



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

Notice of Decision

Decision Date: July 14, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016644

[REDACTED]

Dear [REDACTED]

On June 14, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 2, 2017 plan enrollment notice and March 3, 2017 eligibility determination 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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Decision

Decision Date: July 14, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016644

[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 adult child's enrollment in her Essential Plan did not begin until April 1, 2017?

Procedural History

On November 9, 2016, you updated your adult child's application for health insurance and submitted a letter of attestation that your adult child (child) does not work and your Social Security award letter. These documents were invalidated by NYSOH on November 23, 2016 (see Document [REDACTED]).

On November 10, 2016, NYSOH issued an eligibility determination notice, based on your November 9, 2016 updated application, stating that your child was conditionally eligible to enroll in the Essential Plan, effective December 1, 2016. That notice stated you must provide proof of household income by February 7, 2017, to confirm her eligibility.

On November 24, 2016, NYSOH issued a notice stating that the documentation you submitted was insufficient in that it does not confirm the information in your application. That notice further stated that additional proof of income was needed for your child by February 7, 2017.

On December 2, 2016, NYSOH issued an eligibility redetermination notice, based on your December 1, 2016 updated application, stating that your child was conditionally eligible to enroll in the Essential Plan, effective January 1, 2017.

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That notice stated you must provide proof of household income by February 7, 2017, to confirm her eligibility.

On December 10, 2016, NYSOH issued a plan enrollment notice confirming your child's enrollment in the Essential Plan, effective September 1, 2016.

On February 8, 2017, you submitted an updated letter of attestation that your child does not work, which was subsequently invalidated by NYSOH on February 21, 2017 (see Document [REDACTED]).

On February 14, 2017, NYSOH issued an eligibility determination notice stating that your child was newly eligible to purchase a qualified health plan at full cost, effective March 1, 2017. That notice stated that [REDACTED] may be able to enroll in coverage if [REDACTED] qualifies for a special enrollment period.

Also on February 14, 2017, NYSOH issued a disenrollment notice stating that your child's coverage with the Essential Plan would end on February 28, 2017. This was because [REDACTED] was no longer eligible to enroll in the Essential Plan.

On February 22, 2017, NYSOH issued an eligibility determination notice, based on your February 21, 2017 updated application, stating that your child was conditionally eligible to enroll in the Essential Plan for a limited time, effective April 1, 2017. The notice stated you must provide proof of household income by May 22, 2017 to confirm [REDACTED] eligibility.

Also on February 22, 2017, four of your current consecutive paystubs, a Social Security benefit statement and a letter of attestation that your child does not work were uploaded to your NYSOH account (see Documents [REDACTED], [REDACTED] and [REDACTED]). These documents were subsequently validated by NYSOH on March 2, 2017.

On March 2, 2017, NYSOH issued a plan enrollment notice confirming your child's enrollment in the Essential Plan, effective April 1, 2017.

On March 3, 2017, NYSOH issued an eligibility determination notice stating in part that your child was eligible to enroll in the Essential Plan, effective April 1, 2017

On March 6, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's enrollment in the Essential Plan insofar as it did not begin March 1, 2017.

On June 14, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was held open to June 29, 2017 to allow you to submit supporting documents.

On June 27, 2017, you submitted copies of email correspondence, dated February 9, 2017 and May 24, 2017, from your email account to your navigator's email account. These documents were made part of the record as "Appellant's [REDACTED]." No further documentation was received by June 29, 2017, and the record closed that day.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) You applied on behalf of your child to NYSOH for financial assistance on November 9, 2016. Because NYSOH could not verify the income you attested to in that application, you were required to submit proof of household income.
- 2) You testified that you submitted your documentation to the navigator long before the deadline passed to submit the documentation and that it was the navigator who submitted your documents for you. You believe your navigator failed to submit your income documentation in a timely manner.
- 3) According to your NYSOH account, your navigator submitted your child's attestation letter and record of your Social Security benefit statement to NYSOH on November 9, 2016. These documents were invalidated by NYSOH on November 23, 2016, because you did not provide four consecutive paystubs from your employment. On November 24, 2016, NYSOH issued a notice stating that the provided income documentation was insufficient and the additional documentation was needed by February 7, 2017.
- 4) On December 1, 2016, your child's application was updated and your child re-enrolled in [REDACTED] Essential Plan on that day. Because NYSOH could not verify the income you attested to in that application, you were required to submit proof of household income.
- 5) According to your NYSOH account on February 8, 2017, your navigator submitted a letter of attestation stating your child does not work, which was invalidated by NYSOH on February 21, 2017 as insufficient (see Document [REDACTED]).
- 6) The record, and submitted documentation, shows that you submitted additional documentation including a new letter of attestation stating that your child does not work, your Social Security benefit statement, and four of your current consecutive paystubs on February 9, 2017 by email to satisfy NYSOH's request for proof of household income for your child that was due February 7, 2017. The record further shows that the navigator

submitted these documents on February 22, 2017 to NYSOH, which were subsequently validated by NYSOH on March 2, 2017 (see Documents [REDACTED] and [REDACTED] and Appellant's [REDACTED]).

