

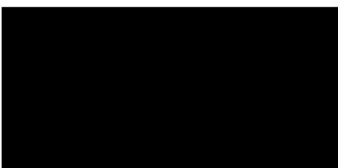


STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: May 15, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029894



Dear [REDACTED]

On May 8, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 10, 2018 plan disenrollment notice and March 7, 2018 eligibility determination and plan enrollment notices.

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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: May 15, 2018

NY State of Health Account ID: [REDACTED]
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Issues

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

Did NY State of Health properly determine that your and your spouse's eligibility for and enrollment in the Essential Plan ended effective February 28, 2018?

Did NY State of Health properly determine that your and your spouse's eligibility for and enrollment in a qualified health plan with the application of your advanced premium tax credit was effective April 1, 2018?

Procedural History

On November 7, 2017, NY State of Health (NYSOH) issued an eligibility determination notice, based on your November 6, 2017 application, stating that you and your spouse were eligible to enroll in the Essential Plan for a limited time, effective December 1, 2017. The notice further directed you to provide income documentation to confirm your and your spouse's eligibility by February 4, 2018.

Also on November 7, 2017, NYSOH issued a plan enrollment notice confirming your and your spouse's enrollment in an Essential Plan, effective December 1, 2017.

No income documentation was received by NYSOH as of February 4, 2018.

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On February 10, 2018, NYSOH issued an eligibility determination notice stating that, based on state and federal data sources, you and your spouse were eligible for up to \$833.00 per month in advanced premium tax credit (APTC) and eligible for cost-sharing reductions if you enrolled into a silver level qualified health plan, both effective March 1, 2018. This notice further directed you and your spouse to select a qualified health plan for enrollment by April 10, 2018.

Also on February 10, 2018, NYSOH issued a plan disenrollment notice stating that your and your spouse's enrollment in the Essential Plan would end as of February 28, 2018, because you and your spouse were no longer eligible to remain in your plan.

On March 6, 2018, NYSOH received your updated application for financial assistance.

On March 7, 2018, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for up to \$838.00 per month in APTC and eligible for cost-sharing reductions if you enrolled in a silver-level qualified health plan, effective April 1, 2018.

On March 7, 2018, NYSOH issue a plan enrollment notice, based on your plan selection on March 6, 2018, confirming that you and your spouse were enrolled in a qualified health plan with the maximum amount of APTC applied to your monthly premium, effective April 1, 2018.

Also on March 7, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your and your spouse's qualified health plan enrollment with the application of your APTC insofar as it started on April 1, 2018, and not March 1, 2018.

On May 8, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and the record was closed at the end of the hearing.

Findings of Fact

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

- 1) You testified, and your application indicates, that you receive all of your notices from NYSOH via regular mail.
- 2) You testified that you do not remember receiving any notices stating that your and your spouse's Essential Plan eligibility was only for a limited time and that you needed to provide documentation of your household's income.

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- 3) Your NYSOH account indicates that, on February 9, 2018, you and your spouse's eligibility was redetermined and you and your spouse were found no longer eligible for the Essential Plan as of February 28, 2018.
- 4) You testified that you do not remember receiving any notices stating that you and your spouse's eligibility had been redetermined and that you needed to select a qualified health plan for you and your spouse's enrollment.
- 5) You testified that you and your spouse were unaware that you both had been disenrolled from your Essential Plan coverage as of February 28, 2018.
- 6) You testified that you did not find out that you and your spouse were disenrolled from your Essential Plan coverage until you went to [REDACTED] in March 2018, and you were informed that your insurance was no longer valid.
- 7) Your NYSOH account indicates that you updated your NYSOH account on March 6, 2018, and you and your spouse were determined eligible for up to \$838.00 in APTC and eligible for cost-sharing reductions if you enrolled into a silver level qualified health plan, effective April 1, 2018.
- 8) Your NYSOH account indicates that, on March 6, 2018, you and your spouse were enrolled in a qualified health plan with the maximum amount of APTC applied to your monthly premium, effective April 1, 2018.
- 9) You testified that you would like your and your spouse's qualified health plan with the application of your APTC to begin as of March 1, 2018, because you have unpaid medical bills from that month.
- 10) No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable.
- 11) You testified that you and your spouse were going through a [REDACTED] [REDACTED] from November 2017 to March 2018, and that you acknowledge that mail was ignored and forgotten.

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 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

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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)).

Redetermination During a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that its policy will be that any change made after the 15th of any month will not be effective until the first of the second following month (45 CFR § 155.330(f)(2)).

