



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

Notice of Decision

Decision Date: April 06, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026488

[REDACTED]

On March 6, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's October 17, 2017 disenrollment notice and the December 14, 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).

This page intentionally left blank.



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

Decision

Decision Date: April 06, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026488

[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 your spouse's enrollment in the Essential Plan ended, effective November 30, 2017?

Did NYSOH properly determine that your spouse's reenrollment in the Essential Plan became effective no earlier than January 1, 2018?

Procedural History

On October 17, 2016, NYSOH issued a notice confirming your spouse's enrollment in an Essential Plan, effective December 1, 2016.

September 21, 2017, NYSOH issued a renewal notice indicating your spouse's coverage was being automatically renewed for the upcoming coverage year. The notice stated that, based on income information received from state and federal data sources, your spouse was eligible to receive up to \$281.69 in monthly advance payments of the premium tax credit (APTC), effective December 1, 2017. The notice indicated that your spouse was not eligible for Medicaid or the Essential Plan, because data sources showed his household income exceeded the income limits for those programs. The notice stated that if you did not agree with the eligibility determination you must make changes to your account between October 16, 2017 and November 15, 2017 for a new eligibility and enrollment to be effective by December 1, 2017.

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).

On October 17, 2017, NYSOH issued a disenrollment notice stating your spouse's Essential Plan coverage would end on November 30, 2017, because he was no longer eligible to enroll in that plan.

On November 7, 2017, NYSOH received an updated application for financial assistance with health insurance submitted on your spouse's behalf.

On November 8, 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 November 22, 2017 or NYSOH would be unable to determine your spouse's eligibility for health coverage.

On December 12, 2017, NYSOH systematically redetermined your spouse's eligibility.

On December 13, 2017, NYSOH issued an eligibility determination notice stating your spouse was eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective January 1, 2018.

On December 14, 2017, NYSOH issued an enrollment notice, based on your December 13, 2017 plan selection, confirming your spouse's enrollment in an Essential Plan, effective January 1, 2018.

On December 29, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your spouse's reenrollment in the Essential Plan was not effective earlier than January 1, 2018.

On March 6, 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) Your spouse enrolled in an Essential Plan with a \$20.00 monthly premium, effective December 1, 2016.
- 2) On September 20, 2017, NYSOH systematically redetermined your spouse's eligibility to automatically renew his coverage for the upcoming coverage year, beginning December 1, 2017.

- 3) According to your account, on September 20, 2017, NYSOH received income information from state and federal data sources indicating your annual household income was over \$32,040.00.
- 4) NYSOH determined your spouse was eligible for APTC of \$281.69, effective December 1, 2017.
- 5) The September 21, 2017 renewal notice directed you to pick a new plan for your spouse, between October 16, 2017 and November 15, 2017 to continue his coverage.
- 6) You testified that in September 2017 you were set up to receive your notices from NYSOH electronically.
- 7) You testified that do not recall whether you received the September 21, 2017 renewal notice or an email alert concerning that notice.
- 8) Your spouse was disenrolled from his Essential Plan, effective November 30, 2017.
- 9) You testified that do not recall whether you received the October 17, 2017 disenrollment notice or an email alert concerning that notice.
- 10) According to your account, both the September 21, 2017 renewal notice and the October 17, 2017 disenrollment notice posted to your NYSOH account have been opened.
- 11) On November 7, 2017, NYSOH received an updated application submitted on behalf of your spouse. You testified that you completed that application yourself online.
- 12) That application reduced your attested annual household income to \$20,384.00 consisting solely of income you earned through your employment with a deduction for student loan interest.
- 13) According to your account, NYSOH was unable to verify the income information in your application and your spouse was placed in a pending Medicaid status.
- 14) The notice issued by NYSOH on November 8, 2017 directed you to submit proof of your household income by November 22, 2017 or NYSOH would not be able to determine your spouse's eligibility for health coverage.
- 15) You testified that you think you received the November 8, 2017 notice.

- 16) According to your account, on November 10, 2017, NYSOH received a letter from your spouse's former employer listing his last date of employment as August [REDACTED] 2016.
- 17) According to your account, NYSOH invalidated the document uploaded on November 10, 2017, because no documentation of the income you attested to in the application was provided.
- 18) According to your account, you uploaded two biweekly paystubs on December 12, 2017.
- 19) NYSOH verified your documentation the same day and recalculated your annual household income as \$29,935.49 based on the average gross biweekly taxable income listed in your paystubs.
- 20) NYSOH systematically redetermined your spouse's eligibility on December 12, 2017 based on the recalculated household income amount and determined your spouse was eligible for the Essential Plan with a \$20.00 monthly premium, effective January 1, 2018.
- 21) According to your account, an Essential Plan was selected on behalf of your spouse on December 13, 2017. Coverage through that plan became effective on January 1, 2018.
- 22) You appealed insofar as your spouse was not enrolled in an Essential Plan for the month of December 2017. You testified your spouse has 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

Essential Plan Renewal

In general, NYSOH will review Essential Plan eligibility no more frequently than once every 12 months from the effective date of eligibility if enrollees are under age 65, not enrolled in minimum essential coverage, remain state residents, and do not have any changes in circumstances. An individual enrolled in the Essential Plan shall have his or her coverage continued until the end of the 12-month period, provided he or she does not lose eligibility by reason of citizenship status, lack of state residence, failure to provide a valid Social Security number, providing inaccurate information that would affect eligibility when requesting or renewing health coverage, failure to make the applicable premium payment, or changes in circumstances (42 CFR § 600.340(a); 42 CFR § 600.320(d); NY

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).

