



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

## Notice of Decision

Decision Date: February 16, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000023910

[REDACTED]

On January 26, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's August 11, 2017 disenrollment notice and the August 30, 2017 enrollment confirmation 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 NY State of Health 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

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NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000023910



## Issues

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

Did NY State of Health (NYSOH) properly determine that your enrollment in the Essential Plan ended, effective August 31, 2017?

Did NYSOH properly determine that your reenrollment in the Essential Plan became effective no earlier than October 1, 2017?

## Procedural History

On March 24, 2017, NYSOH issued a notice confirming your enrollment in an Essential Plan, effective May 1, 2017.

On August 10, 2017, NYSOH received an updated application for financial assistance with health insurance submitted on your behalf.

On August 11, 2017, NYSOH issued a notice stating the income information in your application did not match the information received from state and federal data sources. The notice directed you to submit proof of your household income before August 25, 2017 or NYSOH would be unable to determine your eligibility for health coverage.

Also on August 11, 2017, NYSOH issued a disenrollment notice stating your Essential Plan coverage would end on August 31, 2017, because you were no longer eligible to enroll in the plan.

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On August 25, 2017, NYSOH issued an eligibility determination, based on your August 24, 2017 updated application, stating you were eligible to receive up to \$310.00 in advance payments of the premium tax credit, effective October 1, 2017.

On August 29, 2017, NYSOH received another updated application for financial assistance with health insurance submitted on your behalf.

On August 30, 2017, NYSOH issued an eligibility determination notice stating you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective October 1, 2017.

Also on August 30, 2017, NYSOH issued an enrollment notice, based on your August 29, 2017 plan selection, confirming your enrollment in an Essential Plan, effective October 1, 2017.

On November 1, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your reenrollment in the Essential Plan was not effective earlier than October 1, 2017.

On January 26, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed thereafter.

## **Findings of Fact**

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

- 1) You enrolled in an Essential Plan with a \$20.00 monthly premium, effective May 1, 2017.
- 2) On August 10, 2017, NYSOH received an updated application submitted on your behalf decreasing your attested annual income for 2017 to \$11,856.00.
- 3) According to your account, NYSOH was unable to verify the income information listed in your application.
- 4) You were directed to submit documentation of your income by August 25, 2017 and you were disenrolled from your Essential Plan, effective August 31, 2017.
- 5) On August 24, 2017, NYSOH received another updated application submitted on your behalf. That application increased your attested annual income for 2017 to \$25,428.00.

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- 6) NYSOH determined you eligible to receive up to \$310.00 in APTC based on the income information in your August 24, 2017 application.
- 7) NYSOH received another application submitted on your behalf on August 29, 2017. That application decreased your attested annual income to \$22,356.00.
- 8) Based on the income information in the August 29, 2017 application, NYSOH determined you eligible for the Essential Plan with a \$20.00 monthly premium.
- 9) According to your account, you selected an Essential Plan for enrollment on August 29, 2017 and coverage through that plan became effective on October 1, 2017.
- 10) You testified that you missed a premium payment over the summer of 2017 and you were advised by your health plan that your coverage had been terminated.
- 11) You testified that a certified application counselor (CAC) from your health plan advised you that you would have to reapply to NYSOH and that the CAC submitted the application on your behalf.
- 12) You testified that you do not know why there were multiple applications submitted in August 2017 listing different income information in each.
- 13) You testified that you are seeking to backdate your Essential Plan coverage to September 1, 2017, because you have outstanding medical bills from that month.

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

## **Applicable Law and Regulations**

### 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 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

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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 NYSOH to verify the household's income (45 CFR § 155.320(c)(1)(i), 42 CFR § 435.945).

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 § 435.952).

### 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 [www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf](http://www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf)).

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 enrollment in the Essential Plan ended, effective August 31, 2017.

You were enrolled into an Essential Plan, effective May 1, 2017. On August 10, 2017, an updated application for financial assistance with health insurance was submitted on your behalf. That application decreased your attested annual income for 2017 to \$11,856.00. According to your account, NYSOH was unable to verify the income information listed in your application.

Pursuant to the regulations, 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 it must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence. The notice issued on August 11, 2017 indicated that the income information in your application did not match the information received from state and federal data sources. That notice directed you to submit proof of your household income by August 25, 2017 or NYSOH would be unable to determine your eligibility for health coverage.

Since the information in your August 10, 2017 application reduced your annual attested income to a Medicaid level, according to the above cited regulations, you were no longer eligible to enroll in the Essential Plan based on that information. As a result, NYSOH properly disenrolled you from your Essential Plan, effective August 31, 2017.

Thus, the August 11, 2017 disenrollment notice stating your Essential Plan coverage would end on August 31, 2017, because you were no longer eligible to enroll in that plan, is supported by both the evidence and the regulations and, therefore, it is AFFIRMED.

The second issue under review is whether NYSOH properly determined that your reenrollment in the Essential Plan became effective no earlier than October 1, 2017.

Although several updated applications were submitted on your behalf in August 2017, your account confirms that an Essential Plan enrollment request was not received by NYSOH until August 29, 2017. Coverage through that plan became effective on October 1, 2017. You appealed insofar as your Essential Plan reenrollment was not effective September 1, 2017.

In accordance with the above cited regulations, 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 your Essential Plan on August 29, 2017, after the fifteenth day of the month, that enrollment could not become effective until the first day of the second following month; that is, on October 1, 2017.

Therefore, the August 30, 2017 enrollment confirmation notice stating your reenrollment in the Essential Plan was effective October 1, 2017 was correct and is AFFIRMED.

## **Decision**

The August 11, 2017 disenrollment notice is AFFIRMED.

The August 30, 2017 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** February 16, 2018

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

You were not eligible to enroll in health coverage through NYSOH in the month of September 2017.

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

## **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 a portion of 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

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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):**

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- By calling the Customer Service Center at 1-855-355-5777
- By mail at:  
NY State of Health Appeals  
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Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The August 11, 2017 disenrollment notice is AFFIRMED.

The August 30, 2017 enrollment confirmation notice is AFFIRMED.

You were not eligible to enroll in health coverage through NYSOH in the month of September 2017.

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

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## **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:**



## 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 मददत चाहन्छि भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोलने 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 srɛ wo, frɛ 1-855-355-5777. yɛbɛtumi ama wo obi a okyerɛ kasa a woka no ase ama wo kwa a wontua hwee.

## **(Urdu) اردو**

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

## **Tiếng Việt (Vietnamese)**

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

## **אידיש (Yiddish)**

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