



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

## Notice of Decision

Decision Date: December 19, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025353

[REDACTED]

Dear [REDACTED],

On December 19, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 17, 2017 eligibility determination notice, October 18, 2017 disenrollment notice, and December 5, 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 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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: December 19, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025353

[REDACTED]

## 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 you were no longer eligible to remain enrolled in your Essential Plan, effective November 30, 2017?

Did NYSOH properly determined that your reenrollment in your Essential Plan became effective no earlier than January 1, 2018?

## Procedural History

On July 13, 2017, NYSOH received your updated application for financial assistance with health insurance.

On July 14, 2017, NYSOH issued an eligibility determination notice, based on your July 13, 2017 updated application, stating you were eligible to enroll in the Essential Plan, for a limited time, effective August 1, 2017. The notice directed you to submit documentation of your income to confirm your eligibility by October 11, 2017 or you might lose your insurance or receive less help paying for your coverage.

Also on July 14, 2017, NYSOH issued an enrollment notice, based on your July 13, 2017 plan selection, confirming your enrolment in an Essential Plan with coverage effective August 1, 2017.

No proof of income was provided by October 11, 2017.

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On October 16, 2017, NYSOH systematically redetermined your eligibility.

On October 17, 2017, NYSOH issued an eligibility determination notice stating you were newly eligible for a full cost qualified health plan, effective December 1, 2017. The notice indicated you were no longer eligible for the Essential Plan because you had not provided NYSOH with proof of your income.

On October 18, 2017, NYSOH issued a disenrollment notice stating your Essential Plan coverage would end, effective November 30, 2017, because you were no longer eligible to remain in the plan.

On December 4, 2017, NYSOH received your updated application for financial assistance with health insurance. You selected a plan for enrollment that day and uploaded proof of income which was verified that day.

On December 5, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as you were not enrolled in an Essential Plan for the month of December 2017.

Also on December 5, 2017, NYSOH issued an eligibility determination notice, based on your December 4, 2017 updated application, stating you were eligible to enroll in the Essential Plan, effective January 1, 2018.

Also on December 5, 2017, NYSOH issued an enrollment confirmation notice, based on your December 4, 2017 plan selection, stating you were enrolled in an Essential Plan, effective January 1, 2018.

On December 19, 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) An updated application for financial assistance with health insurance was submitted on your behalf on July 13, 2017 listing your expected annual income as \$19,200.00.
- 2) The July 14, 2017 eligibility determination notice, based on your July 13, 2017 application, stated that your eligibility to enroll in the Essential Plan was only for a limited time. The notice directed you to submit documentation confirming your income by October 11, 2017 or you might lose your insurance or receive less help paying for coverage.

- 3) You testified, and your account confirms, that you receive all your notices from NYSOH by regular mail.
- 4) Your account confirms that the address listed on the July 14, 2017 eligibility determination notice matches the mailing address listed in your account.
- 5) There is no evidence that the July 14, 2017 notice issued to you by NYSOH has been returned as undeliverable.
- 6) You testified that you received the July 14, 2017 eligibility determination notice from NYSOH.
- 7) No proof of income was provided by October 11, 2017.
- 8) According to your account, NYSOH was unable to confirm the income information listed in your application, because you failed to submit any documentation of the income attested to in the application.
- 9) NYSOH redetermined your eligibility on October 16, 2017, based because you failed to submit documentation to confirm the income information listed in your July 13, 2017 application.
- 10) Your Essential Plan coverage was terminated, effective November 30, 2017, because you were no longer eligible for the Essential Plan.
- 11) NYSOH issued a disenrollment notice dated October 18, 2017, stating your Essential Plan coverage would end on November 30, 2017, because you were no longer eligible for the plan.
- 12) According to your account, on December 4, 2017 you contacted NYSOH, and an updated application was submitted on your behalf that day listing an expected annual income of \$19,200.00.
- 13) Based on the information in your December 4, 2017 application, and the proof of income uploaded to your NYSOH account and validated on that date, NYSOH determined you eligible to enroll in the Essential Plan, effective January 1, 2018.
- 14) You selected an Essential Plan for enrollment on December 4, 2017 and your coverage through this plan became effective on January 1, 2018.
- 15) You appealed insofar as you had a gap in coverage for the month of December 2017.

- 16) You testified you are seeking reinstatement in your Essential Plan for the month of December 2017 because you incurred medical bills from December 2017.

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 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 <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 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

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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)).

### 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/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 eligibility for the Essential Plan ended effective November 30, 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 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.

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An updated application for financial assistance with health insurance was submitted on your behalf on July 13, 2017, listing your expected annual income as \$19,200.00. According to your account, NYSOH was unable to verify the income information listed in that application.

In the eligibility determination issued on July 14, 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 11, 2017.

You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. You testified that you received the July 14, 2017 eligibility determination notice. Therefore, it is concluded that NYSOH properly notified you of an inconsistency in your account and that documentation was needed to confirm the income you listed in the account.

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.

You failed to provide the requested documentation necessary to confirm the income information listed in your application.

As such, NYSOH properly redetermined your eligibility on October 16, 2017, and determined you were no longer eligible for the Essential Plan, because you did not submit documentation to confirm the income information listed in your application.

Therefore, the October 17, 2017 eligibility determination notice, to the extent it finds you ineligible for the Essential Plan, is correct and is AFFIRMED.

Additionally, the October 18, 2017 disenrollment notice stating your Essential Plan coverage would end, effective November 30, 2017, because you were no longer eligible to remain in the plan, is correct and must be AFFIRMED.

The second issue is whether NYSOH properly determined that your reenrollment in an Essential Plan was effective no earlier than January 1, 2018.

You testified, and your account confirms, that you updated your NYSOH application on December 4, 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 you selected your Essential Plan on December 4, 2017, before the fifteenth day of the month, your enrollment properly went into effect on the first day of the following month; that is, on January 1, 2018.

Therefore, the December 5, 2017 enrollment confirmation notice stating your enrollment in the Essential Plan was effective January 1, 2018, is correct and must be AFFIRMED.

## **Decision**

The October 17, 2017 eligibility determination notice, to the extent it finds you ineligible for the Essential Plan, is AFFIRMED.

The October 18, 2017 disenrollment notice is AFFIRMED.

The December 5, 2017 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** December 19, 2017

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

NYSOH properly found you not eligible to enroll in the Essential Plan effective November 30, 2017 because you did not provide documentation of your household's income.

NYSOH properly found that your reenrollment in the Essential Plan was effective January 1, 2018.

You were not eligible to enroll in an Essential Plan in December 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

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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 appeal 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 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

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- By fax: 1-855-900-5557

## **Summary**

The October 17, 2017 eligibility determination notice, to the extent it finds you ineligible for the Essential Plan, is AFFIRMED.

The October 18, 2017 disenrollment notice is AFFIRMED.

The December 5, 2017 enrollment confirmation notice is AFFIRMED.

NYSOH properly found you not eligible to enroll in the Essential Plan effective November 30, 2017 because you did not provide documentation of your household's income.

NYSOH properly found that your reenrollment in the Essential Plan was effective January 1, 2018.

You were not eligible to enroll in an Essential Plan in December 2017.

## **Legal Authority**

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

**A Copy of this Decision Has Been Provided To:**



## **Getting Help in a Language Other than English**

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

### **Español (Spanish)**

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

### **中文 (Traditional Chinese)**

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

### **Kreyòl Ayisyen (Haitian Creole)**

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

### **中文 (Simplified Chinese)**

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### **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.