Social Services Law § 369-gg(3) and (4)(d)); New York's Basic Health Plan Blueprint, pp. 8 and 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf>).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (42 CFR § 600.340(e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates that may have been provided by the individual (42 CFR §600.345; (NY Social Services Law § 369-gg(4)(c); 45 CFR § 155.335(g); New York's Basic Health Plan Blueprint, p. 17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf>).

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)).

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).

Legal Analysis

The first issue under review is whether NYSOH properly determined your spouse's enrollment in the Essential Plan ended, effective November 30, 2017.

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).

Your spouse was enrolled into an Essential Plan, effective December 1, 2016. On September 20, 2017, NYSOH systematically redetermined your spouse's eligibility, based on income information received from state and federal data sources, to renew his coverage for the upcoming overage year.

Pursuant to the regulations, NYSOH will generally review Essential Plan eligibility no more frequently than once every 12 months from the effective date of eligibility if enrollees are under age 65, not enrolled in minimum essential coverage, remain state residents, and do not have any changes in circumstances. NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days.

The renewal notice issued by NYSOH on September 21, 2017, indicated that your spouse was newly eligible to receive APTC of \$281.69, effective December 1, 2017, based on income information received from state and federal data sources. In accordance with the regulations, that notice stated that if you did not agree with the eligibility determination you must make changes to your account between October 16, 2017 and November 15, 2017 for a new eligibility and enrollment to be effective by December 1, 2017.

You testified that in September 2017 you were set up to receive your notices from NYSOH electronically. You further testified that do not recall whether you received the September 21, 2017 renewal notice or an email alert concerning that notice. It is concluded that your testimony that you were unsure whether you received an email alert concerning the September 21, 2017 renewal notice was insufficient to establish that such an alert had not been sent. Furthermore, your account confirms that the September 21, 2017 renewal notice posted to your NYSOH account has been opened. Based on the totality of the evidence, it is concluded that NYSOH provided you with adequate notice that your spouse was no longer eligible for the Essential Plan, effective December 1, 2017.

Since your spouse had been determined eligible to received APTC, based on the regulations, he was no longer eligible for the Essential Plan. Thus, the October 17, 2017 disenrollment notice issued by NYSOH stating your spouse's Essential Plan coverage would end on November 30, 2017 is supported by the record and is AFFIRMED.

It is noted that your testimony that you do not recall whether you received the October 17, 2017 disenrollment notice or an email alert concerning that notice is insufficient to establish that such an alert had not been sent. Therefore, based on the evidence, including that the electronic October 17, 2017 disenrollment notice posted to your NYSOH account has been opened, it is concluded that NYSOH provided you with adequate notice that your spouse's Essential Plan coverage would end on November 30, 2017.

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).

The second issue under review is whether NYSOH properly determined your spouse's reenrollment in the Essential Plan became effective no earlier than January 1, 2018.

Your account confirms you submitted an updated application on behalf of your spouse on November 7, 2017. That application reduced your attested annual household income to \$20,384.00 consisting solely of income you earned through your employment with a deduction for student loan interest. According to your account, NYSOH was unable to verify the income information 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 November 8, 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 November 22, 2017 or NYSOH would be unable to determine your spouse's eligibility for health coverage.

It is noted that since the information in your November 7, 2017 application reduced your annual attested household income to a Medicaid level, according to the above cited regulations, your spouse was placed in a pending Medicaid status until sufficient documentation of your household income was received to determine his eligibility. Based on that status, he was not eligible to enroll in the Essential Plan.

Although on November 10, 2017, NYSOH received a letter from your spouse's former employer listing his last date of employment as August [REDACTED] 2016, this documentation was invalidated by NYSOH, because no documentation of the income you attested to in the application was provided. Your account confirms that NYSOH did not receive documentation of your income until December 12, 2017. Based on the information in that documentation, NYSOH recalculated your annual household income as \$29,935.49 and systematically redetermined your spouse's eligibility for health coverage the same day. Your spouse was determined eligible for the Essential Plan with a \$20.00 monthly premium, effective January 1, 2018.

According to your account, an Essential Plan was selected on behalf of your spouse on December 13, 2017 and coverage through that plan became effective on January 1, 2018. You appealed insofar as your spouse reenrollment in the Essential Plan was not effective earlier than January 1, 2018.

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

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).

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 your account confirms that an Essential Plan reenrollment request was not submitted on behalf of your spouse until December 13, 2017, before the fifteenth day of the month, that enrollment could not become effective until the first day of the following month; that is, on January 1, 2018.

Therefore, the December 14, 2017 enrollment confirmation notice stating your spouse's reenrollment in the Essential Plan was effective January 1, 2018 was correct and is AFFIRMED.

Decision

The October 17, 2017 disenrollment notice is AFFIRMED.

The December 14, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: April 06, 2018

How this Decision Affects Your Eligibility

Your spouse was not eligible to enroll in health coverage through NYSOH in the month of December 2017.

Your spouse's reenrollment in the Essential Plan was effective January 1, 2018.

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 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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

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).

Summary

The October 17, 2017 disenrollment notice is AFFIRMED.

The December 14, 2017 enrollment confirmation notice is AFFIRMED.

Your spouse was not eligible to enroll in health coverage through NYSOH in the month of December 2017.

Your spouse's reenrollment in the Essential Plan was effective January 1, 2018.

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।

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).

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 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.

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).