



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

Notice of Decision

Decision Date: April 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014353

[REDACTED]

Dear [REDACTED]

On March 30, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 28, 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(b).

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: April 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014353



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 and your spouse's Essential Plan should have an enrollment start date of February 1, 2017?

Procedural History

On November 29, 2016, you submitted an application for financial assistance for you and your spouse.

On November 30, 2016, NYSOH issued a notice stating that the income information in your November 29, 2016 application did not match what NYSOH received from state and federal data sources. The notice directed you to provide additional proof of income by December 14, 2016 to confirm your household's eligibility.

On December 25, 2016, your account was systematically updated.

On December 26, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to purchase a qualified health plan at full cost, effective as of February 1, 2017. The notice stated that NYSOH did not receive the income documentation needed to verify the income listed in your application.

On December 27, 2016, you submitted an application for financial assistance. Based on that application, NYSOH rendered a preliminary eligibility determination that you and your spouse were eligible for a limited time to enroll in

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the Essential Plan with a \$20 premium per month with a start date of February 1, 2017.

Also on December 27, 2016, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as the plan enrollment start date your and your spouse's Essential Plan.

On December 28, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to enroll in the Essential Plan with a \$20.00 premium per month for a limited time, effective as of February 1, 2017. The notice directed you to submit income documentation by March 27, 2017 to confirm your household's eligibility.

Also on December 28, 2016, NYSOH issued an enrollment notice confirming that you and your spouse were enrolled in an Essential Plan, with an enrollment start date of February 1, 2017.

On March 30, 2017, you had a telephone hearing with a Hearing Officer from NYSOH Appeals Unit. Testimony was taken during the hearing, and the record closed at the end of the proceeding.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) According to your NYSOH account and testimony, you and your spouse submitted an application for financial assistance on November 29, 2016. Based on that application, you and your spouse were directed to submit additional income documentation by December 14, 2016.
- 2) According to your NYSOH and testimony, you faxed the following documentation to NYSOH on December 12, 2016, and that documentation was uploaded to your account on December 28, 2016:
 - (a) A November 30, 2016, letter from [REDACTED] stating that you are a former employee and the company has ceased operations ([REDACTED]);
 - (b) A July 15, 2015 Social Security Administration Retirement, Survivors and Disability Insurance Notice of Award stating that your spouse was entitled to a monthly disability benefit of \$1,684.00 beginning August 2015 ([REDACTED]);
 - (c) A December 24, 2015 notice from [REDACTED] stating that your spouse is eligible for a disability pension

and the disability pension benefits may continue for 18 months ([REDACTED]).

(d) A December 9, 2016 printout of the Account Details & Transactions of your bank account. The printout shows that your spouse received a deposit of \$1,247.66 from [REDACTED] on December 1, 2016 ([REDACTED]).

- 3) According to the notes in your NYSOH account, the income and employment documentation that was faxed on December 12, 2016, was determined to be valid on January 17, 2017.
- 4) According to your account and testimony, you and your spouse were enrolled in the Essential Plan on December 27, 2016 with an enrollment start date of February 1, 2017.
- 5) You testified that you are seeking an enrollment start date of January 1, 2017.

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>).

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)).

Essential Plan – Income 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

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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); 42 CFR §600.345 (a)) See also New York's Basic Health Plan Blueprint, p. 17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

Legal Analysis

The issue under review is whether NYSOH properly determined that you and your spouse's enrollment in the Essential Plan was effective February 1, 2017.

Your NYSOH account was updated on November 29, 2016. The income amount that was entered into this application did not match federal and state data sources. As a result, on November 30, 2016 NYSOH issued a notice directing you to submit additional income documentation to confirm your eligibility.

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.

On December 12, 2016, income and employment documentation was faxed to NYSOH, and that documentation was determined to be valid on January 17, 2017.

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 record supports that the income documentation provided to NYSOH on December 12, 2016, was determined to be valid. Therefore, NYSOH had sufficient information to render an eligibility determination as of December 12, 2016.

Therefore, the December 28, 2016 enrollment notice is MODIFIED to state that you and your spouse were enrolled in an Essential Plan with an enrollment start date of January 1, 2017.

Your case is RETURNED to NYSOH to effectuate your Essential Plan coverage from January 1, 2017 through January 31, 2017.

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Decision

The December 28, 2016, enrollment notice is MODIFIED to state that you and your spouse were enrolled in an Essential Plan with an enrollment start date of January 1, 2017.

Your case is RETURNED to NYSOH to effectuate your Essential Plan coverage from January 1, 2017 through January 31, 2017.

Effective Date of this Decision: April 21, 2017

How this Decision Affects Your Eligibility

Your and your spouse's Essential Plan enrollment start date is January 1, 2017.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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 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):

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- By mail at:
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- By fax: 1-855-900-5557

Summary

The December 28, 2016, enrollment notice is MODIFIED to state that you and your spouse were enrolled in an Essential Plan with an enrollment start date of January 1, 2017.

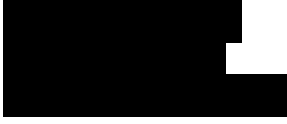
Your case is RETURNED to NYSOH to effectuate your Essential Plan coverage from January 1, 2017 through January 31, 2017.

Your and your spouse's Essential Plan enrollment start date is January 1, 2017.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. y&btumi ama wo obi a okyer& kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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