



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

Notice of Decision

Decision Date: June 29, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015788

[REDACTED]

Dear [REDACTED],

On May 17, 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.

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: June 29, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015788



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 you and your children's enrollment in an Essential Plan was effective March 1, 2017?

Procedural History

On October 5, 2016, NYSOH issued a renewal notice stating that you and your children's Medicaid coverage through the Monroe County Department of Social Services would be ending December 31, 2016. The notice stated that you needed to renew your coverage through NYSOH and that you had to complete the renewal process by December 15, 2016.

On November 16, 2016, you updated your NYSOH application.

On November 17, 2016, NYSOH issued a notice stating that the income information in your November 16, 2016 application did not match what NYSOH received from state and federal data sources. You were directed to provide proof of income by December 1, 2016. The notice stated that if you missed the due date, NYSOH would not be able to determine your eligibility for health coverage.

No documentation was received by December 1, 2016.

On December 12, 2016 NYSOH redetermined your eligibility.

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By notice dated December 13, 2016, NYSOH issued an eligibility redetermination notice stating that you and your children were eligible to purchase a health plan at full cost, effective January 1, 2017. The notice stated that you and your children were not eligible to receive Medicaid, Child Health Plus, the Essential Plan, advance premium tax credits or cost sharing reductions because you failed to provide the income documentation requested to verify your income.

You uploaded income documentation to your NYSOH account on December 17, 2016.

You updated your NYSOH application on December 20, 2016.

On December 21, 2016, NYSOH issued a notice stating that the income information in your December 20, 2016 application did not match what NYSOH received from state and federal data sources. You were directed to provide proof of income by January 4, 2017. The notice stated that if you missed the due date, NYSOH would not be able to determine your eligibility for health coverage.

You uploaded income documentation on December 26, 2016 and on January 4, 2017.

On January 10, 2017, NYSOH issued a notice stating that the documentation that you provided did not confirm the information in your application. The notice directed you to provide income documentation for you by February 3, 2017 and for your children by January 19, 2017.

You uploaded income documentation on January 10, 2017.

On January 20, 2017, NYSOH issued a notice stating that the documentation provided did not confirm the information in your application. The notice directed you to provide income information by February 3, 2017.

On February 1, 2017, NYSOH enrolled you and your children into an Essential Plan, effective that date (February 1, 2017) due to NYSOH not timely verifying your income documentation.

On February 2, 2017, NYSOH issued a notice of eligibility determination stating that you and your children were eligible to enroll in an Essential Plan, effective March 1, 2017.

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

On February 13, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of you and your children's enrollment in the Essential Plan insofar as it did not begin January 1, 2017.

On May 17, 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 November 16, 2016. On November 17, 2016, NYSOH issued a notice requesting income documentation by December 1, 2016. No documentation was provided by December 1, 2016.
- 2) On December 13, 2016, NYSOH determined that you and your children were not eligible for financial assistance because you did not provide the income documentation to verify your income.
- 3) On December 17, 2016, you uploaded a weekly pay stub from your employer [REDACTED] with a pay date of November 4, 2016 and a gross pay amount of \$363.75 ([REDACTED]); a handwritten note providing the telephone number of your son [REDACTED] employer to verify that he no longer was employed at that location ([REDACTED]) and a note stating that [REDACTED] was terminated from our company in the month of September." ([REDACTED]).
- 4) On December 21, 2016, NYSOH issued a notice requesting income documentation by January 4, 2017.
- 5) On December 26, 2016, you uploaded a weekly pay stub from your employer [REDACTED] with a pay date of December 2, 2016 and a gross pay amount of \$287.50 ([REDACTED]).
- 6) On January 4, 2017, you uploaded a weekly pay stub employer [REDACTED] with a pay date of December 15, 2016 and a gross pay amount of \$306.25 ([REDACTED]).
- 7) NYSOH records reflect that your income documentation was invalidated on January 9, 2017.

