



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

Notice of Decision

Decision Date: September 22, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007766

[REDACTED]

Dear [REDACTED],

On August 23, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 18, 2016 eligibility determination and March 9, 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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Decision

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NY State of Health Account ID: [REDACTED]
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Issue

The issues 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 November 16, 2015, NY State of Health (NYSOH) issued a renewal notice stating there was not enough information based on federal and state data sources to make a decision about whether or not you qualify for financial help paying for your health coverage. You were asked to update the information in your account by December 15, 2015. If you missed this deadline, the financial assistance you were getting may end.

On November 17, 2015, a notice was issued stating your application for health insurance dated November 16, 2015, was reviewed, and more information was required to make a determination. In order for your eligibility to be determined, you were asked to submit income documentation by December 2, 2015.

You were disenrolled from your qualified health plan December 31, 2015.

On January 4, 2016, January 21, 2016, and January 26, 2016, NYSOH received your updated application for financial assistance. After each application, NYSOH issued a notice that the information you provided did not match what NYSOH had obtained from state and federal data sources.

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On January 16, 2016, NYSOH issued a manual letter stating more information was required to confirm your income.

On February 4, 2016, you uploaded income documentation to your NYSOH account.

On February 18, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan, effective April 1, 2016.

On March 8, 2016 you enrolled into an Essential Plan.

Also on March 8, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan insofar as it did not begin March 1, 2016.

On March 9, 2016, NYSOH issued a notice of enrollment, based on your plan selection on March 8, 2016, stating that you were enrolled in an Essential Plan, and that your plan would start April 1, 2016.

On August 23, 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 testified you are seeking insurance for yourself.
- 2) You testified, and the record reflects, that you enrolled in an Essential Plan on March 8, 2016.
- 3) You testified that you wanted your enrollment in an Essential Plan to begin on March 1, 2016, because you experienced a gap in coverage for the month of March, 2016 for which you had incurred medical costs.
- 4) You testified you believed you had already renewed for 2016 coverage in November, 2015.
- 5) The income information you provided via upload was determined invalid on January 15, 2016. This was because you provided only one paystub from one employer, when you had been working for two employers. See Document: [REDACTED]

- 6) Your NYSOH account indicates you receive your notices via electronic notification.
- 7) You testified that your e-mail address is correct and has remained the same since initially applying for health insurance.
- 8) Your NYSOH account shows no notices have been returned as undeliverable.
- 9) The record shows that the income documentation request on January 16, 2016 was addressed to your address.
- 10) On February 4, 2016, you uploaded six documents showing your current income to your NYSOH account. The documents included paystubs from your two employers.
- 11) You provided paystubs from both of your employers on January 8, 2016.
- 12) The record shows your uploaded documentation was validated by NYSOH on February 16, 2016.
- 13) You testified you did not know you were not enrolled until you had gone to use your plan card and it was not accepted by your physician in January, 2016.
- 14) You testified you did not receive a renewal notice stating that you needed to renew your NYSOH coverage for 2016.
- 15) You contacted NYSOH via the phone on February 16, 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>).

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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 it to verify a household's income (45 CFR §155.320(c)(1)(i)). If NYSOH cannot verify the income 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)).

Timely Notice of Eligibility Determination, Essential Plan

The terms of 42 CFR § 435.912 (timely determination of eligibility under the Medicaid program) applies to eligibility determinations for enrollment in the state's standard health plan (42 CFR § 600.320)

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Essential Plan applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

Legal Analysis

The issue is whether NY State of Health (NYSOH) properly determined that your enrollment in the Essential Plan was effective April 1, 2016.

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NYSOH must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. NYSOH must issue a renewal notice that contains the individual's projected eligibility. If an individual does not respond to this notice, NYSOH must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On November 16, 2015, NYSOH issued an annual renewal notice in your case. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether or not you qualify for financial help with paying for your health coverage. You were asked to update the information in your account by December 15, 2015, or the financial help you were receiving might end.

An incomplete application was received by NYSOH on November 16, 2015. A notice was then issued the next day on November 17, 2015, which explained your application was reviewed, and more information was required to make a determination. In order for your eligibility to be determined, you were asked to submit income documentation by December 2, 2015.

Because there was no timely response to this notice, your eligibility for financial assistance and your enrollment in a qualified health plan was terminated effective December 31, 2015.

You submitted additional applications for financial assistance on January 4, 21, and 26, 2016. However, again, a determination could not be made as the income information you provided did not match the income information NYSOH had from federal and state data sources.

The income information you provided via upload was determined invalid on January 15, 2016. The notice in your account shows a representative added that this was because you provided only one paystub from one employer, when you had been working for two employers. See Document: [REDACTED]

On January 16, 2016, NYSOH issued a manual letter stating more information was required to confirm your income.

When 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. The record shows that NYSOH sent a notice via U.S. mail asking for more information to confirm your income. The income documentation request on January 16, 2016 was addressed to your current and correct address.

You testified, and the record indicates, that you submitted six documents showing your current income to your account on February 4, 2016. The documents then included acceptable paystubs from your two employers. Your application was re-run on February 16, 2016 and you were found eligible for the Essential Plan as of April 1, 2016.

NYSOH must provide Essential Plan applicants notice of their eligibility determination within 45 days from the date of the completed application. The applicant must be notified if the application does not contain sufficient information to permit NYSOH to conduct an eligibility determination. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

The record reflects that NYSOH received your complete application for health insurance on February 4, 2016 after receiving your acceptable income documents. NYSOH issued an eligibility determination notice on February 18, 2016 that stated you were eligible for the Essential Plan effective April 1, 2016. Since NYSOH issued an eligibility determination 12 days from the date your application was considered complete, the February 18, 2016, eligibility determination was timely.

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. 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.

The February 18, 2016 eligibility determination and March 9, 2016 enrollment confirmation notice are therefore **AFFIRMED** to reflect you are eligible for enrollment your Essential Plan effective April 1, 2016.

Decision

The February 18, 2016, eligibility determination is **AFFIRMED**.

The March 9, 2016, enrollment confirmation notice is **AFFIRMED**.

Effective Date of this Decision: September 22, 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 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:
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Summary

The February 18, 2016, eligibility determination is AFFIRMED.

The March 9, 2016, enrollment confirmation notice is AFFIRMED.

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:

