



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

Notice of Decision

Decision Date: September 29, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007587

[REDACTED]

Dear [REDACTED],

On August 22, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 3, 2016 eligibility determination 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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Decision

Decision Date: September 29, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007587

[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 April 1, 2016?

Procedural History

On January 13, 2016, 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 February 15, 2016 or you might lose the financial assistance you were currently receiving.

On January 26, 2016, NYSOH received your updated application for health insurance.

On January 27, 2016, NYSOH issued a notice stating that you 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 February 11, 2016 to confirm the information you provided in your application was accurate.

Also on January 27, 2016, NYSOH issued a disenrollment notice stating that your Medicaid Managed Care plan would end effective February 29, 2016.

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On February 6, 2016, you uploaded to your NYSOH account documents showing various per diem payments for employment (see Document [REDACTED])

On February 19, 2016, NYSOH issued a notice stating that you might be eligible for health insurance, but more information was need to make a determination. The notice further requested that you provide income documentation before March 5, 2016 to confirm the information you provided in your application was accurate.

On February 24, 2016, you uploaded to your NYSOH account more documents from other employers showing per diem employment (see Document [REDACTED])

On March 1, 2016, you uploaded to your NYSOH account additional documents showing your per diem employment (see Document [REDACTED])

On March 2, 2016, NYSOH verified those documents as proof of income and your application was updated based upon with new income information.

On March 2, 2016, NYSOH made a preliminary eligibility determination, based on the updated application, and found you eligible to enroll in the Essential Plan, effective April 1, 2016. On that same date, you selected an Essential Plan.

Also on March 2, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential insofar as it did not begin March 1, 2016.

On March 3, 2016, NYSOH issued an eligibility redetermination notice based on the March 2, 2016 updated application stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium effective April 1, 2016.

Also on March 3, 2016 NYSOH issued a notice of enrollment, based on your plan selection on March 2, 2016, stating that you were enrolled in an Essential Plan, and that your plan would start April 1, 2016.

On August 22, 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 supports the following findings of fact:

- 1) You testified that you work on a per diem basis and that your income changes during the course of the year and can vary from year to year.

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- 2) You submitted an application to NYSOH for financial assistance on January 26, 2016 and listed your expected annual household income as \$16,000.00.
- 3) In response to the January 27, 2016 request for additional information, on February 6, 2016, you uploaded to your NYSOH account income documents showing various per diem payments from employment (see Document [REDACTED]).
- 4) In response to the February 19, 2016 request for additional information, on February 24, 2016 and March 1, 2016 you uploaded to your NYSOH account more income documents from other employers showing per diem employment (see Documents [REDACTED] and [REDACTED]).
- 5) On March 2, 2016, NYSOH verified all the income documents and your application for financial assistance was updated. Your 2016 expected household income was adjusted to \$24,676.75, and you testified that this updated amount was a good estimate for this year's income.
- 6) You testified, and the record reflects, that you enrolled in an Essential Plan on March 2, 2016.
- 7) You testified that you wanted your enrollment in an Essential Plan to begin on March 1, 2016 because you incurred medical expenses in March 2016.

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

Applicable Law and Regulations

Annual Eligibility Redetermination

Generally, NYSOH must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

NYSOH must send an annual renewal notice that contains the individual's projected eligibility as well as the information by which NYSOH will use to redetermine a qualified individual's projected eligibility for that year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-

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day period, NYSOH must redetermine that individual's eligibility using the projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

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 information required to determine eligibility through data sources, they must also attempt to resolve the inconsistency by giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR § 155.315(f)).

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

You testified, and the record indicates, that at the request of NYSOH, you updated your NYSOH application on January 26, 2016. That application for financial assistance shows an expected annual income of \$16,000.00.

In response to additional requests for income documentation, you testified and the record indicates, that you uploaded per diem employment earning documentation on February 6, 2016, February 24, 2016, and March 1, 2016.

On March 2, 2016, NYSOH verified all the income documents and your application for financial assistance was updated. Based upon the updated information you submitted, your expected yearly income was changed to \$24,675.75. You testified that this updated amount was a good estimate for this year's income.

Based upon this March 2, 2016 update information, NYSOH made a preliminary eligibility determination notice and found you eligible for the Essential Plan effective April 1, 2016. You enrolled into a plan that same day.

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 March 2, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the first month following March 2016; that is, on April 1, 2016.

Therefore, the March 3, 2016 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective April 1, 2016, is correct and must be AFFIRMED.

Decision

The March 3, 2016 eligibility determination notice is AFFIRMED.

The March 3, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: September 29, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

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

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 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 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 March 3, 2016 eligibility determination notice is **AFFIRMED**.

The March 3, 2016 enrollment confirmation notice is **AFFIRMED**.

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This decision does not change your eligibility.

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

Legal Authority

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

A Copy of this Decision Has Been Provided To:

