



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

Notice of Decision

Decision Date: July 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016713

[REDACTED]

Dear [REDACTED],

On June 15, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 8, 2017 eligibility determination and March 9, 2017 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 Date: July 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016713

[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health provide your [REDACTED] a timely determination of [REDACTED] eligibility as of March 8, 2017?

Did NY State of Health properly determine that your [REDACTED] enrollment in a silver level qualified health plan with advance payments of the premium tax credit and cost sharing reductions was effective April 1, 2017?

Procedural History

On December 15, 2016, NY State of Health (NYSOH) received your [REDACTED] application for financial assistance with his health insurance.

On December 16, 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 30, 2016.

Also on December 16, 2016, you provided income documentation. See Document [REDACTED].

On January 9, 2017, a NYSOH representative reviewed and invalidated the income documentation you provided.

On January 10, 2017, NYSOH issued a notice stating the documentation NYSOH reviewed does not confirm the information in your application. The notice asked you to provide proof of your income by January 29, 2017.

On February 10, 2017, NYSOH issued an eligibility determination notice based on your February 9, 2017 redetermination stating your [REDACTED] was eligible to purchase a qualified health plan at full cost, effective March 1, 2017. The notice stated you did not qualify for Medicaid, the Essential Plan, or the premium tax credit because NYSOH did not receive the income documents needed to determine your eligibility by the deadline.

On February 23, 2017, NYSOH received your [REDACTED] updated application for financial assistance.

On February 24, 2017, NYSOH issued a notice stating more information was needed to make a determination on your [REDACTED] eligibility. 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 March 10, 2017.

On February 27, 2017, NYSOH received your [REDACTED] income documentation. See Document [REDACTED].

On March 7, 2017, a NYSOH representative reviewed your [REDACTED] income documentation. That same day NYSOH redetermined your [REDACTED] eligibility for financial assistance with this health insurance.

On March 8, 2017, NYSOH issued an eligibility determination notice stating your son was eligible for advance payments of the premium tax credit up to \$234.00 per month, as well as cost sharing reductions if [REDACTED] enrolled in a silver level health plan effective, April 1, 2017.

Also on March 8, 2017 your son was enrolled in a qualified health plan.

Finally, on March 8, 2017, you contacted NYSOH's Account Review Unit and appealed the start date of your [REDACTED] eligibility and enrollment in a qualified health plan, requesting it begin January 1, 2017.

On March 9, 2017, NYSOH issued an enrollment notice confirming your son's enrollment on March 8, 2017 in a silver level qualified health plan with a start date of April 1, 2017.

On June 15, 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.

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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 the enrollment start date of your [REDACTED] qualified health plan, requesting a start date of January 1, 2017.
- 2) You testified you are concerned your [REDACTED] will incur a tax penalty for the three months [REDACTED] was without health insurance.
- 3) According to your NYSOH account, NYSOH received your [REDACTED] application for financial assistance on December 15, 2016.
- 4) Your [REDACTED] was found presumptively eligible for Medicaid based on the December 15, 2016 application.
- 5) On December 16, 2016, you provided a copy of income documentation for your [REDACTED] in the form of one paystub dated November 3, 2016. See Document [REDACTED].
- 6) Your son's income documentation was determined invalid on January 9, 2017.
- 7) On February 27, 2017, you submitted documentation of your [REDACTED] paystubs dated January 12, 26, and February 9, and 23, 2017, via upload to your NYSOH account for verification. See Document [REDACTED].
- 8) On March 7, 2017, a NYSOH representative reviewed your [REDACTED] income documentation and verified it as acceptable proof of income and increased the income amount in [REDACTED] application from \$15,990.00 to \$26,251.94.
- 9) You selected a qualified health plan for your [REDACTED] on March 8, 2017.

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

Applicable Law and Regulations

Medicaid

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

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Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

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 Medicaid 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).

Redetermination During a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that its policy will be that any change made after the 15th of any month will not be effective until the first of the second following month (45 CFR § 155.330(f)(2)).

When an eligibility redetermination results in a change in the amount of advance payments of the premium tax credit (APTC) for the benefit year, NYSOH must recalculate the amount of APTC in such a manner as to account for any advance payments already made on behalf of the tax filer, such that the recalculated advance payment amount is projected to result in total advance payments for the benefit year that correspond to the tax filer's total projected premium tax credit for that benefit year (45 CFR § 155.330(g)).

Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health 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)). 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 first issue is whether NYSOH's provided you with timely determination of your [REDACTED] eligibility as of March 8, 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 [REDACTED] NYSOH account on December 15, 2016. The income amount that was entered into this application did not match federal and state data sources. The income amount in that application would make [REDACTED] Medicaid eligible pending receipt of acceptable income documentation to confirm that amount. As a result, NYSOH asked that you submit additional documentation to confirm [REDACTED] income by December 30, 2016.

On December 16, 2016, received one paystub dated November 3, 2016. A NYSOH representative reviewed this documentation and determined it invalid on January 9, 2017 because there was only one paystub for a two-week period submitted.

On February 27, 2017, you uploaded four paystubs for your [REDACTED] dated January 12, 26, and February 9, and 23, 2017.

Therefore, your [REDACTED] application was considered complete as of February 27, 2017, for purposes of issuing an eligibility determination.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. 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 March 8, 2017 based on the submitted income documentation, that stated your [REDACTED] was eligible for advance payments of the premium tax credit up to \$234.00 per month, as well as cost sharing reductions if [REDACTED] enrolled in a silver level health plan effective, April 1, 2017.

Since NYSOH issued an eligibility determination 9 days from the date your [REDACTED] application was considered complete, the March 8, 2017 eligibility determination notice was timely and is AFFIRMED.

The second issue under review is whether NYSOH properly determined that your [REDACTED] enrollment in a Silver level qualified health plan with advance payments of the premium tax credit and cost sharing reductions was effective April 1, 2017.

On March 7, 2017, your [REDACTED] eligibility was redetermined for financial assistance with his health insurance. On March 8, 2017 [REDACTED] was enrolled into a qualified health plan.

When an individual changes information in their application on or before the 15th of any month, NYSOH must make the redetermination that results from the change effective the first day of the following month. Additionally, the date on which a qualified health 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 fifteenth day of a month goes into effect on the first day of the following month.

Since your [REDACTED] eligibility was redetermined and plan selection occurred prior to the 15th of March, [REDACTED] eligibility and enrollment would properly begin on the first day of the following month, that is April 1, 2017.

Therefore, NYSOH's March 8, 2017, eligibility determination notice and March 9, 2017 enrollment confirmation notice, are AFFIRMED because they properly began your [REDACTED] enrollment in [REDACTED] qualified health plan as well as [REDACTED] advance premium tax credits and cost sharing reductions on April 1, 2017.

Decision

The March 8, 2017 eligibility determination notice was timely and is AFFIRMED.

The March 9, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: July 17, 2017

How this Decision Affects Your Eligibility

Your [REDACTED] enrollment in [REDACTED] qualified health plan as well as the application of advance payments of the premium tax credit and cost sharing reductions is effective 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
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061

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).

- 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 8, 2017 eligibility determination notice was timely and is AFFIRMED.

The March 9, 2017 enrollment confirmation notice is AFFIRMED.

Your [REDACTED] enrollment in [REDACTED] qualified health plan as well as the application of advance payments of the premium tax credit and cost sharing reductions is effective 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 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.

שׂוֹדִישׁ (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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