



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

Notice of Decision

Decision Date: November 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021939

[REDACTED]

[REDACTED]

On November 9, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 3, 2017 eligibility determination and disenrollment notices and August 30, 2017 plan enrollment notice.

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.

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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 properly determine that your and your oldest and youngest children's eligibility for and enrollment in an Essential Plan ended effective August 31, 2017?

Did NY State of Health properly determine that your and your oldest and youngest children's enrollments in an Essential Plan were effective October 1, 2017 and November 1, 2017, respectively?

Procedural History

According to your NY State of Health (NYSOH) account, on April 20, 2017, you updated your application for health insurance for you, your oldest child, and your youngest child (children). Because NYSOH could not verify the household income listed in that application, your and your children's Essential Plan eligibility was determined to be conditional pending proof of your household income.

On April 27, 2017, you submitted documentary proof of your household income [REDACTED]. This income documentation was invalidated by NYSOH on April 28, 2017.

You updated your and your children's account on April 28, 2017.

On April 29, 2017, NYSOH issued a notice stating that the documentation you submitted does not confirm the information in your application. The notice

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directed you to provide additional proof of household income to confirm your and your children's eligibility by July 27, 2017.

Also on April 29, 2017, NYSOH issued an eligibility determination notice, based on that updated application, stating that you and your children were eligible to enroll in the Essential Plan for a limited time with a \$20.00 per month premium each, effective June 1, 2017. The notice directed you to provide additional documentation to confirm your household income before July 27, 2017.

Also on April 29, 2017, NYSOH issued a plan enrollment notice confirming your and your children's enrollment in an Essential Plan, effective June 1, 2017.

NYSOH did not receive any further documentary proof of household income by July 27, 2017.

On August 3, 2017, NYSOH issued an eligibility determination notice stating that you and your children were eligible to share in an advance payment of the premium tax credit of up to \$393.00 per month and eligible for cost-sharing reductions if you all enrolled in a silver-level qualified health plan, effective September 1, 2017. This was because federal and state data sources show your household income was between \$33,534.00 and \$97,200.00.

Also on August 3, 2017, NYSOH issued a disenrollment notice stating that your and your children's coverage in your Essential Plan(s) would end effective August 31, 2017, because you and your children were no longer eligible to enroll in the Essential Plan.

On August 29, 2017, you updated your and your children's application for health insurance and selected an Essential Plan for enrollment. That same day, NYSOH prepared a preliminary eligibility determination finding you and your children were eligible for and enrolled in an Essential Plan as of October 1, 2017.

Also on August 29, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your and your children's enrollment in the Essential Plan, insofar as it did not begin September 1, 2017.

On August 30, 2017, NYSOH issued an eligibility determination notice, based on your August 29, 2017 updated application, stating that you and your children were eligible to enroll in the Essential Plan for a limited time with a \$20.00 monthly premium each, effective October 1, 2017. The notice directed you to provide proof of your household income by November 27, 2017 to confirm your and your children's eligibility.

Also on August 30, 2017, NYSOH issued a plan enrollment notice confirming your and your children's enrollment in an Essential Plan, effective October 1, 2017.

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On November 9, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Your request to amend your appeal to include only yourself, your oldest child and your youngest child as appellants was granted and testimony was received. 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 and your testimony, at all times relevant, you received email alerts regarding notices from NYSOH.
- 2) According to your NYSOH account, you updated your NYSOH account on April 20, 2017. Because NYSOH could not verify the household income listed in their application, your and your children's eligibility was pending documentary proof of your income. On April 27, 2017, you submitted documentary proof of your household income ([REDACTED] [REDACTED]).
- 3) That document was invalidated by NYSOH as insufficient on April 28, 2017.
- 4) You testified that your two youngest children did not work during 2017, and that they only had summer jobs. You then retracted that statement and said that those jobs were while in college and did not amount to anything.
- 5) According to the documentation you submitted, your youngest child worked from January 2017 through May 2017 and was paid bi-weekly. You submitted one of these paystubs.
- 6) Additionally, your middle child had income from his college in the first quarter and the second quarter of 2017. You did not submit any proof of his income.
- 7) On April 29, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your and your children's application. The notice further directed you to provide additional proof of household income to confirm your and your children's eligibility by July 27, 2017.
- 8) You testified that at the time the April 29, 2017 notice requesting additional proof of income was issued, your computer was broken and, had you received this notice, you would have submitted more documentation.

- 9) According to your NYSOH account, you did not provide any further proof of household income by the due date of July 27, 2017, and on August 3, 2017, you and your children were disenrolled from your Essential Plan by NYSOH, effective August 31, 2017.
- 10) You testified that, when the August 3, 2017 disenrollment notice was issued, your computer was still broken.
- 11) You further testified that you first realized you and your children were disenrolled from your health plans when you called your health plan looking for a dentist and they informed you that you were being terminated at the end of the month. You testified that once you had computer access, you were able to retrieve your notices.
- 12) According to your NYSOH account and your testimony, you updated your and your children's application for health insurance and re-enrolled yourself and your children in an Essential Plan on August 29, 2017.
- 13) You testified that you want your and your children's enrollment in the Essential Plan to begin on September 1, 2017, because you all have medical bills for that month.

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

Applicable Law and Regulations

Verification Process

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 (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)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH by either electronic or regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

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 your and your children's eligibility for and enrollment in the Essential Plan ended effective August 31, 2017.

An individual or members of a household requesting financial assistance to help pay for the cost of coverage provided through NYSOH are required to attest to their household's projected annual income. For individuals seeking enrollment in the Essential Plan, NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, that their income information is accurate.

If NYSOH cannot verify an individual's attestation, it must provide the individual with notice of the inconsistency and allow the applicant time to submit satisfactory documentation.

On April 27, 2017, as requested, you submitted documentary proof of your household income, which failed to include one of your youngest child's bi-weekly paystubs and any of your middle child's paystubs. As such, NYSOH invalidated that income documentation as insufficient and, on April 29, 2017, issued a notice advising you that you needed to provide additional proof of household income to confirm your and your children's eligibility by July 27, 2017.

Because there was no timely response to this notice, you and your children were disenrolled from your Essential Plan(s), effective August 31, 2017.

You further testified that you did not receive NYSOH's August 3, 2017 notices, including the disenrollment notice stating that your and your children's coverage in your Essential Plan(s) will end effective August 31, 2017.

According to your NYSOH account and your testimony, at all times relevant, you received notices from NYSOH by electronic mail. Although you testified that you did not receive any electronic alert or notice advising that the income information you supplied was insufficient or that you and your children were being disenrolled from your Essential Plan(s), the reason for you not receiving the email alerts was because your computer was broken during this time period.

The record reflects that you were unable to access any email alerts or NYSOH notices from April 2017 through August 2017, because your computer was broken during the time period in which these NYSOH's notices were issued. As such, it is reasonable to find that your inability to receive email alerts or retrieve notices by computer because it was broken is not an error or mistake attributable to NYSOH, its agents or instrumentalities. Nor does the record indicate that you contacted NYSOH during the period at issue to update your account to receive notices by regular mail. Therefore, it is concluded that NYSOH properly notified you that additional proof of income was necessary to ensure your and your children's enrollment in an Essential Plan(s).

Therefore, August 3, 2017 eligibility determination and disenrollment notices are correct and must be AFFIRMED.

The remaining issue under review is whether NYSOH properly determined that your and your children's re-enrollment in an Essential Plan was effective October 1, 2017.

The record reflects that you first selected your and your children's Essential Plan on August 29, 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.

Since you selected an Essential Plan for yourself and your children on August 29, 2017, your and your children's enrollment properly took effect on the first day of the second month following August 2017; that is, on October 1, 2017.

Therefore, the August 30, 2017 plan enrollment notice stating that your and your children's enrollment in the Essential Plan was effective October 1, 2017, is correct and must be AFFIRMED.

Decision

The August 3, 2017 eligibility determination and disenrollment notices are AFFIRMED.

The August 30, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: November 17, 2017

How this Decision Affects Your Eligibility

This decision does not change any of your or your children's subsequent eligibility determinations.

Your and your children's eligibility for financial assistance and enrollment in Essential Plan(s) properly terminated effective August 31, 2017.

The effective date of your and your children's re-enrollment in your Essential Plan(s) is October 1, 2017.

You and your children did not have health insurance coverage through NYSOH during September 2017.

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

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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 August 3, 2017 eligibility determination and disenrollment notices are **AFFIRMED**.

The August 30, 2017 plan enrollment notice is **AFFIRMED**.

This decision does not change any of your or your children's subsequent eligibility determinations.

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Your and your children's eligibility for financial assistance and enrollment in Essential Plan(s) properly terminated effective August 31, 2017.

The effective date of your and your children's re-enrollment in your Essential Plan(s) is October 1, 2017.

You and your children did not have health insurance coverage through NYSOH during September 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

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)

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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&etumi 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.

אידיש (Yiddish)

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

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