



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

Notice of Decision

Decision Date: June 8, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016306

[REDACTED]

Dear [REDACTED],

On June 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 2, 2017 eligibility determination notice and February 16, 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 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: June 8, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016306

[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 Essential Plan coverage began effective March 1, 2017?

Procedural History

On January 10, 2017, NYSOH received an application for health insurance. In response to this application, NYSOH prepared a preliminary eligibility determination stating that your eligibility could not be determined without additional income documentation.

Also on January 10, 2017, NYSOH received two earnings statements issued to you by your employer, [REDACTED], on December 16, 2016 and December 30, 2016. These earnings statements were ultimately accepted by NYSOH as valid proof of income on February 1, 2017.

On January 11, 2017, NYSOH issued a notice stating that the January 10, 2017 application had been reviewed, and the information contained therein did not match what NYSOH received from state and federal sources. You were requested to provide income documentation by January 25, 2017 so that your eligibility could be determined.

On February 1, 2017, NYSOH redetermined your eligibility.

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On February 2, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with no monthly premium for a limited time, effective March 1, 2017. You were requested to provide income documentation by May 2, 2017 so that your eligibility could be confirmed.

On February 16, 2017, NYSOH issued an enrollment notice confirming your selection of an Essential Plan with dental and vision coverage as of February 15, 2017. The notice stated that your Essential Plan coverage would begin effective March 1, 2017, provided you remitted the \$31.97 monthly premium.

On February 27, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination and enrollment notices insofar as it began your Essential Plan coverage on March 1, 2017, and not January 1, 2017.

On June 6, 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) Your application was submitted to NYSOH on January 10, 2017.
- 2) On January 11, 2017, NYSOH issued a notice requesting that you provide income documentation by January 25, 2017 in order to confirm your eligibility.
- 3) On January 10, 2017, you provided to NYSOH two earnings statements issued to you by your employer, ██████████ reflecting that you received \$595.02 on December 16, 2016 and \$731.03 on December 30, 2016. These earnings statements were ultimately accepted as valid proof of income on February 1, 2017.
- 4) You were determined eligible to enroll in the Essential Plan on February 1, 2017. This eligibility determination was effective March 1, 2017.
- 5) You ultimately enrolled in an Essential Plan with vision and dental coverage on February 15, 2017.
- 6) You testified that your enrollment was delayed significantly due to the amount of time that it took to verify the income documents you provided to NYSOH to review on January 10, 2017.
- 7) You testified that you were seeking to be found eligible for the Essential Plan coverage beginning January 1, 2017, rather than March 1, 2017, due

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to you incurring medical expenses from ██████████ in late January 2017.

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

Applicable Law and Regulations

Verification of Eligibility for the Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

NYSOH must verify the eligibility of an applicant for the Essential Plan consistent with the standards set in 45 CFR § 155.315 and § 155.320 (New York's Basic Health Plan Blueprint, pgs. 16-17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>; 42 CFR § 600.345(a)(2)).

An applicant is required to attest to their household's projected annual income. (45 CFR § 155.320(c)(3)(ii)(B)). For all individuals whose household income is needed, NYSOH must request tax return data from the Secretary of the Treasury and data regarding Social Security benefits from the Commissioner of Social Security in order to confirm that the information the applicant is attesting to is accurate (45 CFR § 155.320(c)(1)(i); 45 CFR § 155.320(c)(3)(ii)(A)).

If income data is unavailable, or if an applicant's attestation is not reasonably compatible with the income data NYSOH obtains, NYSOH must request additional information from the applicant in order to resolve the inconsistency (45 CFR § 155.320 (c)(3)(iii), (iv)).

NYSOH must provide the applicant with notice of the inconsistency in their account and 90 days to provide satisfactory documentary evidence to resolve the inconsistency (45 CFR § 155.315 (f)(2)). If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine the applicant's eligibility based on the information available from the data sources unless the applicant

demonstrates that they are unable to provide the required documentation (45 CFR § 155.315(f)(2), (g)).

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any updates in eligibility to the Essential Plan effective the first day of the following month for changes received by NYSOH from the first to the fifteenth of any month (45 CFR § 155.420(b)(1)(i); *see also* 42 CFR § 600.320(c)). For updates 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 § 155.420(b)(1)(ii); *see also* 42 CFR § 600.320(c)).

Legal Analysis

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

Your NYSOH account was updated on January 10, 2017. The income amount that was entered into this application did not match federal and state data sources. As a result, on January 11, 2016 NYSOH issued a notice directing you to submit additional income documentation by January 25, 2017 to confirm your eligibility.

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 record reflects that on January 10, 2017, you provided to NYSOH two earnings statements issued to you on December 16, 2016 and December 30, 2016, which reflected four weeks of earnings statements as requested by NYSOH. Accordingly, you had provided all requested documentation to NYSOH as of January 10, 2017. These documents were ultimately approved as valid proof of income on February 1, 2017.

The credible evidence of record reflects that while you provided all the requested documentation prior to the January 25, 2017 deadline on January 10, 2017; however, you were ultimately not found eligible for or permitted to enroll in the Essential Plan until February 1, 2017.

We, therefore, find that your eligibility should have been determined as of January 10, 2017. Accordingly, we may reasonably infer that you would have selected an Essential Plan as of January 10, 2017, the date that your application was considered complete.

The date on which 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 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.

The record supports that the income documentation provided January 10, 2017 was determined to be valid. Therefore, NYSOH had sufficient information to render an eligibility determination as of January 10, 2017.

Therefore, the February 2, 2017 eligibility determination notice and the February 16, 2017 enrollment notice are MODIFIED to state that you were eligible for and enrolled in an Essential Plan with an enrollment start date of February 1, 2017.

Your case is RETURNED to effectuate the changes to your Essential Plan enrollment as noted above.

Decision

The February 2, 2017 eligibility determination notice and the February 16, 2017 enrollment notice are MODIFIED to state that you were eligible for and enrolled in an Essential Plan with an enrollment start date of February 1, 2017.

Your case is RETURNED to effectuate the changes to your Essential Plan enrollment as noted above.

Effective Date of this Decision: June 8, 2017

How this Decision Affects Your Eligibility

Your Essential plan coverage is effective as of February 1, 2017.

You are not eligible for coverage under the Essential Plan during the month of January 2017.

Please note that you will be responsible for any premiums due in connection with the backdating of your Essential Plan coverage.

If You Disagree with this Decision (Appeal Rights)

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).

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

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Summary

The February 2, 2017 eligibility determination notice and the February 16, 2017 enrollment notice are MODIFIED to state that you were eligible for and enrolled in an Essential Plan with an enrollment start date of February 1, 2017.

Your Essential plan coverage is effective as of February 1, 2017.

You are not eligible for coverage under the Essential Plan during the month of January 2017.

Please note that you will be responsible for any premiums due in connection with the backdating of your Essential Plan 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)

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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&btumi 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.

אײִדיש (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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