



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

Notice of Decision

Decision Date: April 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014367

[REDACTED]

Dear [REDACTED]

On March 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 27, 2016 eligibility determination and December 3, 2016 enrollment confirmation notices.

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).

This page intentionally left blank.



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

Decision

Decision Date: April 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014367

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that your eligibility for, and enrollment in, an Essential Plan was effective January 1, 2017?

Procedural History

On January 31, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective December 1, 2015. You were subsequently enrolled into a Medicaid Managed Care plan.

On October 8, 2016, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by November 15, 2016, or you might lose the financial assistance you were currently receiving.

On November 1, 2016 and November 2, 2016, you updated your NYSOH account.

On November 2, 2016 and November 3, 2016, NYSOH issued notices stating that your November 1, 2016 and November 2, 2016 applications had been reviewed, but that more information was needed to confirm the information in your applications. The notices directed you to submit documentation of your income by November 16, 2016. Attached to the notice was a list indicating what

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).

type of documentation to send. The list indicated that, to prove wages and salary, paycheck stubs for the last four weeks should be submitted to NYSOH.

Also on November 2, 2016, NYSOH issued a disenrollment notice stating that your enrollment in your Medicaid Managed Care plan was ending on November 30, 2016.

On November 10, 2016, NYSOH uploaded to your NYSOH account documentation that you had faxed to NYSOH on November 7, 2016.

On November 27, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium for a limited time, effective January 1, 2017. The notice further stated that you needed to provide income documentation by February 24, 2017.

Also on November 27, 2016, NYSOH issued a notice stating that the documentation you had submitted had been reviewed, but that it was insufficient to confirm the information in your application. The notice directed you to submit documentation of your income by February 24, 2017.

On December 3, 2016, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an Essential Plan with a \$20.00 per month premium, effective January 1, 2017.

On December 27, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your eligibility for, and enrollment in, the Essential Plan, insofar as it did not begin December 1, 2016.

On March 28, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and kept open for fifteen days at the end of the hearing so that you could provide documentation of income you received in December 2016. On April 11, 2017, you faxed a seven-page document to NYSOH's Appeals Unit. No further documentation was received, and the record is now closed.

Findings of Fact

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

- 1) You submitted an application to NYSOH for financial assistance on November 1, 2016 and November 2, 2016.
- 2) Your NYSOH account reflects that NYSOH reviewed those two applications, and notified you in writing that you needed to submit income

documentation for NYSOH to make a determination about your eligibility for financial assistance.

- 3) You testified, and the record confirms, that you faxed income documentation to NYSOH on November 7, 2016, and that documentation was uploaded by NYSOH to your account on November 10, 2016.
- 4) The documentation you faxed consisted of three weekly paystubs from [REDACTED] and two biweekly paystubs from [REDACTED] (Documents [REDACTED] and [REDACTED]).
- 5) You testified that you thought that you had submitted everything that was necessary for your eligibility to continue.
- 6) You testified that you did not find out until after you received the November 27, 2016 notice that the documents you were provided were not sufficient because you had submitted three, instead of four, paystubs from one of your part-time jobs.
- 7) You testified that you discovered that you had no insurance when you went to a doctor's appointment in early December 2016.
- 8) You testified that you called NYSOH after your appointment and found out that you had no insurance coverage for the month of December 2016, and that your coverage was not beginning until January 2017.
- 9) You testified that the person you spoke with at NYSOH told you that, because you have chronic medical issues, there should be no problem with getting your coverage backdated to December 1, 2016.
- 10) You testified that, when you found out you had no insurance coverage, you cancelled the rest of your appointments in December 2016, but you still have a bill for the one appointment that you did go to in early December.
- 11) You testified that you filed this appeal because you are looking for health coverage in the month of December 2016 so that your medical bill can be covered.
- 12) The record was left open for fifteen days at the end of the hearing to give you time to submit documentation of your December 2016 income.
- 13) On April 11, 2017, you faxed a seven-page document to NYSOH consisting of the following:
 - a. A one-page cover sheet;

- b. Four weekly paystubs from [REDACTED] for the following pay dates and gross pay:
 - i. 12/9/2016 - \$195.20;
 - ii. 12/16/2016 - \$184.68;
 - iii. 12/23/2016 - \$185.84;
 - iv. 1/6/2017 - \$209.20;
- c. Two biweekly paystubs from [REDACTED] for the following pay dates and gross pay:
 - i. 12/2/2016 - \$1,200.00;
 - ii. 12/30/2016 - \$1,200.00.

These documents are collectively marked and entered into the record as "Appellant's Exhibit One."

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

Applicable Law and Regulations

Verification of Eligibility for the 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 federal poverty level (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).

NYSOH must verify the eligibility of an applicant for the Essential Plan consistent with the standards set in 45 CFR § 155.315 and § 155.320 (New York's Basic Health Plan Blueprint, pgs. 16-17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>; 42 CFR § 600.345(a)(2)).

