your NYSOH account, you were enrolled in an Essential Plan, effective February 1, 2017.
- 2) According to your January 17, 2017 application, you attested that your only source of income would be \$17,000.00 in IRA distributions.
- 3) According to your NYSOH account, you expect to file a 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 January 18, 2017 and April 21, 2017, NYSOH issued notices with a list of acceptable documentation to confirm your income. The list included: "IRA Distributions/Pensions Annuities: 1099-R or

documentation of the distribution amount from the financial institution” (see Documents [REDACTED]).

- 5) On April 5, 2017, you mailed a letter stating: “Included with this letter is proof of my yearly income. I receive this lump sum IRA distribution only once a year to facilitate my living expenses” (see Document [REDACTED]).
- 6) On April 5, 2017, you mailed a statement from [REDACTED]. On March 24, 2017, you were issued a gross payment of \$16,000.00 (see Document [REDACTED]).
- 7) You testified that the March 24, 2017 IRA distribution would be your only source of income in 2017.
- 8) No additional documentation was submitted after April 5, 2017.
- 9) According to the notes in your NYSOH account, on April 20, 2017, the documentation was determined invalid because “the documentation [that was] submitted does not state she receives that amount yearly.”
- 10) You testified that you did not receive a notice from NYSOH stating that your Essential Plan would be discontinued.
- 11) You testified that you were contacted by your [REDACTED] office in July 2017 and were informed that your health insurance was no longer active.
- 12) According to your NYSOH account, you re-enrolled in an Essential Plan on August 3, 2017, with an enrollment start date of September 1, 2017.
- 13) You testified that you have outstanding medical bills for the months of July 2017 and August 2017, and want your Essential Plan to cover those expenses.

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

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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

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)).

### **Legal Analysis**

The issue under review is whether NYSOH properly determined that you were no longer eligible for the Essential Plan and properly ended your coverage as of June 30, 2017.

On January 17, 2017, you submitted an application through NYSOH. You attested that your only source of income would be \$17,000.00 in IRA distributions.

When NYSOH cannot verify information that is required to make an eligibility determination, it must notify the applicant and allow the applicant time to submit satisfactory documentation.

Based on the January 17, 2017 application, NYSOH issued notices stating that you were eligible for and enrolled in the Essential Plan for a limited time. You

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were instructed to provide income documentation by April 17, 2017, in order to confirm your eligibility to enroll in the Essential Plan. The notices provided a list of acceptable documentation to confirm your income. The list included: "IRA Distributions/Pensions Annuities: 1099-R or documentation of the distribution amount from the financial institution" (see Documents [REDACTED]; [REDACTED]).

On April 5, 2017, you mailed a statement from [REDACTED] asserting that on March 24, 2017, you were issued a gross payment of \$16,000.00. Further, you provided a letter explaining that the statement is proof of your yearly income (see Documents [REDACTED]; [REDACTED]).

On April 20, 2017, NYSOH determined that the documentation submitted was invalid because the documentation did not state what amount you received yearly. Based on that determination, on April 21, 2017, NYSOH issued you a notice instructing you to submit additional income documentation by May 17, 2017. That notice contained the same income documentation list as the notices issued on January 18, 2017 (see Document [REDACTED]). No additional documentation was submitted after April 5, 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.

On May 23, 2017, your account was systematically updated, and your eligibility for financial assistance was redetermined. Based on that update, you were determined ineligible for the Essential Plan and were disenrolled from your health insurance coverage, effective June 30, 2017.

The record reflects that the notices instructing you to submit additional income documentation stated that either a Form 1099-R or documentation of the distribution amount from the financial institution was sufficient to satisfy the request for additional documentation. The documentation submitted on April 5, 2017, was a statement from the financial institution reflecting the gross distribution amount. Therefore, it was sufficient to satisfy NYSOH's request for additional documentation such that the May 23, 2017 eligibility determination and disenrollment notices are [REDACTED].

Your case is [REDACTED] to NYSOH to reinstate your Essential Plan coverage for the months of July 2017 and August 2017.

During the hearing, you testified that the March 24, 2017 IRA distribution has been and would be your only source of income in 2017. Therefore, your case is [REDACTED] to NYSOH to recalculate your eligibility for financial assistance

based on a one-person household with an annual household income of \$16,000.00.

## **Decision**

The May 23, 2017, eligibility determination notice is [REDACTED]

The May 23, 2017, disenrollment notice is [REDACTED].

Your case is [REDACTED] to NYSOH to reinstate your Essential Plan coverage for the months of July 2017 and August 2017, and to notify you accordingly.

Your case is further [REDACTED] to NYSOH to recalculate your eligibility for financial assistance based on a one-person household with an annual household income of \$16,000.00, and to notify you accordingly.

**Effective Date of this Decision:** October 25, 2017

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

Your Essential Plan was improperly discontinued for the months of July 2017 and August 2017.

Your case has been returned to NYSOH to reinstate your health insurance coverage for the months of July 2017 and August 2017. NYSOH will notify you once this has been done.

NYSOH will redetermine your eligibility based on the information noted above and will notify you of the outcome and, if applicable, what further action is required on your part.

## **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

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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 May 23, 2017, eligibility determination is [REDACTED].

The May 23, 2017, disenrollment notice is [REDACTED].

Your case is [REDACTED] to NYSOH to reinstate your Essential Plan coverage for the months of July 2017 and August 2017, and to notify you accordingly.

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Your case is further RETURNED to NYSOH to recalculate your eligibility for financial assistance based on a one-person household with an annual household income of \$16,000.00, and to notify you accordingly.

Your Essential Plan was improperly discontinued for the months of July 2017 and August 2017.

Your case has been RETURNED to NYSOH to reinstate your health insurance coverage for the months of July 2017 and August 2017. NYSOH will notify you once this has been done.

NYSOH will redetermine your eligibility based on the information noted above and will notify you of the outcome and, if applicable, what further action is required on your part.

## **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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