



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

Notice of Decision

Decision Date: October 14, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008318



Dear [REDACTED],

On September 27, 2016, your authorized representative appeared by telephone at a hearing on your appeal of NY State of Health's, February 13, 2016 eligibility determination notice and February 18, 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]
Appeal Identification Number: AP000000008318



Issue

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

Did NY State of Health properly determine that you were eligible for and enrolled in the Essential Plan effective April 1, 2016?

Procedural History

On November 2, 2015, NY State of Health (NYSOH) received your initial application for financial assistance with your health insurance.

On November 3, 2015, NYSOH issued a notice stating more information 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 November 18, 2015.

On December 29, 2015, NYSOH received your updated application for financial assistance.

That same day you uploaded income documentation from one employer.

On December 30, 2015, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income documentation you provided NYSOH did not match what was obtained from state

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and federal data sources. You were asked to submit income documentation for your household by January 14, 2016.

On January 7, 21, and 25, 2016, NYSOH received your updated applications for financial assistance.

On January 8, 22, and 26, 2016, NYSOH issued a notice stating more information was needed to make a determination. The notices 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.

On February 2, 2016, NYSOH received your updated income documentation for four consecutive weeks.

On February 12, 2016, NYSOH received your updated application for financial assistance.

On February 13, 2016, an eligibility determination notice was issued finding you eligible to enroll in the Essential Plan effective March 1, 2016. The determination was based on your attested household income of \$21,323.25.

On February 18, 2016, an enrollment confirmation notice was issued confirming your selection of an Essential Plan on February 17, 2016. The notice confirmed your enrollment for \$20.00 per month starting April 1, 2016.

On March 25, 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 September 27, 2016, your authorized representative 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) Your authorized representative testified you do not have any outstanding medical costs for the months you were without coverage, but that you would like to be found eligible for enrollment effective January 1, 2016 so you will not be subject to any penalty for being without insurance for more than three months for 2016.

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- 3) Your authorized representative testified you submitted an application to NYSOH for financial assistance on November 2, 2015, with the aid of an Application Counselor.
- 4) Your authorized representative testified you expect to file your 2016 taxes with a tax filing status of single. You will claim no dependents on that tax return.
- 5) The record reflects your November 2, 2015 application attested to a household expected annual income of \$14,626.00.
- 6) The record reflects your December 29, 2015, application attested to a household expected annual income of \$19,454.23.
- 7) The record reflects your December 29, 2015, application attested you only received \$274.12 in the month of December, 2015. Your authorized representative testified that this was not correct but that your annual household income was correct.
- 8) The record reflects on December 29, 2015, you provided four consecutive weeks of paystubs from your employer [REDACTED], in the gross amount of \$1,517.25 with check dates from December 4, 11, 18, and 24, 2015 [REDACTED].
- 9) In your application on February 12, 2016, you attested to an annual household income of \$21,323.25.
- 10) The record reflects on February 2, 2016, four paystubs from your employer [REDACTED], were received by NYSOH. The paystubs received consisted of check dates of January, 8, 15, 22, and 29, in the gross amount of \$330.75, \$562.50, \$373.50, and \$373.50 respectively [REDACTED]).
- 11) The record reflects NYSOH representatives invalidated your income documentation on January 11, 2016, stating that you did not provide enough information to calculate your annual household income [REDACTED].
- 12) Your application states that you will not be taking any deductions on your 2016 tax return.
- 13) Your application states that you live in Schenectady County.

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

Applicable Law and Regulations

Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

In an analysis of Essential Plan eligibility, the determination is based on the FPL in effect on the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). On the date of your application, that was the 2015 FPL, which is \$11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

A person who has a household income greater than 150% of the FPL or below 200% of the FPL has a \$20.00 per month premium contribution (New York's Basic Health Plan Blueprint, as approved January 2016).

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 the 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 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 April 1, 2016.

On November 2, 2015, NYSOH received your initial application for financial assistance. During your telephone hearing, your authorized representative testified you applied for insurance with the aid of an Application Counselor.

NYSOH issued a notice on November 3, 2015, based on your application which stated more information 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 November 18, 2015.

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 reflects on November 2, 2015 you uploaded income documentation in the form of two documents from separate employers. This documentation was determined to be invalid.

The next application you made on December 29, 2015, was accompanied by four weeks of consecutive paystubs from your employer. That application attested to a household expected annual income of \$19,454.23.

Your authorized representative testified your application counselor used \$274.12 for the month of December, 2015 as the only income you received that month in order to be found eligible for Medicaid. The record supports this based on your application. Your authorized representative testified that this was not correct, but that your annual household income was correct. By adding this amount as the

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only income you received for that month, NYSOH needed to confirm that this amount was accurate by having you supply income documentation.

The record reflects on December 29, 2015, you provided four consecutive weeks of paystubs from your employer [REDACTED], in the gross amount of \$1,517.25 with check dates from December 4, 11, 18, and 24, 2015 [REDACTED]). It was determined by NYSOH that this was not enough information to make an adequate determination on your eligibility for the Essential Plan.

However, based on the documentation you provided on December 29, 2015, 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 December 29, 2015, and allowed to enroll in a 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 were able to enroll in the Essential Plan on December 29, 2015, your plan would have taken effect the first day of the second following month, which would be February 1, 2016.

Therefore, the February 13, 2016, eligibility determination notice finding you eligible to enroll in the Essential Plan is MODIFIED to reflect you were eligible to enroll effective February 1, 2016.

The February 19, 2016 enrollment confirmation notice is MODIFIED to reflect that your enrollment in an Essential Plan is effective February 1, 2016.

Decision

The February 13, 2016, eligibility determination notice finding you eligible to enroll in the Essential Plan is MODIFIED to reflect you were eligible to enroll effective February 1, 2016.

The February 19, 2016 enrollment confirmation notice is MODIFIED to reflect that your enrollment in an Essential Plan is effective February 1, 2016.

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Your case is RETURNED to NYSOH to ensure you are enrolled into your Essential Plan starting February 1, 2016. You will be responsible for any premium payments required for the month of February, 2016.

Effective Date of this Decision: October 14, 2016

How this Decision Affects Your Eligibility

The effective date of your Essential Health 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 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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- By fax: 1-855-900-5557

Summary

The February 13, 2016, eligibility determination notice finding you eligible to enroll in the Essential Plan is MODIFIED to reflect you were eligible to enroll effective February 1, 2016.

The February 19, 2016 enrollment confirmation notice is MODIFIED to reflect that your enrollment in an Essential Plan is effective February 1, 2016.

Your case is RETURNED to NYSOH to ensure you are enrolled into your Essential Plan starting February 1, 2016. You will be responsible for any premium payments required for the month of February, 2016.

The effective date of your Essential Health Plan is February 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:

