



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

Notice of Decision

Decision Date: June 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015626

[REDACTED]

Dear [REDACTED],

On May 9, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 24, 2017 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: June 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015626



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 begin effective March 1, 2017?

Procedural History

On December 6, 2016, you submitted an application for financial assistance through NYSOH.

Also on December 6, 2016, additional income documentation was uploaded to your NYSOH account.

On December 7, 2016, NYSOH issued a notice stating that the income information in your December 6, 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 21, 2016 to confirm your eligibility.

On December 8, 2016, your NYSOH account was updated.

On December 9, 2016, NYSOH issued a notice stating that the income information in your December 8, 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 January 5, 2017 to confirm your eligibility.

On December 17, 2016, additional income documentation was uploaded to your NYSOH account.

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On December 22, 2016, NYSOH issued a notice stating that the documentation reviewed does not confirm the information in your application. The notice directed you to submit additional proof of income by January 5, 2017, to confirm your eligibility.

On January 23, 2017, your NYSOH was updated.

On January 24, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan for a limited time, effective as of March 1, 2017.

Also on January 24, 2017, NYSOH issued an enrollment notice confirming that you were enrolled in an Essential Plan with an enrollment start date of March 1, 2017.

On February 7, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as the plan enrollment start date of your Essential Plan.

On May 9, 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 are applying for health insurance for yourself.
- 2) According to your NYSOH account and testimony, you expect to file your 2017 federal income tax return, with the tax status of single, and do not expect to claim any dependents on that tax return.
- 3) According to your December 6, 2016 application, you attested to an expected yearly income of \$7,522.62.
- 4) According to your December 6, 2016 application, you attested to the following sources of income: (1) [REDACTED]; (2) [REDACTED]; (3) Unemployment Insurance Benefits (UIB).
- 5) According to the December 7, 2016, notice issued by NYSOH, you were directed to submit additional documentation, and a documentation list was provided. The list included paycheck stubs for the last four weeks and a printout of recipient's account information from NYS Department of Labor website [REDACTED]).

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- 6) On December 6, 2016, you uploaded to your NYSOH account:
 - (a) Earnings statements from [REDACTED] for the payment dates of November 4, 2016; November 9, 2016; November 18, 2016, and December 2, 2016 ([REDACTED]; [REDACTED]; [REDACTED]);
 - (b) An earnings statement from [REDACTED] stating that you were issued \$84.50 on December 2, 2016, with a year-to-date gross income of \$84.50 ([REDACTED]);
 - (c) An Official Record of Benefit Payment History of UIB from NYS's Department of Labor [REDACTED]
- 7) On December 17, 2016, you uploaded additional earnings statement from [REDACTED] to your NYSOH account
 - (a) On December 9, 2016, you were issued \$320.67 in gross pay, with a year-to-date gross pay of \$405.17 ([REDACTED]);
 - (b) On December 16, 2016, you were issued \$138.67 in gross pay, with a year-to-date gross income of \$543.84 ([REDACTED]).
- 8) On December 17, 2016, you uploaded a letter from [REDACTED], [REDACTED] stating that you work on a per diem basis, and your first day of work was on November 2, 2016 ([REDACTED]).
- 9) According to your NYSOH account, on December 21, 2016, the documentation submitted was determined to be invalid because "only 3 paystubs were submitted for [REDACTED]."
- 10) According to your NYSOH account and testimony, you were enrolled in an Essential Plan on January 23, 2017, with an enrollment start date of March 1, 2017.
- 11) 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

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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)).

For the benefit year beginning on January 1, 2017, NYSOH extended the deadline for January 1, 2017 coverage to December 17, 2016. Selections received by NYSOH on or before December 17, 2016 must have coverage effective January 1, 2017 (Press Release: NY State of Health Deadline Extended! New Yorkers Now Have Until December 17 to Enroll in or Renew Health Insurance Coverage Beginning January 1, 2017: <https://info.nystateofhealth.ny.gov/news/press-release-ny-state-health-deadline-extended-new-yorkers-now-have-until-december-17-enroll>).

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 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>).

NYSOH must provide the applicant with notice of the inconsistency. NYSOH must then provide the applicant with 90 days to provide satisfactory documentary evidence (45 CFR §155.315(f)(2)). If NYSOH remains unable to verify the information required to determine the applicant's eligibility after the 90 day period ends, it must determine the applicant's eligibility based on the information available (45 CFR § 155.315(f)(5)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in your Essential Plan was effective March 1, 2017.

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On December 6, 2016, you submitted an application through NYSOH. In that application you attested to three sources of income: [REDACTED]; [REDACTED]; and Unemployment Insurance Benefits.

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.

The income information that was entered into this application did not match federal and state data sources. As a result, on December 7, 2016 NYSOH issued a notice directing you to submit additional income documentation to confirm your eligibility. The notice issued by NYSOH directed you to submit additional documentation, and included a list of acceptable documentation, including paycheck stubs for the last four weeks and a printout of recipient's account information from NYS Department of Labor website (see [REDACTED]).

On December 6, 2016, you submitted to NYSOH: four earnings statements from [REDACTED]; an Official Record of Benefit Payment History of UIB from NYS's Department of Labor; and a weekly earnings statement from [REDACTED] stating that you were issued \$84.50 on December 2, 2016, with a year-to-date gross income of \$84.50 (see [REDACTED]; [REDACTED]; [REDACTED]).

On December 17, 2016, you submitted a letter from [REDACTED] explaining that you work on a per diem basis, and your first day of work was on November 2, 2016 [REDACTED]. Furthermore, you uploaded two additional weekly earnings statements from [REDACTED] to your NYSOH account. The statements reflect that on December 9, 2016, you were issued \$320.67 in gross pay, with a year-to-date gross pay of \$405.17, and on December 16, 2016, you were issued \$138.67 in gross pay, with a year-to-date gross income of \$543.84 [REDACTED]; [REDACTED]).

On December 21, 2016, NYSOH determined that the documentation submitted was invalid because only three earnings statements were submitted for [REDACTED].

The record reflects that you submitted income and employment documentation to demonstrate that you were a per diem employee at [REDACTED], and your first day of work was on November 2, 2016. Furthermore, the year-to-date gross income amounts listed on the earnings statements support that that they were the only statements that had been issued to you by that employer.

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

Generally, 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. NYSOH extended the deadline for plan selections to December 17, 2016, for coverage to be effective January 1, 2017.

The record supports that the income and employment documentation provided to NYSOH on December 6, 2016, and December 17, 2016 was sufficient to satisfy NYSOH's request and render an eligibility determination as of December 17, 2016.

Therefore, the January 24, 2017, enrollment notice is MODIFIED to state that you 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.

Decision

The January 24, 2017, enrollment notice is MODIFIED to state that you 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: June 28, 2017

How this Decision Affects Your Eligibility

Your 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.

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

Summary

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).

The January 24, 2017, enrollment notice is MODIFIED to state that you 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 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。我们可以为您免费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)

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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&b&tumi 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.

שׂוֹדֵיִשׁ (Yiddish)

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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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