



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

## Notice of Decision

Decision Date: June 01, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015839

[REDACTED]

Dear [REDACTED],

On May 23, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 4, 2017 eligibility determination.

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  
P.O. Box 11729  
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## Decision

Decision Date: June 01, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015839

[REDACTED]

## Issue

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

Did NY State of Health provide a timely determination of your and your spouse's Essential Plan eligibility as of February 4, 2017?

## Procedural History

On November 18, 2016, NY State of Health (NYSOH) received your application for financial assistance with your health insurance.

On November 19, 2016, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by December 3, 2016.

On November 22, 2016, your and your spouse's paystubs were uploaded to your NYSOH account.

On December 7, 2016, additional paystubs were uploaded to your NYSOH account.

On December 8, 2016, NYSOH reviewed the paystubs and determined that these were insufficient as your spouse had submitted no paystubs.

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On December 9, 2016, NYSOH issued a notice advising you that the income documentation you submitted did not confirm the information in your application, and that additional income documentation was due by January 2, 2017.

On January 18, 2017, additional paystubs were uploaded to your NYSOH account.

On January 25, 2017, NYSOH reviewed the paystubs and determined that these were insufficient as the paystubs for your spouse were dated more than 30 days prior to December 8, 2016.

On January 26, 2017, additional paystubs were uploaded to your NYSOH account.

Also on January 26, 2017, NYSOH issued a notice advising you that the income documentation you submitted did not confirm the information in your application, and that additional income documentation was due by February 16, 2017.

On February 3, 2017, NYSOH verified the paystubs you uploaded as documentation and a new application was submitted on your behalf.

On February 4, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for the Essential Plan, effective March 1, 2017.

Also on February 4, 2017, NYSOH issued an enrollment notice confirming your and your spouse's enrollment in an Essential Plan with a plan enrollment start date of March 1, 2017.

On February 14, 2017, you contacted the NYSOH Account Review Unit and requested an appeal insofar as you and your spouse were without coverage for the months of January 2017 and February 2017.

On May 23, 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 testified, and the record reflects, that you are appealing insofar as you and your spouse were without coverage for January 2017 and February 2017. You further testified that you and your spouse are seeking Medicaid

or the Essential Plan for those months. This is because you incurred significant medical bills in January 2017.

- 2) According to your NYSOH account, NYSOH received your application for financial assistance on November 18, 2016.
- 3) On November 22, 2016, you submitted documentation of your income to NYSOH for verification of the income stated in your November 18, 2016 application. This submission consisted of two of your spouse's paystubs from [REDACTED] for pay date October 28, 2016 for a gross pay amount of \$540.08 and for pay date November 10, 2016 for a gross pay amount of \$555.15; two of your paystubs from [REDACTED] for pay date October 28, 2016 for a gross pay amount of \$171.97 and for pay date November 10, 2016 for a gross pay amount of \$116.34; and four paystubs from your employer [REDACTED] for pay date October 28, 2016 for a gross pay amount of \$127.50, for pay date November 4, 2016 for a gross pay amount of \$131.25, for pay date November 10, 2016 for a gross pay amount of \$75.00, and for pay date November 18, 2016 for a gross pay amount of \$105.00.
- 4) On December 7, 2016, you submitted additional income documentation. This submission consisted of four of your paystubs from [REDACTED]. The first is for pay date November 18, 2016 for a gross pay amount of \$105.00; the second is for pay date November 25, 2016 for a gross pay amount of \$127.50; the third is for pay date December 2, 2016 for a gross pay amount of \$90.00; and the fourth is for pay date December 9, 2016 for a gross pay amount of \$138.75.
- 5) On December 8, 2016, NYSOH reviewed the November 22, 2016 and December 7, 2016 submissions and found these to be insufficient as no paystubs for your spouse had been provided.
- 6) On January 18, 2017, you submitted additional income documentation consisting of four of your paystubs from [REDACTED]. The first is dated December 30, 2016 for a gross pay amount of \$135.00; the second is dated January 6, 2017 for a gross pay amount of 41.25; the third is dated January 13, 2017 for a gross pay amount of \$135.00; the fourth is dated January 20, 2017 for a gross pay amount of \$138.75. You also submitted two of your paystubs from [REDACTED]. The first is dated December 23, 2016 for a gross pay amount of \$143.27; the second is dated January 6, 2017 for a gross pay amount of \$228.37.
- 7) On January 25, 2017, NYSOH reviewed the January 18, 2017 submission and found this to be insufficient as no recent paystubs for your spouse had been provided.