An applicant is required to attest to their household's projected annual income. (45 CFR § 155.320(c)(3)(ii)(B)). For all individuals whose household income is needed, NYSOH must request tax return data from the Secretary of the Treasury and data regarding Social Security benefits from the Commissioner of Social Security to confirm that the information the applicant is attesting to is accurate (45 CFR § 155.320(c)(1)(i); 45 CFR § 155.320(c)(3)(ii)(A)).

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 income data is unavailable, or if an applicant's attestation is not reasonably compatible with the income data NYSOH obtains, NYSOH must request additional information from the applicant to resolve the inconsistency (45 CFR §155.320 (c)(3)(iii), (iv)).

NYSOH must provide the applicant with notice of the inconsistency in their account and 90 days to provide satisfactory documentary evidence to resolve the inconsistency (45 CFR § 155.315 (f)(2)). If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine the applicant's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation (45 CFR § 155.315(f)(2), (g)).

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any updates in eligibility to the Essential Plan effective the first day of the following month for changes received by NYSOH from the first to the fifteenth of any month (45 CFR § 155.420(b)(1)(i); see *also* 42 CFR § 600.320(c)). For updates 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 § 155.420(b)(1)(ii); see *also* 42 CFR § 600.320(c)).

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 under review is whether NYSOH properly determined that your eligibility for, and enrollment in, the Essential Plan was effective January 1, 2017.

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).

You testified, and the record indicates, that you updated your NYSOH application on November 1, 2016 and November 2, 2016. As a result, NYSOH issued notices informing you that your eligibility could not be determined until you submitted documentation of your income. These notices included information regarding the type of documentation that was needed to confirm your eligibility.

The record reflects that you faxed income documentation to NYSOH on November 7, 2016, and this documentation was uploaded to your NYSOH account on November 10, 2016. However, the income documentation was invalidated, as you sent only three weekly paystubs from your job at [REDACTED]. You testified that you thought you had submitted all the necessary documentation, and that you did not know that it would matter if you submitted all four paystubs for your [REDACTED] job because it is only a part-time job.

On November 27, 2016, NYSOH sent you a notice indicating that the documentation you provided did not confirm your income.

However, that same day, NYSOH also issued a notice of eligibility determination stating that you were eligible for the Essential Plan for a limited time, pending receipt of income documentation, effective January 1, 2017.

Therefore, NYSOH was able to determine your eligibility, pending further proof of your income, with the documentation you provided on November 7, 2016. If NYSOH had reviewed and verified this documentation when it was uploaded by NYSOH to your account on November 10, 2016, your temporary eligibility could have started on December 1, 2016, instead of January 1, 2017.

The November 27, 2016 eligibility determination notice is MODIFIED to state that you were eligible for the Essential Plan with a \$20.00 monthly premium, for a limited time, effective December 1, 2016.

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.

On December 1, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the first month following December 2016; that is, on January 1, 2017.

However, if, as discussed above, NYSOH had found you temporarily eligible for the Essential Plan earlier in the month of November, you could have selected a plan before the 15th, with coverage effective as of December 1, 2016.

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).

Therefore, the December 3, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Essential Plan coverage began on December 1, 2016.

Your case is RETURNED to NYSOH to facilitate the backdating of your eligibility for, and enrollment in, the Essential Plan to December 1, 2016.

Decision

The November 27, 2016 eligibility determination is MODIFIED to state that you were eligible for the Essential Plan with a \$20.00 monthly premium for a limited time, effective December 1, 2016.

The December 3, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Essential Plan began on December 1, 2016.

Your case is RETURNED to NYSOH to effectuate these changes, and to facilitate your enrollment in your Essential Plan coverage for the month of December 2016.

Effective Date of this Decision: April 27, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your temporary Essential Health Plan eligibility should have been December 1, 2016.

Your enrollment in your Essential Plan coverage should have started on December 1, 2016.

Your case is being sent back to NYSOH to make these changes, and to assist you in enrolling in your Essential Plan coverage for the month of December 2016.

You will be responsible for your Essential Plan premium for the month of December 2016.

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 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

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).

Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The November 27, 2016 eligibility determination is MODIFIED to state that you were eligible for the Essential Plan with a \$20.00 monthly premium for a limited time, effective December 1, 2016.

The December 3, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Essential Plan began on December 1, 2016.

Your case is RETURNED to NYSOH to effectuate these changes, and to facilitate your enrollment in your Essential Plan coverage for the month of December 2016.

This decision does not change your eligibility.

The effective date of your temporary Essential Health Plan eligibility should have been December 1, 2016.

Your enrollment in your Essential Plan coverage should have started on December 1, 2016.

Your case is being sent back to NYSOH to make these changes, and to assist you in enrolling in your Essential Plan coverage for the month of December 2016.

You will be responsible for your Essential Plan premium for the month of December 2016.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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 1-855-355-5777 번으로 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।

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).

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. ye&etumi ama wo obi a okyerE 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.

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).