- 8) On January 10, 2017, you uploaded a weekly pay stub from your employer [REDACTED] with a pay date of December 23, 2016 and a gross pay amount of \$442.50 ([REDACTED]).
- 9) NYSOH records dated February 1, 2017 reflect that you and your children were determined eligible for the Essential Plan, effective March 1, 2017.
- 10) NYSOH records dated February 1, 2017 reflect that you your children were enrolled into an Essential Plan effective February 1, 2017. NYSOH records from that date stated that your and your children's Essential Plan enrollment start date was backdated because NYSOH failed to timely verify your income documentation.
- 11) NYSOH issued notices on February 2, 2017 stating that you and your children were eligible for and enrolled in an Essential Plan with an enrollment start date of March 1, 2017.
- 12) You testified that you were contacted by a NYSOH representative advising you that you and your children's Essential Plan coverage was backdated to February 1, 2017.
- 13) You testified that you incurred medical bills in January 2017.
- 14) You testified that you were seeking a redetermination of your eligibility insofar as you and your children's enrollment in an Essential Plan would begin on 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 generally 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

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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 is whether NYSOH properly determined that you and your children's enrollment in an Essential Plan was effective March 1, 2017.

You testified, and the record reflects, that you submitted an application to NYSOH on November 16, 2017.

On November 17, 2016, NYSOH issued a notice requesting income documentation by December 1, 2016. No documentation was provided. On December 13, 2016, NYSOH determined that you were not eligible for financial assistance because you did not provide the income documentation to verify your income.

You testified and NYSOH records reflect that you first provided income documentation to NYSOH on December 17, 2016. You also provided income documentation to NYSOH on December 26, 2016 and January 4, 2017. NYSOH records reflect that your income documentation was invalidated on January 9, 2017. You subsequently provided additional income documentation to NYSOH on January 10, 2017.

NYSOH records dated February 1, 2017, reflect that you and your children were determined eligible for the Essential Plan, effective March 1, 2017.

However, also on February 1, 2017, NYSOH records reflect that you and your children's Essential Plan enrollment was backdated to February 1, 2017. On this date NYSOH records indicated that your and your children's enrollment was backdated because your income documentation had not been timely verified. This resulted in you and your children's Essential Plan coverage start date being changed from March 1, 2017 to February 1, 2017. You testified that you were contacted by a NYSOH representative advising you that you and your children's Essential Plan coverage was backdated to February 1, 2017.

Despite backdating you and your children's Essential Plan enrollment start date to February 1, 2017, on February 2, 2017, NYSOH issued notices of eligibility determination and enrollment confirmation stating that you and your children were eligible for and enrolled in an Essential Plan, effective March 1, 2017.

Therefore, the February 2, 2017 eligibility determination and enrollment confirmation notices are MODIFIED to reflect that the effective date of you and your children's Essential Plan is February 1, 2017 and your case is being RETURNED to NYSOH to confirm your and your children's eligibility for and enrollment in an Essential Plan, effective February 1, 2017.

You testified during the hearing that you were seeking a January 1, 2017 Essential Plan enrollment start date for you and your children. You testified and the record reflects that you first provided income documentation to NYSOH on December 17, 2016. Even had the income documentation you provided to NYSOH on December 17, 2016 been verified on that date, you and your children would not have been eligible for enrollment in an Essential Plan before February 1, 2017; that request for an additional backdate is therefore denied.

Decision

The February 2, 2017 eligibility determination and enrollment confirmation notices are MODIFIED to reflect that the effective date of you and your children's Essential Plan is February 1, 2017.

Your case is being RETURNED to NYSOH to confirm you and your children's eligibility for and enrollment in an Essential Plan with an effective start date of February 1, 2017.

Effective Date of this Decision: June 29, 2017

How this Decision Affects Your Eligibility

The effective date of you and your children's Essential Plan is February 1, 2017.

Your case is being RETURNED to NYSOH to confirm you and your children's eligibility for and enrollment in an Essential Plan, effective 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

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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 and enrollment confirmation notices are MODIFIED to reflect that the effective date of you and your children's Essential Plan is February 1, 2017.

Your case is being RETURNED to NYSOH to confirm you and your children's eligibility for and enrollment in an Essential Plan, effective February 1, 2017.

The effective date of you and your children's Essential Plan is 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 1-855-355-5777 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 مجانًا.

বাংলা (Bengali)

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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।

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 bɛtumi ama wo obi a okyerɛ 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 איר געבן א דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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