



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

Notice of Decision

Decision Date: July 1, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006819

[REDACTED]

Dear [REDACTED]

On June 24, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 2, 2016 eligibility determination notice and February 4, 2016 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 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
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Decision

Decision Date: July 1, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006819

[REDACTED]

Issue

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

Did NY State of Health properly determine that your enrollment in an Essential Plan was effective March 1, 2016?

Procedural History

On October 24, 2015, NY State of Health (NYSOH) issued a renewal notice stating that it was time to renew your health insurance for 2016. That notice also stated that based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2015 or you might lose the financial assistance you were currently receiving.

On December 14, 2015, NYSOH received your updated application for financial assistance with your health insurance.

On December 15, 2015, NYSOH issued a notice asking for more information to make a determination. The notice explained that the income information you provided did not match the information NYSOH obtained from State and Federal data sources. You were asked to submit income documentation for your household by December 30, 2015.

On December 16, 2015, a disenrollment notice was issued terminating your coverage in your Medicaid Managed care plan effective December 31, 2015.

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On January 12, 2016, NYSOH, received your updated application for financial assistance with your insurance.

On January 13, 2016, NYSOH issued a notice asking for more information to make a determination. The notice explained that the income information you provided did not match the information NY State of Health obtained from State and Federal data sources. You were asked to submit income documentation for your household by January 28, 2016.

On February 2, 2016, NYSOH issued a notice of eligibility determination notice, based on your February 1, 2016 application, stating that you were eligible to enroll in the Essential Plan, effective March 1, 2016.

On February 3, 2016, you contacted the NYSOH's Account Review Unit and appealed the start date of your eligibility for the Essential Plan insofar as it did not begin January 1, 2016.

On February 4, 2016, NYSOH issued a notice of enrollment, based on your plan selection on February 3, 2016, stating that you were enrolled in an Essential Plan, and that your plan would start March 1, 2016.

On June 24, 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 are seeking insurance for yourself.
- 2) You submitted an application to NYSOH for financial assistance on December 14, 2015.
- 3) You testified, and the record reflects, that you enrolled in an Essential Plan on February 3, 2016.
- 4) You testified that you wanted your enrollment in an Essential Plan to begin on January 1, 2016 because you believe you had submitted your completed application on December 14, 2015.
- 5) You testified that you did not know you had to provide additional income documentation. You described the online application process and thought you had completed the application when you were presented with a screen saying "Congratulations you are eligible for insurance for 2016."

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- 6) The record reflects you did not provide income documentation until January 10, 2016.
- 7) Your income documentation was invalidated on January 19, 2016. You were then asked to provide 3 current months of earnings and expenses or a 2014 signed 1040 income tax return.
- 8) The record reflects you had income documentation verified on January 2, 2015, after your uploaded document of self-declaration of income.
- 9) The record reflects your December 14, 2015 application you attested to an expected yearly income of \$879.96.
- 10) The record reflects on your February 1, 2016 application you attested to an expected yearly income of \$22,390.00. You testified this was correct.

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)).

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)). If NYSOH cannot verify the income

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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)).

Legal Analysis

The issue is whether NYSOH properly determined that your enrollment in the Essential Plan was effective March 1, 2016.

On December 14, 2015, NYSOH received your updated application for financial assistance with your health insurance.

On December 15, 2015, NYSOH issued a notice asking for more information to make a determination. The notice explained that the income information you provided did not match the information NY State of Health obtained from State and Federal data sources. You were asked to submit income documentation for your household by December 30, 2015.

You testified that you did not know you had to provide additional income documentation. You described the online application process and thought you had completed the application when you were presented with a screen saying “Congratulations you are eligible for insurance for 2016.”

When the NYSOH cannot verify information that is required to make an eligibility determination, it must notify the applicant and allow the applicant time to submit satisfactory documentation. On December 15, 2015, the NYSOH issued a notice to advise you that additional information was needed to confirm your income as it was not matching the amounts available via state and federal databases.

You testified, and the record indicates, that you did not update your NYSOH application until January 10, 2016. Based on the record you did not provide income documentation until January 10, 2016. Your income documentation was invalidated on January 19, 2016. You were then asked to provide 3 current months of earnings and expenses or a 2014 signed 1040 income tax return. The record reflects you had income documentation verified on January 2, 2015, after your uploaded document of self-declaration of income.

As a result of your updated income information and attested income, you were found eligible for the Essential Plan effective February 1, 2016. The record reflects on your February 1, 2016 application you attested to an expected yearly income of \$22,390.00. You testified this was correct. The record reflects you then enrolled in an Essential Plan on February 3, 2016

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.

On February 3, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the first month following February; that is, on March 1, 2016.

Therefore, the February 2, 2016 eligibility determination notice finding you eligible for the Essential plan March 1, 2016, and the February 4, 2016 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective March 1, 2016, is correct and must be AFFIRMED.

Decision

The February 2, 2016 eligibility determination is AFFIRMED.

The February 4, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: July 1, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Essential Health Plan is March 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.

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

Summary

The February 2, 2016 eligibility determination is AFFIRMED.

The February 4, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Health Plan is March 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:

