



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

Notice of Decision

Decision Date: November 3, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008147

[REDACTED]

Dear [REDACTED]

On September 23, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 22, 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

Decision Date: November 3, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008147



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 May 1, 2016?

Procedural History

On September 17, 2015, NYSOH issued a renewal notice stating that you could get health coverage through NYSOH, that you qualified for a tax credit of up to \$218.17 per month, and that you were eligible for cost sharing reductions. This eligibility was effective December 1, 2015.

On November 22, 2015, NYSOH issued a disenrollment notice stating that your Medicaid Managed Care plan would end effective November 30, 2015.

On December 13, 2015, NYSOH received your updated application for health insurance.

On December 14, 2015, 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 December 29, 2015 to confirm the information you provided in your application was accurate.

On January 27, 2016, NYSOH received your updated application for health insurance.

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On January 28, 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 February 12, 2016 to confirm the information you provided in your application was accurate.

On February 7, 2016, NYSOH received your updated application for health insurance.

On February 8, 2016, NYSOH again 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 February 23, 2016 to confirm the information you provided in your application was accurate.

On February 8, 2016, you uploaded to your NYSOH account two earning statements from [REDACTED]. The first statement is dated 12/18/2015 for pay period of 12/03/2015 to 12/16/2015 (Document [REDACTED]). The second statement is dated 1/15/2016 for pay period 12/31/15 to 1/13/2016 (Document [REDACTED]).

On February 9, 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 February 24, 2016 to confirm the information you provided in your application was accurate.

On February 19, 2016, NYSOH issued a notice stated that the documentation you submitted on February 8, 2016 was insufficient to resolve the inconsistency. It requested that you provide additional documentation to confirm your income level of income. The documentation list attached to that notice reflected that to prove your wages and salary, paycheck stubs would be required over a period of at least 4 consecutive weeks.

On March 16, 2016, NYSOH issued a notice of eligibility determination, based on your updated March 15, 2016 application, stating that you were eligible to enroll in the Essential Plan, with a monthly premium of \$20.00, effective April 1, 2016.

On March 21, 2016, you contacted NYSOH and selected an Essential Plan. On that same date, 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 April 1, 2016.

On March 22, 2016, NYSOH issued a notice of enrollment, based on your plan selection on March 21, 2016, stating that you were enrolled in an Essential Plan

with Dental and Vision, with a monthly premium of \$46.56, and that your plan would start May 1, 2016.

On September 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 supports the following findings of fact:

- 1) You submitted an application to NYSOH for financial assistance on December 13, 2015. Based on the information contained in this application, NYSOH requested additional documentation by December 29, 2015 so as to make an eligibility determination. No documentation was submitted by December 29, 2015.
- 2) On January 27, 2016 you updated your application for financial assistance. Based on the information contained in this application, NYSOH requested additional documentation by February 12, 2016 so as to make an eligibility determination.
- 3) You testified that you work for a pet walking service and that your hours can vary a great deal depending on the season. You testified and the pay statements you submitted show that you make \$13.00 per hour.
- 4) On February 8, 2016, you provided to NYSOH two earnings statements from [REDACTED]. The first statement is dated 12/18/2015 for pay period of 12/03/2015 to 12/16/2015 (Document [REDACTED]). The second statement is dated 1/15/2016 for pay period 12/31/2015 to 1/13/2016 (Document [REDACTED]).
- 5) On February 18, 2016, NYSOH invalidated this documentation as being insufficient to resolve the request. While the statements submitted did represent 4 weeks, they were not 4 consecutive weeks. On February 19, 2016 NYSOH issued a notice to this effect and requested additional information.
- 6) On February 23, 2016, you provided to NYSOH two earnings statements from [REDACTED]. The first statement is dated 1/15/2016 for pay period of 12/31/2015 to 1/13/2016 (Document [REDACTED]). The second statement is dated 1/29/2016 for pay period 1/14/2016 to 1/27/2016 (Document [REDACTED]).

- 7) On March 3, 2016, NYSOH invalidated this documentation as being insufficient to resolve the request. On March 4, 2016 NYSOH issued a notice to this effect and requested additional information.
- 8) On March 7, 2016, you provided to NYSOH two earnings statements from [REDACTED]. The first statement is dated 2/12/2016 for pay period of 1/28/2016 to 2/10/2016 (Document [REDACTED]). The second statement is dated 2/26/2016 for pay period 2/11/2016 to 2/24/2016 (Document [REDACTED]).
- 9) On March 15, 2016, NYSOH validated this documentation as proof of income.
- 10) On March 16, 2016, NYSOH issued a notice finding you eligible for the Essential Plan, effective April 1, 2016.
- 11) According to your NYSOH account and your testimony, you enrolled in an Essential Plan on March 21, 2016.
- 12) You testified that you are seeking to have your enrollment in an Essential Plan to begin on April 1, 2016 because you are concerned that you will have an IRS penalty for not being insured.
- 13) You testified that you do not believe you have any outstanding medical bills for the time period in question.

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 May 1, 2016.

On December 13, 2015, NYSOH received your initial application for financial assistance after your health insurance coverage had ended on November 30, 2015.

NYSOH issued a notice on December 14, 2015, based on your application which stated more information was needed to make a determination. The notice

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explained the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by December 29, 2015. No documentation was submitted by this date.

On January 27, 2016 you updated your application for financial assistance.

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.

NYSOH issued a notice to this effect on January 28, 2016 based on this application, which stated more information in the form of income documentation was needed to make a determination. The notice explained the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by February 12, 2016.

The record reflects on February 8, 2016 you uploaded income documentation in the form of two separate pay statements from your employer. NYSOH determined this documentation to be invalid.

The record reflects that you next uploaded income documentation on February 23, 2016. This documentation consisted of two separate pay statements from your employer. These pay statements reflected two consecutive pay periods covering dates from 12/31/2015 through 1/27/2016. On March 3, 2016, NYSOH again determined that this documentation was invalid.

However, the documentation you provided on February 23, 2016, NYSOH had enough information to confirm your attested annual household income and eligibility.

Therefore, had your documentation been correctly reviewed, you would have been found eligible for the Essential Plan on February 23, 2016, and allowed to select an Essential Plan and enroll in that plan.

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.

If you had been able to enroll in the Essential Plan on February 23, 2016, when the income documentation you submitted was sufficient to determine your

household income, your plan would have taken effect the first day of the second following month, which would be April 1, 2016.

Since we infer that, had you been permitted, you would have selected your Essential Plan on February 23, 2016, your enrollment properly should have taken effect on the first day of the second month following February 23, 2016; that is, on April 1, 2016.

Therefore, the March 16, 2016 eligibility redetermination notice that stated you were eligible to enroll in the Essential Plan effective April 1, 2016 is **AFFIRMED**.

The March 22, 2016, enrollment confirmation notice is **MODIFIED** to reflect that your enrollment in an Essential Plan is effective April 1, 2016.

Decision

The March 16, 2016 eligibility redetermination notice that stated you were eligible to enroll in the Essential Plan effective April 1, 2016 is **AFFIRMED**.

The March 22, 2016, enrollment confirmation notice is **MODIFIED** to reflect that your enrollment in an Essential Plan is effective April 1, 2016.

Your case is **RETURNED** to NYSOH to ensure you are enrolled into your Essential Plan starting April 1, 2016 and notify you accordingly.

Effective Date of this Decision: November 3, 2016

How this Decision Affects Your Eligibility

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

You will be responsible for any premium payments required for the month of April 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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The March 16, 2016 eligibility redetermination notice that stated you were eligible to enroll in the Essential Plan effective April 1, 2016 is **AFFIRMED**.

The March 22, 2016, enrollment confirmation notice is **MODIFIED** to reflect that your enrollment in an Essential Plan is effective April 1, 2016.

Your case is **RETURNED** to NYSOH to ensure you are enrolled into your Essential Plan starting April 1, 2016 and notify you accordingly.

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

You will be responsible for any premium payments required for the month of April 2016.

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Legal Authority

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A Copy of this Decision Has Been Provided To:

