



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

Notice of Decision

Decision Date: December 06, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022746

[REDACTED]

[REDACTED]

On November 30, 2017, [REDACTED] (acting as your Authorized Representative), appeared by telephone at a hearing on your appeal of NY State of Health's August 15, 2017 eligibility determination notice, October 1, 2017 eligibility determination notice, and September 23, 2017 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.

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: December 06, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022746

[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 your eligibility for the Essential Plan ended effective August 31, 2017?

Did NYSOH properly determine that your eligibility for and reenrollment in the Essential Plan was effective November 1, 2017?

Procedural History

On May 11, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time, effective June 1, 2017. The notice further directed you to provide documentation confirming your income before August 8, 2017.

Also on May 11, 2017, NYSOH issued a notice confirming your enrollment in an Essential Plan, effective June 1, 2017.

On August 14, 2017, NYSOH redetermined your eligibility for financial assistance with health insurance.

On August 15, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for an advance premium tax credit (APTC) of up to \$257.00 per month and, if you selected a silver-level plan, eligible for cost-sharing reductions (CSR), effective September 1, 2107. The notice stated that you no longer qualified for Essential Plan as of August 31, 2017.

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Also on August 15, 2017, NYSOH issued a disenrollment notice stating that your Essential Plan coverage would end effective August 31, 2017.

On September 22, 2017, you updated your application for financial assistance. That day, a preliminary eligibility determination was prepared stating that you were eligible to enroll in the Essential Plan and you selected a plan for enrollment.

Also on September 22, 2017, you spoke to NYSOH's Account Review Unit and appealed the termination of your Essential Plan during the months of September and October 2017.

On September 23, 2017, NYSOH issue a notice of enrollment confirmation, based on your plan selection on September 22, 2017, stating that you were enrolled in an Essential Plan effective November 1, 2017.

On October 1, 2017, NYSOH issued a notice of eligibility determination, based on your September 22, 2017 application, stating that you were eligible to enroll in the Essential Plan, effective November 1, 2017.

On November 15, 2017, NYSOH received a completed Authorized Representative Designation Form reflecting that you wanted your mother, [REDACTED], to act as your Authorized Representative during the hearing.

On November 30, 2017, [REDACTED] (acting as your Authorized Representative) appeared on your behalf at 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 [REDACTED] that you had elected to receive your notices from NYSOH by electronic mail. Your NYSOH account reflects that the e-mail address to which you elected to receive all electronic alerts was [REDACTED]
- 2) You mother testified that during either July or August 2017, you contacted a NYSOH representative to change that e-mail address because you were experiencing trouble accessing that e-mail account, but this apparently was never done.

- 3) Your mother testified that it was not until you filed your formal appeal with NYSOH that you changed your election receive all notices through regular mail.
- 4) Your mother testified that you received the May 11, 2017 eligibility determination notice requesting that income documentation be provided by August 8, 2017 to confirm your eligibility.
- 5) Your mother testified that she sent three of your earnings statements by regular mail to NYSOH during July 2017 in response to the request for additional income documentation. Your NYSOH account does not reflect the receipt of any income documentation.
- 6) Your NYSOH account indicates that on August 14, 2017, your application was run and you were found no longer eligible for the Essential Plan as of August 31, 2017.
- 7) Your mother testified that you never received any notice that you were disenrolled from your Essential Plan as of August 31, 2017.
- 8) Your mother testified that it was on or about [REDACTED] that you first learned of your disenrollment from your Essential Plan, because you were [REDACTED], and told by the office staff that you were no longer covered by your Essential Plan.
- 9) You updated the income information in your NYSOH account on September 22, 2017.
- 10) [REDACTED] that you are seeking reinstatement of your Essential Plan for the months of September and October 2017 since you incurred significant medical bills resulting from an [REDACTED].

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

Applicable Law and Regulations

Verification of Eligibility for the 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

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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).

NYSOH must verify the eligibility of an applicant for the Essential Plan consistent with the standards set in 45 CFR § 155.315 and § 155.320 (New York's Basic Health Plan Blueprint, pgs. 16-17, as approved January 2016; see www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf; 42 CFR § 600.345(a)(2)).

An applicant is required to attest to their household's projected annual income. (45 CFR § 155.320(c)(3)(ii)(B)). For all individuals whose household income is needed, NYSOH must request tax return data from the Secretary of the Treasury and data regarding Social Security benefits from the Commissioner of Social Security to confirm that the information the applicant is attesting to is accurate (45 CFR § 155.320(c)(1)(i); 45 CFR § 155.320(c)(3)(ii)(A)).

If income data is unavailable, or if an applicant's attestation is not reasonably compatible with the income data NYSOH obtains, NYSOH must request additional information from the applicant to resolve the inconsistency (45 CFR § 155.320 (c)(3)(iii), (iv)).

NYSOH must provide the applicant with notice of the inconsistency in their account and 90 days to provide satisfactory documentary evidence to resolve the inconsistency (45 CFR § 155.315 (f)(2)). If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine the applicant's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation (45 CFR § 155.315(f)(2), (g)).

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any updates in eligibility to the Essential Plan effective the first day of the following month for changes received by NYSOH from the first to the fifteenth of any month (45 CFR § 155.420(b)(1)(i); see also 42 CFR § 600.320(c)). For updates 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 § 155.420(b)(1)(ii); see also 42 CFR § 600.320(c)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting

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the individual that a notice has been posted to the applicant's account (42 CFR § 600.330(e); 42 CFR § 435.918(b)(4)).

Additionally, if an electronic alert regarding a notice in an individual's NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your eligibility for the Essential Plan ended effective August 31, 2017.

An individual requesting financial assistance to help pay for the cost of coverage provided through NYSOH is required to attest to his or her household's projected annual income. For individuals seeking enrollment in the Essential Plan, NYSOH must request income data from federal data sources in order to verify an individual's income attestation.

If NYSOH cannot verify an individual's attestation, it must provide the individual with notice of the inconsistency and provide a period of 90 days from the date notice is received to resolve the inconsistency.

In the eligibility determination issued on May 11, 2017, you were advised that you were eligible for the Essential Plan for a limited time, and that you needed to confirm your household's income before August 8, 2017.

Your mother testified that you received the May 11, 2017 eligibility determination notice and in response sent three earnings statements by regular mail to satisfy NYSOH's request for income documentation by August 8, 2017. However, your NYSOH account contains no record of these earnings statements having been received by NYSOH.

The record further reflects that NYSOH did not receive the requested income documentation before the August 8, 2017 deadline.

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.

Accordingly, your eligibility for the Essential Plan terminated as of August 31, 2017 because you did not submit documentation and did not adequately demonstrate that you could not provide documentation to confirm your income.

Your mother further testified that you never received notice that you were disenrolled from your Essential Plan as of August 31, 2017, and therefore did not know to take any further action until you incurred medical bills from [REDACTED] on or about [REDACTED].

Your mother credibly testified that neither you nor she received an electronic alert regarding your disenrollment. However, your mother further testified that you had not been able to check your e-mail at that account provided to NYSOH because you had not been able to access it. Further, there is no record of you having requested to change the e-mail address on file with NYSOH prior to your requesting an appeal on September 22, 2017.

Therefore, it is concluded that NYSOH provided you proper notice that your Essential Plan coverage would terminate effective August 31, 2017, and there is no basis to disturb the eligibility determination based on any lack of notice.

Therefore, the August 15, 2017 eligibility determination notice is AFFIRMED.

The second issue under review is whether NYSOH properly determined that your eligibility for and enrollment in the Essential Plan was effective November 1, 2017.

Your mother testified, and your account confirms, that you updated your NYSOH application on September 22, 2017. That day you selected an Essential Plan for enrollment.

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 on September 22, 2017, you selected an Essential Plan, your enrollment would properly take effect on the first day of the second month following September 22, 2017; that is, on November 1, 2017.

Therefore, the October 1, 2017 eligibility determination notice, and the September 23, 2017 enrollment notice stating that your enrollment in the Essential Plan was effective November 1, 2017, is correct and must be AFFIRMED.

Decision

The August 15, 2017 eligibility determination notice is AFFIRMED.

The October 1, 2017 eligibility determination notice is AFFIRMED.

The September 23, 2017 enrollment notice is AFFIRMED.

Effective Date of this Decision: December 06, 2017

How this Decision Affects Your Eligibility

NYSOH properly found you not eligible to enroll in the Essential Plan effective August 31, 2017 because you did not provide documentation of your household's income.

NYSOH properly found that your reenrollment in the Essential Plan was effective November 1, 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 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

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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 15, 2017 eligibility determination notice is AFFIRMED.

The October 1, 2017 eligibility determination notice is AFFIRMED.

The September 23, 2017 enrollment notice is AFFIRMED.

NYSOH properly found you not eligible to enroll in the Essential Plan effective August 31, 2017 because you did not provide documentation of your household's income.

NYSOH properly found that your reenrollment in the Essential Plan was effective November 1, 2017.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

[REDACTED]

[REDACTED]

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&btumi 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 אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.