



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

## Notice of Decision

Decision Date: January 11, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000023659

[REDACTED]

[REDACTED]

Dear [REDACTED],

On December 22, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 9, 2017 disenrollment notice and enrollment notice, October 9, 2017 eligibility determination notice and disenrollment notice, and November 3, 2017 eligibility determination 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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## Decision

Decision Date: January 11, 2018

NY State of Health Account ID [REDACTED]  
Appeal Identification Number: AP000000023659

[REDACTED]

[REDACTED]

## Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health properly terminate your Essential Plan for non-payment of premium effective, August 31, 2017?

Did NY State of Health properly determine that your reenrollment in the Essential Plan was effective October 1, 2017?

Did NY State of Health properly determine that your eligibility for the Essential Plan ended, effective November 1, 2017?

Did NY State of Health properly determine that you were ineligible for advance payments of the premium tax credit, effective December 1, 2017?

Did NY State of Health properly determine that you were ineligible for cost-sharing reductions?

Did NY State of Health properly determine that you were ineligible for the Essential Plan?

## **Procedural History**

On July 4, 2017, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time, effective August 1, 2017. The notice directed you to provide documentation confirming your household's income before October 1, 2017.

On July 4, 2017, NYSOH issued a notice confirming your enrollment in an Essential Plan, effective August 1, 2017.

On September 9, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your Essential Plan was terminated, effective August 31, 2017, because a premium payment had not been received by the health plan.

Also on September 9, 2017, NYSOH issued an enrollment confirmation notice stating that you were reenrolled in an Essential Plan effective October 1, 2017.

On October 9, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for up to \$81.00 per month in advance payments of the premium tax credit (APTC), effective November 1, 2017. The notice stated that you no longer qualified for the Essential Plan as of October 31, 2017.

Also on October 9, 2017, NYSOH issued a disenrollment notice stating that your enrollment in the Essential Plan would end as of October 31, 2017, because you were no longer eligible to remain in your plan.

On October 20, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for up to \$81.00 per month in advance payments of the premium tax credit (APTC), effective December 1, 2017.

On October 24, 2017, you spoke to NYSOH's Account Review Unit and appealed the termination of your Essential Plan.

On November 2, 2017, NYSOH issued a notice of enrollment confirmation, based on your plan selection on November 1, 2017, stating that you were enrolled in a qualified health plan with a plan enrollment start date of December 1, 2017 and that your APTC would be applied to your monthly premium as of December 1, 2017.

Also on November 2, 2017, you spoke to NYSOH's Account Review Unit and updated your application for financial assistance, specifically, you updated the income contained in your application. That day, NYSOH prepared a preliminary eligibility determination with regard to that application, stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective December 1, 2017. You requested to appeal this preliminary decision insofar as you were not found eligible for the Essential Plan.

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On November 3, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective December 1, 2017. That notice also stated that you were not eligible for APTC, cost-sharing reductions, and the Essential Plan because your income was over the allowable income limits for those programs.

On November 7, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan for a limited time, effective November 1, 2017. This was because you had been granted Aid to Continue until a decision was made on your appeal.

Also on November 7, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in an Essential Plan with a plan enrollment start date of November 1, 2017.

On November 8, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your qualified health plan would end on December 1, 2017. This was because you were no longer eligible to enroll in a qualified health plan.

On December 21, 2017, you were scheduled for a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. You requested that day that the hearing be adjourned to a later date.

On December 22, 2017, you had an adjourned hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open until January 5, 2018, to allow you to submit supporting documents.

As of January 6, 2018, the Appeals Unit did not receive any documents from you and none were viewable in your NYSOH account. Therefore, the record was closed that same day and this decision is based on the record as developed at the time of the hearing.

## **Findings of Fact**

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

- 1) You testified that you are seeking to be found eligible for the Essential Plan.
- 2) You testified, and your NYSOH account confirms, that you receive all of your notices from NYSOH by electronic mail.
- 3) You testified that you do not believe you received any electronic alerts notifying you of any notice in your NYSOH account stating that your eligibility was only conditional and that you needed to provide documentation of your income.