- 8) On January 26, 2017, you submitted additional income documentation. This consisted of two of your spouse's paystubs from [REDACTED] the first of which is dated January 6, 2017 for a gross pay amount of \$535.63 and the second is dated January 20, 2017 for a gross pay amount of \$538.78; two of your paystubs from [REDACTED], the first of which is dated January 6, 2017 for a gross pay amount of \$228.37 and the second is dated January 20, 2017 for a gross pay amount of \$129.62; and four of your paystubs from [REDACTED] the first of which is dated January 6, 2017 for a gross pay amount of \$41.25, the second is dated January 13, 2017 for a gross pay amount of \$135.00, the third is dated January 20, 2017 for a gross pay amount of \$138.75; the fourth is dated January 27, 2017 for a gross pay amount of \$138.75.
- 9) On February 3, 2017, your and your spouse's paystubs were verified as acceptable proof of income. Also on February 3, 2017, NYSOH updated the household income in your application to be \$24,519.95 based on the paystubs you submitted.
- 10) The record reflects that you selected an Essential Plan on February 3, 2017.
- 11) You testified that your spouse only has one employer, [REDACTED], from which he is paid on a biweekly basis.
- 12) You testified that you have two employers, [REDACTED] from which you are paid on a biweekly basis, and [REDACTED] for which you are paid on a weekly basis.
- 13) You testified that in February 2017 your spouse was paid a gross amount of \$592.93 on February 3, 2017 and a gross amount of \$569.22 on February 17, 2017.
- 14) You testified that in February 2017 you were paid a gross amount of \$148.84 on February 3, 2017 and a gross amount of \$127.52 on February 17, 2017 by your employer [REDACTED], and a gross pay amount of \$135.00 on February 3, 2017, a gross pay amount of \$135.00 on February 10, 2017, a gross pay amount of \$138.75 on February 17, 2017, and a gross pay amount of \$135.00 on February 24, 2017 by your employer [REDACTED].
- 15) The application that you submitted on November 18, 2016 indicates that you and your spouse file your tax return as married filing jointly and claim no dependents or deductions.
- 16) Your application indicates, and you confirmed, that you and your spouse reside in Cortland County.

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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 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)).

### 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), 42 CFR § 435.945).

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 § 435.952).

### Timely Notice of Essential Plan Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for

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NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH uses the same timeliness standards for eligibility determinations for the Essential Plan as for Medicaid (42 CFR §600.320(b)). NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

## **Legal Analysis**

The issue is whether NYSOH's provided you and your spouse with a timely determination of your Essential Plan eligibility as of February 4, 2017.

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.

You updated your NYSOH account on November 18, 2016. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

On November 22, 2016, you submitted a copy of your and your spouse's paystubs to NYSOH.

On December 7, 2016, you submitted additional paystubs from your employer.

On December 8, 2016, NYSOH deemed these documents insufficient proof of income as you had not submitted any of your spouse's paystubs.

However, the record reflects that the submission on November 22, 2016 includes 2 biweekly paystubs from your spouse as well as 2 biweekly paystubs from your employer [REDACTED], and 4 consecutive weekly paystubs from your employer [REDACTED].

Therefore, your application was considered complete as of November 22, 2016 for purposes of issuing an eligibility determination.

NYSOH must provide Medicaid and Essential Plan applicants notice of their eligibility determination within 45 days from the date of the completed application.

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).



To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH issued an eligibility determination notice on February 4, 2017 that stated you and your spouse were eligible for the Essential Plan effective March 1, 2017. Since NYSOH issued an eligibility determination 74 days from the date your application was considered complete, the February 4, 2017 eligibility determination was untimely.

As NYSOH never determined your and your spouse eligibility based on the November 22, 2016 submission, your case is RETURNED to NYSOH to determine your and your spouse's eligibility for financial assistance as of November 22, 2016 based on a household of two residing in Cortland County with an annual expected income of \$23,689.77. NYSOH is directed to allow you and your spouse to enroll into a plan with an effective date of January 1, 2017 since that is when the plan would have started had the November 22, 2016 documents been verified timely.

## **Decision**

The February 4, 2017 eligibility determination was untimely.

Your case is RETURNED to NYSOH to determine your and your spouse's eligibility for financial assistance as of November 22, 2016 based on a household of two residing in Cortland County with an annual expected income of \$23,689.77. NYSOH is directed to allow you and your spouse to enroll into a plan with an effective date of January 1, 2017 since that is when the plan would have started had the November 22, 2016 documents been verified timely.

**Effective Date of this Decision:** June 01, 2017

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

This is not a final determination of your and your spouse's eligibility.

Your case is being sent back to NYSOH to redetermine your household's eligibility for financial assistance as of November 22, 2016 based on the income documentation you submitted. You will be allowed to enroll into a plan with a January 1, 2017 start date.

## **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

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Albany, NY 12211

- By fax: 1-855-900-5557

## **Summary**

The February 4, 2017 eligibility determination was untimely.

This is not a final determination of your and your spouse's eligibility.

Your case is RETURNED to NYSOH to determine your and your spouse's eligibility for financial assistance as of November 22, 2016 based on a household of two residing in Cortland County with an annual expected income of \$23,689.77. NYSOH is directed to allow you and your spouse to enroll into a plan with an effective date of January 1, 2017 since that is when the plan would have started had the November 22, 2016 documents been verified timely.

## **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.

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## বাংলা (Bengali)

এই নথি গুরুত্বপূর্ণ। আপনি যদি এটি বুঝতে সাহায্যের প্রয়োজন হয়, তবে দয়া করে 1-855-355-5777-এ কল করুন। আমরা আপনাকে নি:শুল্কভাবে এই নথির ব্যাখ্যা করতে সাহায্য করতে 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 नि:शुल्क 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 नि:शुल्क 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 nkyerεkyerεmu a, ye srε wo, frε 1-855-355-5777. yεbεtumi 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.

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**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.