When an eligibility redetermination results in a change in the amount of advance payments of the premium tax credit (APTC) for the benefit year, NYSOH must recalculate the amount of APTC in such a manner as to account for any advance payments already made on behalf of the tax filer, such that the recalculated advance payment amount is projected to result in total advance payments for the benefit year that correspond to the tax filer's total projected premium tax credit for that benefit year (45 CFR § 155.330(g)).

Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health 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)). 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 and your spouse's eligibility for and enrollment in your Essential Plan coverage ended effective February 28, 2018.

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 notice issued on November 7, 2018, you were advised that you and your spouse were eligible for the Essential Plan, for a limited time, and that you needed to submit income documentation to confirm your and your spouse's eligibility by February 4, 2018.

You testified that you do not remember receiving any notice from NYSOH telling you that you needed to provide income documentation to confirm your and your spouse's eligibility. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

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.

Accordingly, your and your spouse's eligibility for the Essential Plan terminated as of February 28, 2018, because you did not submit documentation and did not adequately demonstrate that you could not provide documentation to confirm your and your spouse's income.

Therefore, the February 10, 2018 plan disenrollment notice is AFFIRMED.

The second issue under review is whether NYSOH properly determined that your and your spouse's eligibility for and enrollment in a qualified health plan with the application of your APTC was effective April 1, 2018.

Your NYSOH account indicates that, on February 9, 2018, NYSOH redetermined your and your spouse's eligibility based on state and federal data sources. Subsequently, NYSOH issued an eligibility determination on February 10, 2018 stating that you and your spouse were eligible for up to \$833.00 per month in APTC and cost-sharing reductions if you and your spouse enrolled into a silver-level qualified health plan, effective March 1, 2018. This notice further directed you and your spouse to enroll into a plan by April 10, 2018.

You testified that you do not remember receiving any notice from NYSOH telling you that your and your spouse's eligibility had been redetermined and that you

needed to select a plan for your and your spouse's enrollment. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, it is concluded that NYSOH properly notified you that your and your spouse's eligibility had been redetermined and that you needed to select a plan for your and your spouse's enrollment to take effect. However, your NYSOH account indicates that you and your spouse did not enroll into a qualified health plan until March 6, 2018.

Your NYSOH account indicates that, on March 6, 2018, NYSOH received your updated application for financial assistance with health insurance. That day, you submitted a requested to enroll yourself and your spouse into a qualified health plan. On March 7, 2018, NYSOH issued a plan enrollment notice confirming that your and your spouse's enrollment in a qualified health plan with the maximum amount of APTC applied to your monthly premium was effective April 1, 2018.

When an individual changes information in their application on or before the 15th of any month, NYSOH must make the redetermination that results from the change effective the first day of the following month. Additionally, the date on which a qualified health 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 fifteenth day of a month goes into effect on the first day of the following month.

Since you updated your NYSOH account and enrolled yourself and your spouse into a qualified health plan on March 6, 2018, your and your spouse's enrollment with the application of your APTC properly took effect on the first day of the month following March 2018; that is, on April 1, 2018.

Therefore, the March 7, 2018 eligibility determination and plan enrollment notices stating that your and your spouse's eligibility for and enrollment in a qualified health plan with the maximum amount of APTC applied to your monthly premium was effective April 1, 2018, are correct and must be AFFIRMED.

Decision

The February 10, 2018 plan disenrollment notice is AFFIRMED.

The March 7, 2018 eligibility determination notice is AFFIRMED.

The March 7, 2018 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: May 15, 2018

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).

How this Decision Affects Your Eligibility

NYSOH properly found that your and your spouse's eligibility for and enrollment in your Essential Plan coverage terminated as of February 28, 2018 because you did not provide documentation of your household's income.

NYSOH properly found that your and your spouse's eligibility for and enrollment in a qualified health plan with the maximum amount of APTC applied to your monthly premium was effective April 1, 2018.

If You Disagree with this Decision (Appeal Rights)

This 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 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).

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

Summary

The February 10, 2018 plan disenrollment notice is AFFIRMED.

The March 7, 2018 eligibility determination notice is AFFIRMED.

The March 7, 2018 plan enrollment notice is AFFIRMED.

NYSOH properly found that our and your spouse's eligibility for and enrollment in your Essential Plan coverage terminated as of February 28, 2018, because you did not provide documentation of your household's income.

NYSOH properly found that your and your spouse's eligibility for and enrollment in a qualified health plan with the maximum amount of APTC applied to your monthly premium was effective April 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 مجانًا.

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&etumi 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.

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