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- 4) You testified that you made a payment to your Essential Plan for your September 2017 coverage, however, you plan advised you that they did not receive the payment.
- 5) Your Essential Plan was terminated as of August 31, 2017 for non-payment of premiums.
- 6) On September 9, 2017, NYSOH reenrolled you in your Essential Plan.
- 7) Your NYSOH account indicates that no income documentation was received by NYSOH.
- 8) Your NYSOH account indicates that on October 8, 2017 your application was run and you were found no longer eligible for the Essential Plan as of October 31, 2017.
- 9) On November 2, 2017, you updated the income information in your NYSOH account.
- 10) You testified that you expect to file your 2017 taxes with a tax filing status of single and will not claim any dependents on that return.
- 11) The application that was submitted on November 2, 2017, listed annual household income of \$49,000.00, consisting of wages you earn from your employment. You testified that this is approximately correct, however, you are paid on commission, and you do not believe that your eligibility should be determined on this income, as your weekly income is subject to change.
- 12) The Hearing Officer held the record open for fourteen days to allow you time to submit proof of your income in support of your contention that \$49,000.00 is not an accurate representation of your wages. As of January 6, 2018, you had not submitted any income documentation.
- 13) Your application states, and you confirmed, that you will not be taking any deductions on your 2017 tax return.
- 14) Your application states, and you confirmed, that you live in Queens County.
- 15) NYSOH uploaded an evidence packet to your NYSOH account. Contained within that evidence packet under the heading of “electronic notice requirement” is a three-page memorandum dated August 21, 2017. The memorandum sets forth the federal requirements regarding use of electronic communications and asserts that NYSOH is in compliance with federal regulation and guidance on the use of electronic notices. The

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memorandum asserts that “the electronic notification rules do not require that exchanges track and monitor consumers actual receipt of electronic notices”.

- 16) NYSOH has submitted no evidence that an electronic alert was sent to you regarding the July 5, 2017 eligibility determination notice.

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

## **Applicable Law and Regulations**

### Appealable Issues

An applicant has the right to appeal to NYSOH’s Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

### 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)).

### 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

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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).

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. 14-18, as approved January 2017; see <https://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 in order 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 in order 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

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notices, NYSOH must send an email or other electronic communication alerting 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)).

### Advance Payments of Premium Tax Credit

Advance payments of the premium tax credit (APTC) are generally available to a person who is eligible to enroll in a qualified health plan (QHP) and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a QHP, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

The maximum amount of APTC that can be authorized equals:

- 1) the cost of the health insurance premium for the taxpayer's coverage family in the second lowest cost silver plan offered through NY State of Health in the county where the taxpayer resides

*minus*

- 2) the taxpayer's expected contribution amount

(see 26 USC § 36B, 26 CFR § 1.36B-3).

The taxpayer's expected contribution amount is the amount that the taxpayer is expected to spend on health insurance premiums. The expected contribution for 2017 is set by federal law at 2.04% to 9.69% of household income (26 USC § 36B(b)(3)(A), 26 CFR § 1.36B-3T(g)(1), IRS Rev. Proc.2016-24).

In an analysis of APTC eligibility, the determination is based on the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested (45 CFR §§ 155.300(a), 155.305(f)(1)(i)). On the date of your application, that was the 2016 FPL, which is \$11,880.00 for a one-person household (81 Fed. Reg. 4036.).

People who use the APTC to help pay health insurance premiums must file a federal tax return and reconcile their expected income (stated on NYSOH application) with their actual income (stated on their federal income tax return). Those who take less tax credit in advance than they claim on the tax return may get the rest of it as an income tax refund or have their tax bill reduced. Those

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who take more tax credit in advance than they can claim on their tax return will owe the difference as additional income taxes (26 CFR § 1.36B-4).

### Cost-Sharing Reductions

Cost-sharing reductions (CSR) are available to a person who (1) is eligible to enroll in a QHP through NYSOH, (2) meets the requirements to receive APTC, (3) is expected to have an annual household income that does not exceed 250% of the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested, and (4) is enrolled in a silver-level QHP (45 CFR § 155.300(a), 45 CFR § 155.305(g)(1)).

