



STATE OF NEW YORK
DEPARTMENT OF HEALTH
PO Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: January 19, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026832

[REDACTED]

[REDACTED]

On January 19, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 6, 2018 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
PO 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(b).

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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DEPARTMENT OF HEALTH
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Decision

Decision Date: January 19, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026832

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that you were enrolled in an Essential Plan, effective no earlier than February 1, 2018?

Procedural History

You updated your application for insurance on September 21, 2017, listing an annual household income of \$23,500.00. On September 30, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for the Essential Plan, on a limited basis, effective November 1, 2017. The notice directed you to submit proof of income by December 20, 2017.

On October 14, 2017, NYSOH issued an enrollment confirmation notice stating that you were enrolled in an Essential Plan, effective October 1, 2017.

On December 14, 2017, you uploaded income documentation.

On December 15, 2017, NYSOH redetermined your eligibility.

On December 16, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to \$362.00 per month in advance payments of the premium tax credit (APTC), as well as cost-sharing reductions (CSR), effective January 1, 2017. The notice also stated that you were not eligible for the Essential Plan or Medicaid because your household income was over the allowable income limits for those programs.

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Also, on December 16, 2017, NYSOH issued a disenrollment notice stating that your Essential Plan coverage was ending effective December 31, 2017.

You did not enroll in a qualified health plan.

On December 23, 2017, you updated your NYSOH account attesting to an annual income of \$14,040.00.

On December 24, 2017, NYSOH issued a notice stating that the income information in your application did not match information NYSOH received from state and federal sources. You were directed to provide proof of income by January 7, 2018.

On January 5, 2018, you updated your NYSOH account. That day, a preliminary eligibility determination was prepared, stating that you were conditionally eligible for the Essential Plan, effective February 1, 2018. On that date you selected a health plan.

Also, on January 5, 2018, you spoke to NYSOH's Account Review Unit and appealed insofar as your Essential Plan coverage began on February 1, 2018 and not January 1, 2018.

On January 6, 2018, NYSOH issued a notice of eligibility determination, based on your January 5, 2018 application, stating that you were conditionally eligible for the Essential Plan with a \$20.00 monthly premium, effective February 1, 2018. The notice also stated that you were not eligible for Medicaid because your household income was over the allowable income limit for that program. The notice also directed you to provide proof of income by April 5, 2018.

Also, on January 6, 2018, NYSOH issued an enrollment confirmation notice stating that you were enrolled in an Essential Plan, effective February 1, 2018.

On January 10, 2018, you uploaded income documentation.

On January 12, 2018, your income documentation was verified and your eligibility was redetermined.

On January 13, 2018, NYSOH issued an eligibility determination notice stating that you were eligible for the Essential Plan, with a \$20.00 monthly premium, effective February 1, 2018.

On January 19, 2018, 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) You were found eligible for the Essential Plan, on a limited basis, effective November 1, 2017. You were enrolled in the Essential Plan, and directed to provide proof of income.
- 2) On December 14, 2017, you uploaded income documentation to your NYSOH account.
- 3) On December 15, 2017, your proof of income was determined valid and NYSOH redetermined your eligibility, finding you eligible to enroll in a qualified health plan and to receive up to \$362.00 per month in APTC, as well as CSR, effective January 1, 2017.
- 4) NYSOH records reflect that you did not enroll in a qualified health plan at that time.
- 5) Because of your new eligibility, NYSOH issued a disenrollment notice stating that your Essential Plan coverage was ending effective December 31, 2017, because you were no longer eligible for that coverage.
- 6) On December 23, 2017, you again updated your NYSOH account attesting to an annual income of \$14,040.00.
- 7) On December 24, 2017, NYSOH issued a notice stating that the income information in your application did not match information NYSOH received from state and federal sources. You were again directed to provide proof of income.
- 8) On January 5, 2018, you updated your NYSOH account. That day, a preliminary eligibility determination was prepared stating that you were conditionally eligible for the Essential Plan, effective February 1, 2018, and you selected a health plan.
- 9) On January 6, 2018, NYSOH issued a notice of eligibility determination, based on your January 5, 2018 application, stating that you were conditionally eligible for the Essential Plan with a \$20.00 monthly premium, effective February 1, 2018. The notice directed you to provide proof of income by April 5, 2018.
- 10) Also, on January 6, 2018, NYSOH issued an enrollment confirmation notice stating that you were enrolled in an Essential Plan, effective February 1, 2018.

- 11) On January 10, 2018, you uploaded a letter to your NYSOH account from your employer dated January 10, 2018 stating that for 2018 that you will be working part time and that your gross salary will be \$721.00 biweekly.
- 12) You testified that you were paid \$721.00 on January 19, 2018 and that you expected your next pay date to be January 31, 2018 in the amount of \$721.00. You testified that you started working 25 hours a week starting January 1, 2018. You testified that prior to January 1, 2018, that you worked 40 hours a week.
- 13) On January 12, 2018, your proof of income was verified and your eligibility was redetermined, based on annual household earnings of \$18,746.00.
- 14) On January 13, 2018, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for the Essential Plan, with a \$20.00 monthly premium, effective February 1, 2018.
- 15) Your application states that you expect to file your 2017 taxes with a tax filing status of single. You will claim no dependents on that tax return.
- 16) You are seeking insurance for yourself.
- 17) Your application states that you live in Kings County.
- 18) You testified that you have [REDACTED] and that you were seeking to have your Essential Plan coverage backdated to January 1, 2018 because you are seeking to continue treatments during January 2018.

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

Applicable Law and Regulations

Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable 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).

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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 2017 FPL, which is \$12,060.00 for a one-person household (81 Federal Register 4036).

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, see www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf).

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)).

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).

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)).

Medicaid

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

In an analysis of Medicaid eligibility, the determination is based on the FPL "for the applicable budget period used to determine an individual's eligibility" (42 CFR

§ 435.4). On the date of your application, that was the 2018 FPL, which is \$12,140.00 for a one-person household (83 Federal Register 2643).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were enrolled in an Essential Plan, effective February 1, 2018.

You were enrolled in an Essential Plan for a limited time, effective October 1, 2017, and directed to provide proof of income.

On December 14, 2017, you uploaded proof of income to your NYSOH account. On December 15, 2017, your proof of income was determined valid and NYSOH redetermined your eligibility.

However, on December 16, 2017, NYSOH found that your income documentation did not verify the income you listed on your application, and issued an eligibility determination notice stating that you were eligible to receive up to \$362.00 per month in APTC and CSR, both effective January 1, 2017. You were not eligible for the Essential Plan.

NYSOH records reflect that you did not enroll in a qualified health plan at that time. On December 16, 2017, NYSOH issued a disenrollment notice stating that your Essential Plan coverage was ending effective December 31, 2017, because you were no longer eligible for that coverage, based on the verified income.

On December 23, 2017, you again updated your NYSOH account, attesting to an annual income of \$14,040.00.

On December 24, 2017, NYSOH issued a notice stating that the income information in your application did not match information NYSOH received from state and federal sources. You were directed to provide proof of income by January 7, 2018.

On January 5, 2017, you updated your NYSOH account, increasing your annual income to \$23,200.00. That day, a preliminary eligibility determination was prepared stating that you were conditionally eligible for the Essential Plan, effective February 1, 2018, and you were enrolled in coverage.

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

The record reflects that you selected an Essential Plan on January 5, 2018. That coverage properly took effect on the first day of the month following that date; that is, on February 1, 2018.

Therefore, the January 6, 2018 plan enrollment notice confirming that you were enrolled in an Essential Plan with an enrollment start date of February 1, 2018 is **AFFIRMED**.

It should be noted that the only way you would have had health insurance for January 2018 is if you had enrolled in a qualified health plan, or if you were subsequently found to have been eligible for Medicaid for that month. You did not select a qualified health plan. To be eligible for Medicaid, you would have had to have a household income at or below 138% of the FPL for a one-person household. Your expected annual income for 2018 of \$18,746.00 is 154% of the FPL and therefore you are not eligible for Medicaid in January 2018 on an annual income basis. You testified that your monthly income for January 2018 was \$1,442.00. Since your income of \$1,442.00 was more than the \$1,396.00 monthly Medicaid limit for January 2018, NYSOH correctly determined that you were not eligible for Medicaid coverage during that month on the basis of monthly income.

Decision

The January 6, 2018 enrollment confirmation notice is **AFFIRMED**.

Effective Date of this Decision: January 19, 2018

How this Decision Affects Your Eligibility

Your Essential Plan coverage properly began February 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

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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 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
PO Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 6, 2018 enrollment confirmation notice is **AFFIRMED**.

Your Essential Plan coverage properly began February 1, 2018.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

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

Español (Spanish)

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

中文 (Traditional Chinese)

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

Kreyòl Ayisyen (Haitian Creole)

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

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您免费提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

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.