



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

Notice of Decision

Decision Date: August 2, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006552

[REDACTED]

Dear [REDACTED],

On June 20, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 20, 2016 notice of enrollment.

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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DEPARTMENT OF HEALTH
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Decision

Decision Date: August 2, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006552

[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 the enrollment of you and your spouse in an Essential Plan was effective March 1, 2016?

Procedural History

On December 10, 2015, NYSOH received a revised application.

On December 11, 2015, NYSOH issued a notice stating that you and your spouse might be eligible for health insurance, but more information was needed to make a determination. The notice further requested that you provide income documentation before December 26, 2015 to confirm the information you provided in your application was accurate.

On December 16, 2015, NYSOH received (1) four earnings statements issued to you by your employer, [REDACTED] between November 19, 2015 and December 10, 2015; and (2) four earnings statements issued to your spouse by his employer, [REDACTED], between October 23, 2015 and November 13, 2015. While these documents were provided to NYSOH at least as early as December 21, 2015 and possibly as early as December 16, 2015, they were not uploaded to your account for review by NYSOH until December 30, 2015.

On January 11, 2016, NYSOH issued a notice acknowledging your submission of documents attempting to resolve the inconsistency between the income you

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provided in your January 10, 2015 application and information obtained from state and federal data sources; however, the documentation was determined to be insufficient to resolve the request. It requested that you provide additional documentation to confirm that the income earned by [REDACTED] to which you attested in your application was correct. The notice did not state the date by which such documentation was required to be received by NYSOH, nor did it specify what was wrong with the documentation already submitted.

On January 17, 2016, NYSOH received a signed letter issued by [REDACTED], dated January 15, 2016, stating that [REDACTED] weekly gross income was \$485.21.

On January 19, 2016, NYSOH received a revised application.

On January 20, 2016, NYSOH issued an eligibility determination notice based on the information contained in the January 19, 2016 application. It stated that you and your spouse were eligible to enroll in Essential Plan with a monthly premium of \$0.00. The eligibility determination was effective March 1, 2016.

Also on January 20, 2016, NYSOH issued a notice of enrollment confirming the selection of an Essential Plan as of January 19, 2016. The notice further confirmed that coverage for you and your spouse under this Essential Plan would begin March 1, 2016.

On January 27, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan insofar as it began March 1, 2016, rather than January 1, 2016.

On June 20, 2016, 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 support the following findings of fact:

- 1) You submitted an application to NYSOH for financial assistance on December 10, 2015. Based on the information contained in this application, NYSOH requested additional documentation to make an eligibility determination.
- 2) You testified, and the record reflects, that you provided (1) four earnings statements issued to you by your employer, [REDACTED], between November 19, 2015 and December 10, 2015, and (2) four

earnings statements issued to your spouse by his employer, [REDACTED], between October 23, 2015 and November 13, 2015.

- 3) You testified that the date ranges of the earning statements you provided to NYSOH did not match your own since your spouse stopped working on or about November 13, 2015 after he had suffered a [REDACTED]
- 4) On January 11, 2016, NYSOH issued a notice requesting that you provide additional documentation to prove your spouse's level of income. In response to this request, on January 17, 2016, you provided a signed letter issued by [REDACTED], dated January 15, 2016, reflecting his weekly gross income.
- 5) You testified, and the record reflects, that you enrolled in an Essential Plan on January 19, 2016, with coverage beginning effective March 1, 2016.
- 6) You testified that you wanted your enrollment in an Essential Plan to begin on January 1, 2016, rather than March 1, 2016, because you had incurred approximately \$400.00 per month in out-of-pocket medical expenses during the months of January and February 2016.

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

Applicable Law and Regulations

Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); see also 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Legal Analysis

The issue under review is whether NYSOH properly determined that the enrollment of you and your spouse in the Essential Plan was effective March 1, 2016.

You testified, and the record reflects, that you submitted your NYSOH application on December 10, 2015. In response to this application, NYSOH requested that you provide documentation before December 26, 2016 to confirm your income level so that a determination could be made.

In response to this request, the record reflects that you provided to NYSOH on December 16, 2015 (1) four earnings statements issued to you by your employer, [REDACTED], between November 19, 2015 and December 10, 2015, and (2) four earnings statements issued to your spouse by his employer, [REDACTED], between October 23, 2015 and November 13, 2015.

You credibly testified that the earnings statements you provided to NYSOH did in fact represent not only your four most recent paycheck stubs, but also your spouse's, because he had suffered a [REDACTED] on or about November 13, 2015, and had stopped working as of that date.

However, these documents were neither reviewed nor verified by NYSOH until January 11, 2016, by which point they were determined to be insufficient to confirm your attestation as to your household's annual income for 2016.

On January 11, 2016, NYSOH issued a notice stating that the documents you provided were insufficient to resolve the inconsistency in your application, without explaining why. You were requested to provide additional documentation to confirm your spouse's income level. One of the acceptable types of documentation was to provide paycheck stubs or a letter from an employer on company letterhead, signed and dated, reflecting the income received for a period of at least 4 weeks.

After having provided a letter from your spouse's employer on January 17, 2016, you were ultimately permitted to enroll in an Essential Plan on January 19, 2016. The effective date of the coverage for you and your spouse under the Essential Plan was March 1, 2016.

As a result of the delay of NYSOH in reviewing the earning statements you submitted on December 16, 2015, and your testimony that your spouse's earning statements did represent the last four week of his income during 2015, we find that the necessary documents were provided to NYSOH's review as of December 16, 2015 to determine you and your spouse's eligibility on that date. Accordingly, we must infer that you would have been found eligible and selected for enrollment the Essential Plan as of that date.

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The date on which enrollment in an Essential Plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

Since we infer that, had you been permitted, you would have selected your Essential Plan on December 16, 2015, your enrollment properly should have taken effect on the first day of the second month following December 16, 2015; that is, on February 1, 2016.

Therefore, the January 20, 2016 notice of enrollment is MODIFIED to state that coverage for you and your spouse under the Essential Plan was effective February 1, 2016.

Your case is RETURNED to NYSOH to effectuate the above change.

Decision

The January 20, 2016 notice of enrollment is MODIFIED to state that coverage for you and your spouse under the Essential Plan was effective February 1, 2016.

Your case is RETURNED to NYSOH to effectuate the above change.

Effective Date of this Decision: August 2, 2016

How this Decision Affects Your Eligibility

The effective date of your Essential Plan is February 1, 2016.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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

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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 U.S. Department of Health and Human Services. 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 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 January 20, 2016 notice of enrollment is MODIFIED to state that coverage for you and your spouse under the Essential Plan was effective February 1, 2016.

Your case is RETURNED to NYSOH to effectuate the above change.

The effective date of your Essential Plan is February 1, 2016.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