### 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).

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 Fed. Reg. 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).

The Essential Plan is considered minimum essential coverage therefore, a person who is eligible for the Essential Plan is not eligible for any premium tax credit because they are eligible for minimum essential coverage through the individual market (see 26 CFR § 1.36B-2(c)(1), 26 USC § 5000A(f)(1)(C)).

### Modified Adjusted Gross Income

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NYSOH bases its eligibility determinations on modified adjusted gross income as defined in the federal tax code (45 CFR § 155.300(a)). The term “modified adjusted gross income” means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3) Social Security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

“Adjusted gross income” means, in the case of an individual taxpayer, gross federal taxable income minus certain specific deductions, such as expenses reimbursed by an employer, losses from sale or exchange of property, losses from premature withdrawal of funds from time savings accounts, deductions attributable to royalties, and certain retirement savings (26 USC § 62(a)).

## **Legal Analysis**

The first issue under review is whether NYSOH properly terminated your Essential Plan for non-payment of premium effective, August 31, 2017.

On July 3, 2017, you were enrolled in an Essential Plan, effective August 1, 2017.

You testified that you paid your premiums to your Essential Plan for September 2017, however, your plan advised you that they did not receive your premium payment for that month.

On September 9, 2017 NYSOH issued a notice stating that you were disenrolled from your Essential Plan for non-payment of premiums, effective August 31, 2017.

NYSOH Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure to provide timely notice of an eligibility determination and (5) a denial of a special enrollment period.

Since the Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums, we cannot reach the merits as to whether or not you were properly terminated from your Essential Plan for non-payment of premiums. Therefore, your appeal of the September 9, 2017 disenrollment notice is **DISMISSED** as a non-appealable issue.

The second issue is whether NYSOH properly determined that your reenrollment in your Essential Plan was effective October 1, 2017.

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The record reflects that NYSOH reenrolled you in an Essential Plan on September 9, 2017.

The date on which an Essential Plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and 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 and the end of the month goes into effect on the first day of the second following month.

As NYSOH reenrolled you into an Essential Plan on September 9, 2017, your reenrollment should have taken effect the first day of the first following month after September 2017; that is, on October 1, 2017.

Therefore, the September 9, 2017 enrollment confirmation notice stating that your reenrollment in your Essential Plan was effective October 1, 2017 is AFFIRMED.

The third issue under review is whether NYSOH properly determined that your eligibility for the Essential Plan ended effective October 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 July 4, 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 October 1, 2017.

The record reflects that NYSOH did not receive the requested income documentation before the deadline.

However, you testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. Although NYSOH contends that it complied with federal mandates regarding electronic notices, there is no evidence in the file that NYSOH sent you an electronic alert notifying you of a new notice available in your account on July 4, 2017. You credibly testified that you did not receive an electronic alert regarding the eligibility determination notice, which directed you that your eligibility was limited and that you needed to submit documentation to confirm the household income in your application. There is also no evidence in your account documenting that any email alert was

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sent to you regarding the notice, that any such electronic alert failed, or that the notice was later sent to you by regular mail.

NYSOH is required to send applicants proper notice in order for applicants to take appropriate action. Since there is no evidence that NYSOH sent you an email alert, and you testified that you did not receive one, there is insufficient evidence in the record that NYSOH provided you by electronic means with proper notice that you needed to submit documentation of your household income.

Since you were not made aware of and did not receive proper notice that there was an inconsistency in your NYSOH account, the October 9, 2017 eligibility determination notice and October 9, 2017 disenrollment notice, stating that you are no longer eligible for the Essential Plan because you failed to submit documentation are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your coverage in your Essential Plan from November 1, 2017 until November 30, 2017.

The fourth issue is whether NYSOH properly determined that you were ineligible for APTC, effective December 1, 2017.

The application that was submitted on November 2, 2017 listed an annual household income of \$49,000.00 and the eligibility determination relied upon that information.

You expect to file your 2017 income taxes as single and you will not claim any dependents on that tax return. Therefore, you are in one-person household.

APTC is available to a person who meets the non-financial requirements and has a modified adjusted gross income that is between 200% and 400% of the FPL for the applicable household size. On the date of your application, the relevant FPL was \$11,880.00 for a one-person household. Since an annual income of \$49,000.00 is 412.46% of the 2016 FPL, NYSOH properly found you ineligible for APTC.

The fifth issue is whether you were properly found ineligible for cost-sharing reductions. Cost-sharing reductions are available to a person who is eligible for APTC and has a household income no greater than 250% of the FPL. Since a household income of \$49,000.00 is 412.46% of the applicable FPL and you are ineligible for APTC, NYSOH correctly found you to be ineligible for cost sharing reductions.

The sixth issue under review is whether NYSOH properly determined that you were ineligible for the Essential Plan.

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 application, the relevant FPL was \$11,880.00 for a one-person household. Since an annual household income of \$49,000.00 is 412.46% of the 2016 FPL, NYSOH properly found you to be ineligible for the Essential Plan.

Since the November 3, 2017 eligibility determination properly stated that, based on the information you provided, you were ineligible for APTC, ineligible for cost-sharing reductions, and ineligible for the Essential Plan, it is correct and is **AFFIRMED**.

## **Decision**

Your appeal of the insurer's termination of your enrollment in the Essential Plan for non-payment of premiums, effective August 31, 2017, is **DISMISSED** as a non-appealable issue.

The September 9, 2017 enrollment confirmation notice is **AFFIRMED**.

The October 9, 2017 eligibility determination notice is **RESCINDED**.

The October 9, 2017 disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your coverage in your Essential Plan from November 1, 2017 until November 30, 2017.

The November 2, 2017 eligibility determination notice is **AFFIRMED**.

**Effective Date of this Decision:** January 11, 2018

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

Your reenrollment in your Essential Plan was effective October 1, 2017.

NYSOH erred in terminating your Essential Plan effective October 31, 2017, without the proper notice.

Your case is being sent back to NYSOH to reinstate your coverage in your Essential Plan from November 1, 2017 to November 30, 2017.

NYSOH properly found you were ineligible for APTC and cost-sharing reductions, and the Essential Plan as of December 1, 2017.

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This decision pertains to 2017 coverage only, you must update your account for 2018 coverage.

## **If You Disagree with this Decision (Appeal Rights)**

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the 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:  
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Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

Your appeal of the insurer's termination of your enrollment in the Essential Plan for non-payment of premiums, effective August 31, 2017, is **DISMISSED** as a non-appealable issue.

The September 9, 2017 enrollment confirmation notice is **AFFIRMED**.

Your reenrollment in your Essential Plan was effective October 1, 2017.

The October 9, 2017 eligibility determination notice is **RESCINDED**.

The October 9, 2017 disenrollment notice is **RESCINDED**.

NYSOH erred in terminating your Essential Plan effective October 31, 2017, without the proper notice.

Your case is **RETURNED** to NYSOH to reinstate your coverage in your Essential Plan from November 1, 2017 until November 30, 2017.

Your case is being sent back to NYSOH to reinstate your coverage in your Essential Plan from November 1, 2017 to November 30, 2017.

The November 2, 2017 eligibility determination notice is **AFFIRMED**.

NYSOH properly found you were ineligible for APTC and cost-sharing reductions, and the Essential Plan.

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).



This decision pertains to 2017 coverage only, you must update your account for 2018 coverage.

## **Legal Authority**

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

**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)**

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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)**

এই একটি গুরুত্বপূর্ণ নথি। আপনি যদি এটি বুঝতে সাহায্যের প্রয়োজন হয়, তবে দয়া করে 1-855-355-5777-এ ফোন করুন। আমরা আপনার মাতৃভাষায় একটি মৌখিক অনুবাদকর্মীকে আপনার জন্য বিনামূলিতে প্রস্তুত রাখতে 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&btumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

### **اردو (Urdu)**

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.

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**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.