

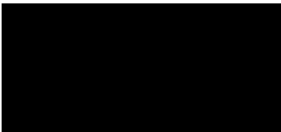


STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## Notice of Decision

Decision Date: May 31, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000030350



Dear [REDACTED],

On May 15, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 30, 2017 disenrollment notice, January 23, 2018 denial of financial assistance notice, and the March 9, 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 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  
P.O. Box 11729  
Albany, NY 12211

## Decision

Decision Date: May 31, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000030350



## 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 eligibility for health insurance through NYSOH, and your enrollment in a qualified health plan, ended January 31, 2018?

Did NYSOH properly determine that your eligibility for and enrollment in your qualified health care plan began April 1, 2018?

## Procedural History

On October 28, 2017, NYSOH issued a renewal notice stating that you were eligible to purchase a qualified health plan at full cost, effective January 1, 2018. That notice also stated that your enrollment in a qualified health plan would begin on January 1, 2018.

On December 28, 2017, you updated your application for financial assistance for health insurance through NYSOH.

On December 29, 2017, NYSOH issued a notice stating that additional information was required in order for NYSOH to make an eligibility determination on your application. The notice explained that the income information you provided in your application did not match information obtained from state and federal data sources. You were asked to submit proof of your household income by January 12, 2018.

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On December 30, 2018, NYSOH issued a disenrollment notice stating that your enrollment in your qualified health plan would end on January 31, 2018, because you were no longer eligible to enroll in that plan.

No documentation was received by the January 12, 2018 deadline.

On January 23, 2018, NYSOH issued a denial notice stating that you did not qualify for health coverage through NYSOH. The notice explained this was because you did not provide the income documentation required to verify the household income listed in your application and, as a result, NYSOH was unable to determine your eligibility.

On February 27, 2018, you updated your application for financial assistance for health insurance through NYSOH.

On February 28, 2018, NYSOH issued a notice stating that additional information was required in order for NYSOH to make an eligibility determination on your application. The notice explained that the income information you provided in your application did not match information obtained from state and federal data sources. You were asked to submit proof of your household income by March 14, 2018.

On March 6, 2018, NYSOH uploaded into your NYSOH account documentation you submitted by regular mail as Documents [REDACTED] and [REDACTED]. That day, a NYSOH representative reviewed those documents and determined they were insufficient to proof of your household income.

On March 7, 2018, NYSOH issued a notice of insufficient documentation stating, in relevant part, that the documentation reviewed did not confirm the information in your application. The notice directed you to provide additional proof of your household income by March 29, 2018.

On March 8, 2018, you updated your application for financial assistance for health insurance through NYSOH.

On March 9, 2018, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to \$83.00 per month in APTC for a limited time, effective April 1, 2018. The notice stated you were eligible for a limited time because more information was needed to confirm the income information listed in your application. The notice directed you to provide additional proof of your income by June 6, 2018.

On March 9, 2018, NYSOH issued a plan enrollment notice confirming your enrollment in a qualified health plan, beginning April 1, 2018.

On March 19, 2018, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your qualified health plan because it did not begin on February 1, 2018.

On May 15, 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) According to your NYSOH account, on October 23, 2013, NYSOH sent you a notice confirming that you elected to receive paperless communications electronically, which means NYSOH sends you email alerts of notices available in your NYSOH account.
- 2) On October 28, 2017, NYSOH issued a renewal notice stating that you were eligible for and enrolled in a qualified health plan at full cost, beginning January 1, 2018.
- 3) According to your NYSOH account and your testimony, you updated your application for financial assistance on December 28, 2017. That application listed your expected household income for 2018 as \$10,700.00.
- 4) The preliminary eligibility determination that resulted from that application states that, "We reviewed your application for insurance using the new information you have told us about your household and your income. This message verifies the change in eligibility... The information you provided does not match what the Marketplace obtained from State and Federal data sources. We will not be able to make an eligibility determination until you provide or the Marketplace is able to confirm additional information."
- 5) According to your NSYOH account, the following resulted from the December 28, 2017 application:
  - a. NYSOH could not make a final determination on your eligibility because an income of \$10,700.00 did not match federal and state data sources.
  - b. You were placed into conditional Medicaid status until NYSOH could verify your household income.

