



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

Notice of Decision

Decision Date: January 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011999

[REDACTED]

[REDACTED]

On December 15, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's August 19, 2016 enrollment 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: January 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011999

[REDACTED]

Issue

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

Did New York State of Health (NYSOH) properly determine that your Essential Plan should have a plan enrollment start date of October 1, 2016?

Procedural History

On August 9, 2016, NYSOH received your application for financial assistance. NYSOH rendered a preliminary eligibility determination that the information you provided did not match what NYSOH obtained from State and Federal data sources, and an eligibility determination would not be made until you provided additional information.

Also on August 9, 2016, additional income documentation was uploaded to your NYSOH account ([REDACTED]).

On August 10, 2016, NYSOH issued a notice stating more information was needed to make a determination. The directed you to submit additional proof of income by August 24, 2016, to confirm your eligibility.

On August 15, 2016, NYSOH verified the income documentation to you uploaded to your NYSOH account on August 9, 2016.

On August 16, 2016, NYSOH issued an eligibility determination notice that you were eligible to enroll in the Essential Plan effective as of September 1, 2016. That notice directed you to "pick a health plan."

On August 19, 2016, NYSOH issued an enrollment notice confirming that as of August 18, 2016, you were enrolled in an Essential Plan 2 health plan, with a plan enrollment start date of October 1, 2016.

On September 14, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of the start date of your Essential Plan, requesting that it begin September 1, 2016.

On December 15, 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 you are appealing the enrollment start date of your Essential Plan.
- 2) According to your NYSOH account, NYSOH received your application for financial assistance on August 9, 2016.
- 3) According to your NYSOH account, on August 9, 2016, two bi-weekly earnings statements were uploaded to your NYSOH account for verification of the income stated in your August 9, 2016 application [REDACTED].
- 4) According to your NYSOH account, your earnings statements were verified as acceptable proof of income on August 15, 2016.
- 5) On August 16, 2016, NYSOH issued an eligibility determination notice that you were eligible to enroll in the Essential Plan effective as of September 1, 2016. That notice directed you to "pick a health plan" [REDACTED].
- 6) You testified that you did not receive the August 16, 2016 eligibility determination notice until August 18, 2016.
- 7) According to your NYSOH account, you selected your Essential Plan on August 18, 2016, with a plan enrollment start date of October 1, 2016.
- 8) You testified you want your Essential Plan to begin on September 1, 2016 to cover the \$91.00 in medical bills you incurred in September 2016.

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

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Applicable Law and Regulations

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), 42 CFR § 435.945).

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) 42 CFR § 435.952).

Essential Plan Effective Date

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 under review is whether NYSOH properly determined that your Essential Plan should have a plan enrollment start date of October 1, 2016.

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.

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.

You updated your NYSOH account on August 9, 2016. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

On August 9, 2016, you uploaded income documentation and on August 15, 2016, NYSOH verified that income documentation as acceptable proof of income.

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Therefore, your application was considered complete as of August 9, 2016, or for purposes of issuing an eligibility determination.

NYSOH issued an eligibility determination notice on August 16, 2016, that stated you were eligible to enroll in the Essential Plan effective September 1, 2016. However, you did not receive the eligibility determination notice until August 18, 2016, and enrolled in an Essential that same day.

The date on which 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 will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

The documentation uploaded to your NYSOH account contained sufficient information for NYSOH to render an eligibility determination based on the documents provided as of August 9, 2016.

Therefore, the August 19, 2016 enrollment notice is MODIFIED to state that your Essential Plan would have a plan enrollment start date of September 1, 2016.

Decision

The August 19, 2016, enrollment notice is MODIFIED to state that your Essential Plan would have a plan enrollment start date of September 1, 2016.

Your case is RETURNED to NYSOH to effectuate your coverage for the September 2016 start date.

Effective Date of this Decision: January 13, 2017

How this Decision Affects Your Eligibility

Your plan enrollment start date of your Essential Plan is September 1, 2016.

Your case is being sent back to NYSOH to effectuate your coverage for September 2016.

If You Disagree with this Decision (Appeal Rights)

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).

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 August 19, 2016, enrollment notice is MODIFIED to state that your Essential Plan would have a plan enrollment start date of September 1, 2016.

Your case is RETURNED to NYSOH to effectuate your coverage for the September 2016.

Your plan enrollment start date of your Essential Plan is September 1, 2016.

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Legal Authority

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A Copy of this Decision Has Been Provided To:

