



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

## Notice of Decision

Decision Date: May 8, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015455

[REDACTED]

Dear [REDACTED]

On April 13, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 2, 2017 eligibility determination and 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.

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: May 8, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015455

[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 began March 1, 2017?

## Procedural History

On December 9, 2016, you applied for financial assistance with health insurance through NYSOH.

On December 10, 2016, NYSOH issued notice stating that your December 10, 2016 application had been reviewed, but that more information was needed to confirm the information in your application. The notice directed you to submit documentation of your income by December 24, 2016.

On December 23, 2016, your NYSOH application was updated.

On December 24, 2016, NYSOH again issued a notice stating that your application of December 23, 2016 had been reviewed, but that more information was needed to confirm the information in your application. The notice directed you to submit documentation of your income by January 8, 2017.

On January 3, 2017, documentation was uploaded to your NYSOH account.

On January 20, 2017, NYSOH issued a notice of eligibility determination stating that you were not qualified to enroll in coverage through NYSOH. This was

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because documentation of your income was not received by NYSOH, and because NYSOH was unable to verify your citizenship status.

On January 26, 2017, your NYSOH application was updated.

On January 27, 2017, NYSOH issued a notice stating that your January 26, 2017 application had been reviewed, but that more information was needed to confirm the information in your application. The notice directed you to submit documentation of your income by February 10, 2017.

On January 30, 2017, NYSOH updated your application for financial assistance.

On January 31, 2017, NYSOH issued a notice of eligibility determination stating that you were not eligible to enroll in coverage through NYSOH because NYSOH had not received income documentation, and NYSOH was unable to verify your citizenship status.

On February 1, 2017, your NYSOH application was updated. That same day, NYSOH prepared a preliminary eligibility determination stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium effective March 1, 2017.

That same day, you spoke to NYSOH's Account Review Unit and appealed the start date of your eligibility and enrollment in the Essential Plan, insofar as it did not begin February 1, 2017.

On February 2, 2017, NYSOH issued a notice of eligibility determination, based on your February 1, 2017 application, stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective March 1, 2017.

Also on February 2, 2017, NYSOH issued a notice of enrollment, based on your plan selection on February 1, 2017, stating that you were enrolled in an Essential Plan 1 Plus Vision and Dental, and that your plan would start on March 1, 2017.

On April 13, 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 application to NYSOH for financial assistance on December 9, 2016.

- 2) You testified that a social worker completed this application for you when you were in the hospital.
- 3) Your NYSOH account reflects that the applications submitted on December 9, 2016, December 23, 2016, and January 26, 2017 all list your Citizenship/Immigration Status as "Other."
- 4) You testified that you are a United States citizen, and that you informed the hospital social worker of this.
- 5) You testified that you were not aware until February 2017, when you spoke with someone from NYSOH, that your original application indicated that you were not a US citizen.
- 6) You testified that you do not recall receiving the December 10, 2016 notice informing you that you needed to submit income documentation, but that you were aware that you needed to do so, as you were informed of this when the hospital social worker submitted your application.
- 7) You testified that you do not recall how much income you told the social worker you received when she was completing your application.
- 8) Your NYSOH account reflects that your December 9, 2016, December 23, 2016, and January 26, 2017 application all indicate that your expected annual income was \$13,368.00 in Title II Social Security Benefits.
- 9) On January 3, 2017, you uploaded documentation to your NYSOH account consisting of the following:
  - a. A letter from the Social Security Administration stating that you would be receiving \$1,114.00 per month, beginning with your December 2016 monthly payment [REDACTED];
  - b. A letter dated December 1, 2016 from the Department of Veterans Affairs stating that your Survivors' pension award received a cost of living adjustment, and that your newly monthly payment was \$625.00, which would be reflected in the first benefit payment you received after January 1, 2017 [REDACTED]).
- 10) Your NYSOH account reflects that, on January 30, 2017, the following note was entered by a NYSOH employee with regard to the documentation you submitted on January 3, 2017: "[REDACTED] submitted a Letter from financial institution for Pension. Added income as additional income from Pensions and annuities for \$7,500.00. [REDACTED] is no longer pending proof of income."

- 11) You testified that you were not aware that the income from your Survivors Pension was not on your applications until NYSOH added it on January 30, 2017.
- 12) You testified that you informed the hospital social worker of this income when your initial application was completed.
- 13) You testified that the application update that was done by phone on January 26, 2017 was done by you.
- 14) You testified that you called on this date because you still did not have coverage, and you needed medication.
- 15) You testified that your monthly Social Security benefit is now \$1,117.00.
- 16) Your NYSOH account reflects that you updated your application again on February 1, 2017, and were found eligible for the Essential Plan with a \$20.00 monthly premium, effective March 1, 2017.
- 17) You testified that you are looking for coverage for the month of February 2017, as you had both prescription costs and bills for medical treatment for that month.

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, NYSOH must request data that will allow 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)).

### 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>).

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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 began March 1, 2017.

An individual requesting financial assistance to help pay for the cost of coverage provided through NYSOH is required to attest to his or her household's projected annual income. If NYSOH cannot verify an individual's attestation, it must provide the individual with notice of the inconsistency and provide a period of 90 days from the date notice is received to resolve the inconsistency.

You applied for financial assistance with the cost of health insurance on December 9, 2016. That application listed an annual income of \$13,368.00, consisting of Social Security benefits. This income amount placed you into a pending Medicaid status, therefore NYSOH issued a notice on December 10, 2016 telling you that you needed to submit income documentation to confirm the information in your application.

You testified that you informed the hospital social worker who assisted you in applying that you were also receiving a pension from the Department of Veterans' Affairs. However, that income was not included on the December 9, 2016 and December 23, 2016 applications that were submitted by the social worker, nor was it included on the January 26, 2017 application update, which you did over the phone with a NYSOH representative.

On January 3, 2017, you uploaded documentation to your NYSOH account showing the amount of Social Security benefits you were receiving, and the amount you were receiving from your Survivors' Pension from the Department of Veterans' Affairs. NYSOH reviewed this documentation and used it to update your account on January 30, 2017, at which point, a NYSOH representative entered a note into your account stating that you were no longer pending proof of income.

Therefore, notes from NYSOH indicate that the documentation you provided on January 3, 2017 was sufficient to confirm your current income at the time, and

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was used to update your account. However, because your account still stated that your citizenship status was "other," NYSOH was unable to find you eligible for financial assistance. On February 1, 2017, you updated your NYSOH account again, and changed your status to "US Citizen." As a result, you were found eligible for the Essential Plan, for a limited time, effective March 1, 2017.

Since you testified that you told the hospital social worker that you were a US citizen, and since you testified that you had no idea that your application stated otherwise, it was not your fault that your application was delayed for this purpose. Additionally, had NYSOH verified your income documentation when you uploaded it on January 3, 2017, and not 27 days later, your eligibility could have been determined in time to give you a February 1, 2017 start date.

Lastly, the February 2, 2017 eligibility determination stated that you were eligible for the Essential Plan for a limited time, pending documentation of your income. This directly contradicts the notes entered by a NYSOH employee in your NYSOH account on January 30, 2017, which stated that, based on the income documentation you provided, you were "no longer pending proof of income." As such, your eligibility should have been full eligibility, and not conditional eligibility, as of the February 2, 2017 notice.

Therefore, the February 2, 2017 eligibility determination notice is MODIFIED to state that you are eligible for the Essential Plan, with a \$20.00 monthly premium, effective February 1, 2017, and that no additional documentation is required.

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 February 1, 2017, you selected an Essential Plan, so your enrollment took effect on the first day of the first month following February: that is, on March 1, 2017. However, if your income documentation had been verified in a timely fashion, and if the social worker had not entered incorrect information regarding your citizenship status, neither of which was within your control, you could have selected a plan in time to have a February 1, 2017 start date.

Therefore, the February 2, 2017 enrollment confirmation notice is MODIFIED to state that your enrollment in your Essential Plan began on February 1, 2017.

Your case is RETURNED to NYSOH to effectuate the changes stated above, and to facilitate your enrollment in your Essential Plan coverage for the month of February 2017.

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Additionally, NYSOH is directed to remove the “pending income” status from your account, as your income was verified on January 30, 2017.

## **Decision**

The February 2, 2017 eligibility determination notice is MODIFIED to state that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective February 1, 2017.

The February 2, 2017 enrollment confirmation notice is MODIFIED to state that your enrollment in your Essential Plan began on February 1, 2017.

Your case is RETURNED to NYSOH to facilitate your enrollment in your Essential Plan coverage for the month of February 2017.

NYSOH is directed to remove the “pending income” status from your account, as your income was verified on January 30, 2017.

**Effective Date of this Decision:** May 8, 2017

## **How this Decision Affects Your Eligibility**

Your eligibility for the Essential Plan should have started on February 1, 2017.

Your enrollment in your Essential Plan coverage should have started on February 1, 2017.

Your case is being sent back to NYSOH to assist you in enrolling in your Essential Plan coverage for the month of February 2017.

You will be responsible for any premium payment for your February 2017 coverage.

## **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

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

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## **Summary**

The February 2, 2017 eligibility determination notice is MODIFIED to state that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective February 1, 2017.

The February 2, 2017 enrollment confirmation notice is MODIFIED to state that your enrollment in your Essential Plan began on February 1, 2017.

Your case is RETURNED to NYSOH to facilitate your enrollment in your Essential Plan coverage for the month of February 2017.

NYSOH is directed to remove the "pending income" status from your account, as your income was verified on January 30, 2017.

Your eligibility for the Essential Plan should have started on February 1, 2017.

Your enrollment in your Essential Plan coverage should have started on February 1, 2017.

Your case is being sent back to NYSOH to assist you in enrolling in your Essential Plan coverage for the month of February 2017.

You will be responsible for any premium payment for your February 2017 coverage.

## **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&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.

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