- c. On December 29, 2017, NYSOH issued a notice directing you submit income documentation to confirm your eligibility for health insurance by January 12, 2018.
  - d. You were disenrolled from your full cost qualified health plan because you were conditionally eligible for Medicaid and no longer eligible for a qualified health plan.
  - e. On December 30, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your qualified health plan would end January 31, 2018, because you were no longer eligible for that plan.
- 6) According to your NSYOH account and your testimony, you did not provide income documentation by the January 12, 2018 deadline.
  - 7) According to your NYSOH account, your eligibility to purchase health insurance through NYSOH and your enrollment in a qualified health plan both ended January 31, 2018.
  - 8) According to your NSYOH account and your testimony, your email address is [REDACTED], and you have always elected to receive your notices from NYSOH by email alert.
  - 9) You testified that you receive email alerts from NYSOH alerting you to new notices uploaded into your NYSOH account.
  - 10) You testified that you did not receive any email alert advising you that the December 29, 2018, December 30, 2018, or January 23, 2018 notices were in your NYSOH account.
  - 11) You testified that you discovered you did not have health insurance after being notified by a provider.
  - 12) According to your NSYOH account, you submitted applications for financial assistance on February 27, 2018 and March 6, 2018. Your expected annual household income listed in each of these applications was \$11,570.00.
  - 13) According to your NSYOH account, the following resulted from the February 27, 2018 and March 6, 2018 applications:
    - a. NYSOH could not make a final determination on your eligibility because an income of \$11,570.00, did not match federal and state data sources.

- b. You were placed into conditional Medicaid status until your income could be confirmed.
- 14) According to your NYSOH account, on March 8, 2018, you submitted an updated application for health insurance with the assistance of a broker, and selected a plan for enrollment that day. The expected annual household income listed in that application was \$46,000.00.
- 15) You testified that you want your qualified health plan to begin on February 1, 2018, because you incurred medical bills during the months of February 2018 and March 2018.

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

## **Applicable Law and Regulations**

### Electronic Notices

Applicants may choose to receive notices and information from NYSOH by either electronic or regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

### 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 fifteenth 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

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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 eligibility for health insurance through NYSOH, and your enrollment in a qualified health plan, ended January 31, 2018.

On October 28, 2017, NYSOH issued a renewal notice stating that you were eligible for, and enrolled in, a qualified health plan at full cost beginning January 1, 2018.

On December 28, 2017, you updated your application for financial assistance for health insurance through NYSOH. Specifically, you listed your expected household income for 2018 to be \$10,700.00. The income amount that was entered into this application did not match federal and state data sources.

The credible evidence of the record reflects the following occurred as a direct result of that application:

- 1) NYSOH could not make a final determination on your eligibility because an income of \$10,700.00 did not match federal and state data sources.
- 2) The preliminary eligibility determination that resulted from that application states that, "We reviewed your application for insurance using the new information you have told us about your household and your income. This message verifies the change in eligibility... The information you provided does not match what the Marketplace obtained from State and Federal data sources. We will not be able to make an eligibility determination until you provide or the Marketplace is able to confirm additional information."
- 3) You were placed into conditional Medicaid status, pending verification of your household income.
- 4) On December 29, 2017, NYSOH issued a notice directing you submit income documentation to confirm your eligibility for health insurance by January 12, 2018.
- 5) You were disenrolled from your full cost qualified health plan because you were conditionally eligible for Medicaid and no longer eligible for a qualified health plan.

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- 6) On December 30, 2017, NYSOH issued a notice stating that your enrollment in your qualified health plan would end January 31, 2018, because you were no longer eligible for that plan.

You testified, and the record reflects, that no income documentation was provided by the January 12, 2018 deadline. As a result, on January 23, 2018, NYSOH issued a denial notice stating that you were not eligible for any financial assistance programs or to purchase health insurance through NYSOH because you failed to provide the income documentation requested.

You testified that you did not receive any notices from NYSOH resulting from your December 28, 2017 application, including the December 29, 2018 notice requesting additional information, the December 30, 2018 disenrollment notice or the January 23, 2018 denial notice. The preliminary eligibility determination that resulted from that application states that, "We reviewed your application for insurance using the new information you have told us about your household and your income. This message verifies the change in eligibility... The information you provided does not match what the Marketplace obtained from State and Federal data sources. We will not be able to make an eligibility determination until you provide or the Marketplace is able to confirm additional information."

