



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

## Notice of Decision

Decision Date: December 11, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000023328 and AP000000023477

[REDACTED]

[REDACTED]

On December 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 13, 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.

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: December 11, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000023328 and AP000000023477

[REDACTED]

## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health (NYSOH) properly enroll you in an Essential Plan with an enrollment start date of November 1, 2017?

## Procedural History

On July 24, 2017, you submitted an application for financial assistance through NYSOH.

On July 25, 2017, NYSOH issued a notice stating that your July 24, 2017 application had been reviewed and the income information in your application did not match what NYSOH received from state and federal data sources. The notice instructed you to provide proof of your household income by August 8, 2017, to confirm your eligibility.

On August 18, 2017, your NYSOH account was systematically updated.

On August 19, 2017, NYSOH issued a notice stating that you were eligible to purchase a qualified health plan at full cost, effective as of October 1, 2017. The notice stated that you did not qualify for financial assistance because NYSOH did not receive the income documentation needed to verify the income listed in your application.

On September 5, 2017, you updated your NYSOH account.

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On September 6, 2017, NYSOH issued a notice stating that your September 5, 2017, had been reviewed and the income information in your application did not match what NYSOH received from state and federal data sources. The notice instructed you to provide proof of your household income by September 20, 2017, to confirm your eligibility.

On October 4, 2017, you updated your NYSOH account.

On October 5, 2017, NYSOH issued a notice stating that your October 4, 2017 application had been reviewed and the income information in your application did not match what NYSOH received from state and federal data sources. The notice instructed you to provide proof of your household income by October 5, 2017, to confirm your eligibility.

On October 8, 2017, documentation was uploaded to your NYSOH account [REDACTED]

On October 10, 2017, your NYSOH account was updated.

On October 11, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with a \$20.00 premium per month, effective November 1, 2017.

On October 12, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the enrollment start date of your Essential Plan.

On October 13, 2017, NYSOH issued a plan enrollment notice confirming that as of October 12, 2017, you were enrolled in an Essential Plan with an enrollment start date of November 1, 2017.

Also on October 13, 2017, NYSOH issued a disenrollment notice stating that your Essential Plan coverage would end on November 1, 2017, because you asked to end your coverage on October 12, 2017.

On October 18, 2017, your NYSOH account was updated.

On October 19, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with a \$0.00 premium per month, effective December 1, 2017.

Also on October 19, 2017, NYSOH issued a plan enrollment notice confirming that as of October 18, 2017, you were enrolled in an Essential Plan with an enrollment start date of December 1, 2017.

On October 25, 2017, documentation that was faxed to NYSOH was uploaded to your NYSOH account [REDACTED]

On December 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) According to your NYSOH account, you are applying for health insurance for yourself.
- 2) According to your July 24, 2017 application, you attested to an annual income of \$5,700.00.
- 3) According to your September 5, 2017 application, you attested to an annual income of \$7,900.00.
- 4) On October 8, 2017, you uploaded the following weekly earnings statements from [REDACTED] to your account: September 15, 2017; September 22, 2017; September 29, 2017, and October 6, 2017 [REDACTED]
- 5) On October 25, 2017, the following weekly earnings statements from [REDACTED] were uploaded to your account: September 15, 2017; September 22, 2017, and September 29, 2017. The statements had been stamped "RECEIVED" by [REDACTED] October 6, 2017 [REDACTED]
- 6) According to your NYSOH account, on October 12, 2017, you first selected an Essential Plan.
- 7) You testified that you have outstanding medical expenses for the month of October 2017, and want to be enrolled in an Essential Plan in that month to cover those medical 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 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>).

### 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)).

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## Legal Analysis

The issue under review is whether NYSOH properly enrolled you in an Essential Plan with an enrollment start date of November 1, 2017.

On July 24, 2017 and September 5, 2017, you submitted applications for financial assistance through NYSOH. The household incomes that you attested to in those applications did not match federal and state data sources. As a result, NYSOH issued you notices on July 25, 2017 and September 6, 2017, instructing you to submit additional proof of income to NYSOH to confirm your eligibility for financial assistance.

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 giving the applicant the opportunity to submit satisfactory documentary evidence.

The record reflects that, on October 6, 2017, you submitted three weekly earnings statements from [REDACTED];

[REDACTED]; Further, on October 8, 2017, you uploaded four weekly earnings statements from [REDACTED] to NYSOH ([REDACTED]);

[REDACTED] Based on the submission of the latter documentation, on October 11, 2017, NYSOH determined you eligible for the Essential Plan.

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.

The record reflects that you first selected an Essential Plan on October 12, 2017. Since the health plan was selected on October 12, 2017, it properly was effectuated on the first day of following month; that is, on November 1, 2017.

Therefore, the October 13, 2017 plan enrollment notice confirming that you were enrolled in an Essential Plan with an enrollment start date of November 1, 2017 is AFFIRMED. The fact that your request to cancel coverage as of November 1, 2017, was processed has no bearing on this decision.

## Decision

The October 13, 2017 plan enrollment notice is AFFIRMED.

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).

**Effective Date of this Decision:** December 11, 2017

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

NYSOH properly enrolled you in an Essential Plan with an enrollment start date of November 1, 2017.

The fact that your request to cancel coverage as of November 1, 2017, was processed has no bearing on this decision.

## **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  
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

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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 October 13, 2017 plan enrollment notice is AFFIRMED.

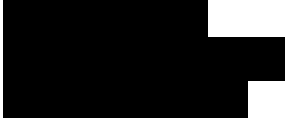
NYSOH properly enrolled you in an Essential Plan with an enrollment start date of November 1, 2017.

The fact that your request to cancel coverage as of November 1, 2017, was processed has no bearing on this decision.

### **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 नि:शुल्क 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 नि:शुल्क 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 b e tumi ama wo obi a okyer e 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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