- 7) You testified that shortly after sending in the required proof of income, you received a notice stating your child was ineligible for health insurance.
- 8) According to your NYSOH account, you updated your child's account and enrolled [REDACTED] into an Essential Plan on March 1, 2017, with an effective date of April 1, 2017.
- 9) You testified that you wanted your child's enrollment in the Essential Plan to begin on March 1, 2017, because [REDACTED] has medical bills 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, the Marketplace 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)).

Timely Notice of 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 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 must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

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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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your child's eligibility for and enrollment in [REDACTED] Essential Plan did not begin until April 1, 2017.

You submitted applications to NYSOH for financial assistance for your child on November 9, 2016 and December 1, 2016. Because NYSOH could not verify the income you attested to in those applications, you were required to submit proof of income before February 7, 2017, as stated in the November 10, 2016 and December 2, 2016 eligibility determination notices.

You submitted income documentation on November 9, 2016 and February 8, 2017, which was subsequently invalidated by NYSOH as insufficient on November 23, 2016 and February 21, 2017, respectively. This was because, although you provided documentation that your child did not work and your Social Security benefit statement, you did not provide sufficient documentation to prove your income. As such, NYSOH requested that you submit additional documentation to confirm your household income.

NYSOH did not receive any documentation from you to confirm your income and your child's eligibility until February 22, 2017, when your navigator submitted a letter of attestation that your child does not work, four of your current consecutive paystubs, and a Social Security benefit statement.

However, you testified that you submitted your documentation to the navigator long before the deadline of February 7, 2017 to do so passed and that it was the navigator who submitted your documents to NYSOH for you on February 22,

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2017. You believe your navigator failed to submit your income documentation in a timely manner.

While your testimony that your navigator submitted your documentation to NYSOH is credible, your testimony that you submitted these documents to your navigator long before you were required to do so is not.

The credible evidence of record and your submitted documentation show that the navigator initially submitted your child's updated attestation letter on February 8, 2017. This document was deemed insufficient on February 21, 2017.

Additionally, you did not email sufficient proof of your income to your navigator until February 9, 2017, two days after the February 7, 2017 deadline had passed.

Once NYSOH was able to verify that the income information contained in your application was accurate, NYSOH issued an eligibility determination notice on March 3, 2017 stating that your child was eligible for the Essential Plan, effective April 1, 2017.

Since your application was considered complete as of the date NYSOH received sufficient documentation to confirm your household's income, NYSOH's March 3, 2017 eligibility determination notice was timely, as it was issued within 45 days of February 9, 2017. Therefore, the March 3, 2017 eligibility determination notice stating that your child's eligibility for the Essential Plan was effective April 1, 2017, was correct and is AFFIRMED.

The next issue under review is the effective enrollment start date of your child's Essential Plan.

According to your NYSOH account, you selected an Essential Plan for your child on March 1, 2017, with an effective enrollment start date of April 1, 2017.

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.

Since you selected an Essential Plan for your child on March 1, 2017, her enrollment properly took effect on the first day of the month following March 2017; that is, on April 1, 2017.

Since NYSOH's March 2, 2017 plan enrollment properly states that your child's enrollment in ■ Essential Plan is effective April 1, 2017, it is correct and AFFIRMED.

Decision

The March 2, 2017 plan enrollment notice is AFFIRMED.

The March 3, 2017 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: July 14, 2017

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

The effective date of your child's Essential Plan is April 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 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

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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

The March 2, 2017 plan enrollment notice is AFFIRMED.

The March 3, 2017 eligibility determination notice is AFFIRMED.

This decision does not change your child's eligibility.

The effective date of your child's Essential Plan is April 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।
আপনার ভাষায় অনুবাদ করে দেওয়া হবে।
স্বাভাবিকভাবেই, 1-855-355-5777-এ কল করে আপনি একটি ব্যক্তিগত অনুবাদকর্মীকে প্রাপ্য করে দেওয়া হবে।

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.

אַײַדיש (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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