You testified that you discovered you did not have health insurance after being notified by a provider.

You testified, and your NYSOH account confirms, that you elected to receive notifications from NYSOH by email alert. You testified that your email address is [REDACTED], which is the same email address listed in your NYSOH account. You testified that you receive email alerts from NYSOH alerting you to new notices in your NYSOH account.

You testified that NYSOH has your correct email address, and that you receive email alerts from NYSOH and have been since 2013. Your NYSOH account confirms that you submitted an application on December 28, 2017, and the preliminary eligibility determination that resulted from that application states that, "We reviewed your application for insurance using the new information you have told us about your household and your income. This message verifies the change in eligibility... The information you provided does not match what the Marketplace obtained from State and Federal data sources. We will not be able to make an eligibility determination until you provide or the Marketplace is able to confirm additional information." Based on the totality of these facts and circumstances, your testimony that you did not get the three notices at issue is not credited. As such, it is reasonable to conclude that NYSOH properly notified you that new notices had been uploaded into your NYSOH account on December 29, 2017, December 30, 2017 and January 23, 2018.

Therefore, the December 30, 2017 plan disenrollment notice and the January 23, 2018 denial notices must be AFFIRMED.

The second issue under review is whether NYSOH properly determined that your eligibility for, and enrollment in, your qualified health care plan began April 1, 2018.

You submitted applications for financial assistance on February 27, 2018 and March 6, 2018. The expected annual household income listed in each of these applications was \$11,570.00. The income amount entered into this application did not match federal and state data sources. As a result, NYSOH could not make a determination on your eligibility and you were placed into conditional Medicaid status until your income could be confirmed. You were asked to submit documentation to confirm your income.

On March 8, 2018, you submitted an updated application for financial assistance with the assistance of a broker. Specifically, the expected annual household income listed in that application was updated to \$46,000.00, and you submitted a request to enroll in a qualified health plan. You were eligible for \$83.00 in APTC, for a limited time, beginning April 1, 2018. You were also enrolled into a qualified health plan, beginning April 1, 2018.

You testified that you want your qualified health plan to begin on February 1, 2018, because you incurred medical bills during the months of February 2018 and March 2018.

When an individual changes information in their application on or before the fifteenth of any month, NYSOH must make the redetermination that results from the change effective the first day of the first 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 the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

The record reflects that you made changes to your NYSOH application and selected a plan for enrollment on March 8, 2018. Therefore, your eligibility for, and enrollment in, your qualified health plan properly took effect on the first day of the first month following March 2017; that is, on April 1, 2018.

Therefore, the March 9, 2018 eligibility determination and plan enrollment notices stating that your eligibility to enroll in a qualified health plan and your enrollment in a qualified health plan both began on April 1, 2018, are correct and must be AFFIRMED.

## **Decision**

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 December 30, 2017 plan disenrollment notice is AFFIRMED.

The January 23, 2018 denial of financial assistance notice is AFFIRMED.

The March 9, 2018 eligibility determination notice is AFFIRMED.

The March 9, 2018 plan enrollment notice is AFFIRMED.

## **Effective Date of this Decision: May 31, 2018**

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

NYSOH properly disenrolled you from your qualified health plan on January 31, 2018.

NYSOH properly denied you health insurance as of January 31, 2018, because you did not verify your household income by the required deadline.

NYSOH properly found that your reenrollment in your qualified health plan 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:

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).

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

### **Summary**

The December 30, 2017 plan disenrollment notice is AFFIRMED.

The January 23, 2018 denial of financial assistance notice is AFFIRMED.

The March 9, 2018 eligibility determination notice is AFFIRMED.

The March 9, 2018 plan enrollment notice is AFFIRMED.

NYSOH properly disenrolled you from your qualified health plan on January 31, 2018.

NYSOH properly denied you health insurance as of January 31, 2018, because you did not verify your household income by the required deadline.

NYSOH properly found that your reenrollment in your qualified health plan was effective April 1, 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).

## **Legal Authority**

We are issuing this determination in accordance with 45 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).

**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 1-855-355-5777번으로 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 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 bɛtumi ama wo obi a okyerɛ kasa a woka no ase ama wo kwa a wontua hwee.

## **(Urdu) اردو**

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

## **Tiếng Việt (Vietnamese)**

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

## **אידיש (Yiddish)**

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

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).