



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

Notice of Decision

Decision Date: May 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015364

[REDACTED]

Dear [REDACTED],

On April 25, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 19, 2017 plan 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: May 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015364

[REDACTED]

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 your Essential Plan did not begin until February 1, 2017?

Procedural History

On August 16, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were conditionally eligible for an amount of up to \$158.00 in advance payments of the premium tax credit, effective September 1, 2016. That notice stated you must provide proof of income by November 13, 2016 to confirm your eligibility.

On September 1, 2016, NYSOH issued a notice of enrollment, based on your plan selection on August 31, 2016, stating that you were enrolled in silver-level qualified health plan, and that your plan would start October 1, 2016.

On October 13, 2016, you submitted the first page of your 2015 Form 1040, the first page of your 2015 Schedule C and a letter of attestation that you are divorced (see Documents [REDACTED] and [REDACTED]).

On October 15, 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 between November 16,

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2016 and December 15, 2016 or you might lose the financial assistance you were currently receiving.

On October 27, 2016, NYSOH issued a notice stating that your proof of income was insufficient to confirm the information in your application. That notice further stated that you needed to supply additional proof of income by November 13, 2016.

On November 18, 2016, you submitted your entire 2015 income tax return and a letter of attestation that you are divorced, which were subsequently validated by NYSOH on December 17, 2016 (see Documents [REDACTED]).

On November 27, 2016, NYSOH issued a disenrollment notice stating that your coverage in your silver-level qualified health plan would end on December 31, 2016.

On December 18, 2016, NY State of Health (NYSOH) issued an eligibility redetermination notice, based on your December 17, 2016 updated application, stating that you were eligible to enroll in the Essential Plan, effective January 1, 2017. That notice further stated that you needed to pick a plan.

On January 19, 2017, NYSOH issued a plan enrollment notice, based on your plan selection on January 18, 2017, stating that you were enrolled in an Essential Plan, and that your plan would start February 1, 2017.

On January 31, 2017, 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 January 1, 2017.

On April 25, 2017, 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 initial application to NYSOH for financial assistance on August 15, 2016. Because NYSOH could not verify the income you attested to in that application, you were required to submit proof of income.
- 2) On October 13, 2016, you submitted the first page of your 2015 1040 portion of your income tax return, the first page of your schedule C and a letter of attestation that you are divorced (see Documents [REDACTED] and [REDACTED]). These documents were invalidated by NYSOH on

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October 26, 2016 because you did not provide your signature page of your 2015 1040 portion of your income tax return.

- 3) On November 18, 2016, you submitted your entire 2015 income tax return and a letter of attestation that you are divorced (see Documents [REDACTED]). This income was validated on December 17, 2016.
- 4) According to your NYSOH account, you enrolled in an Essential Plan on January 18, 2017, with an effective date of February 1, 2017.
- 5) You testified that you had some difficulty contacting your certified application counselor to enroll in a health plan, who you believed was taking care of everything for you. You are unsure why he could only enroll you in the Essential Plan as of February 1, 2017, and not January 1, 2017.
- 6) You testified that you wanted your enrollment in an Essential Plan to begin on January 1, 2017 because you had certain medical procedures completed in the month of January 2017.

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

Applicable Law and Regulations

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, the Marketplace must request data that will allow the Marketplace to verify the household's income (45 CFR §155.320(c)(1)(i)). If the Marketplace 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)).

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

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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 enrollment in your Essential Plan did not begin until February 1, 2017.

You submitted an initial application to NYSOH for financial assistance on August 15, 2016. Because NYSOH could not verify the income you attested to in that application, you were required to submit proof of income before November 13, 2016.

You submitted income documentation on October 13, 2016, which was subsequently invalidated by NYSOH as insufficient on October 26, 2016. This was because you did not provide the signature page of your 2015 income tax return. At this point, your application was still incomplete.

NYSOH did not receive any further documentation from you to confirm your eligibility until November 18, 2016 when you submitted a full copy of your 2015 income tax return. As a result, your income was validated by NYSOH on December 17, 2016 and you were eligible to enroll in the Essential Plan as of that day.

According to your NYSOH account and your testimony, you enrolled in a health plan with the assistance of a certified application counselor on January 18, 2017.

Generally, the date on which enrollment in an Essential Plan can take effect depends on the day a person selects the plan for enrollment.

In your case, the income documentation submitted on November 18, 2016 was sufficient to determine your eligibility for the 2017 insurance year in that it was validated by NYSOH on December 17, 2016. As such, your application was deemed complete as of that date. Therefore, the first day you would have been eligible to select an Essential Plan would have been December 17, 2016.

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.

Here, the record reflects that, had you been able to select an Essential Plan on December 17, 2016, the earliest it would be able to take effect is the first day of the second month following December 2016; that is on February 1, 2017.

Therefore, the January 19, 2017 plan enrollment notice stating that your enrollment in the Essential Plan was effective February 1, 2017, is correct and is **AFFIRMED**

Decision

The January 19, 2017 plan enrollment notice is **AFFIRMED**.

Effective Date of this Decision: May 10, 2017

How this Decision Affects Your Eligibility

The effective date of your Essential Health Plan remains as February 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

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).

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
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 19, 2017 plan enrollment notice is AFFIRMED.

The effective date of your Essential Health Plan remains as February 1, 2017.

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।

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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. ye bεtumi ama wo obi a okyerε 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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