



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

Notice of Decision

Decision Date: July 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017100

[REDACTED]

Dear [REDACTED]

On June 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 1, 2016 eligibility determination, and March 22, 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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DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: July 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017100



Issues

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

Did NY State of Health provide a timely determination of your Essential Plan eligibility as of December 1, 2016?

Did NY State of Health properly determine that your enrollment in an Essential Plan was effective January 1, 2017?

Procedural History

On September 6, 2016, NY State of Health (NYSOH) issued a notice stating that you and the members of your household needed to renew your coverage through NYSOH. This notice stated that you and your child had Medicaid coverage through your local Department of Social Services until November 30, 2016. This notice directed you to log on to your NYSOH account between October 16, 2016 and November 15, 2016 to complete the renewal process for anyone in your household who needed health coverage.

On November 15, 2016, NYSOH received your updated application for financial assistance with health insurance. You also uploaded four documents to your NYSOH account on this date.

On November 16, 2016, NYSOH issued a notice stating that the income information in your application did not match what NYSOH received from state and federal data sources, and that more information was needed to confirm the

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information in your application. This notice directed you to submit income documentation by November 30, 2016.

On November 28, 2016, you uploaded two documents to your NYSOH account. On November 30, 2016, NYSOH validated the income documentation you submitted and an updated application was submitted on your behalf.

On December 1, 2016, NYSOH issued an eligibility determination stating that you were eligible for the Essential Plan, effective January 1, 2017.

On December 6, 2016, NYSOH received your updated application for financial assistance with health insurance.

On December 7, 2016, NYSOH issued a notice stating that the income information in your application did not match what NYSOH received from state and federal data sources, and that more information was needed to confirm the information in your application. This notice directed you to submit income documentation by December 21, 2016.

On December 9, 2016, NYSOH received your updated application for financial assistance with health insurance. You also uploaded five documents to your NYSOH account.

On December 10, 2016, NYSOH issued a notice stating that the income information you entered into your application did not match what NYSOH received from state and federal data sources, and that more information was needed to confirm the information in your application. This notice directed you to submit income documentation by December 21, 2016.

On December 16, 2016, NYSOH received your updated application for financial assistance with health insurance.

On December 17, 2016, NYSOH issued an eligibility determination stating that you were eligible for the Essential Plan, effective January 1, 2017.

Also on December 17, 2016, NYSOH issued a plan enrollment notice confirming that you were enrolled in the Essential Plan, effective January 1, 2017.

On March 21, 2017, NYSOH received your updated application for financial assistance with health insurance. That day, a preliminary eligibility determination was prepared stating that you were eligible for the Essential Plan, effective May 1, 2017.

Also on March 21, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan insofar as it did not begin December 1, 2016.

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On March 22, 2017, NYSOH issued an eligibility determination, based on your March 21, 2017 application, stating that you were eligible for the Essential Plan, effective May 1, 2017.

Also on March 22, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in the Essential Plan, effective January 1, 2017.

On June 30, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open to allow the Hearing Officer to listen the NYSOH's Call Center recording from November 4, 2016.

The Hearing Officer listened to the phone recording from November 4, 2016, after which the record was closed.

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 15, 2016.
- 2) You testified that you attempted to submit an application prior to November 15, 2016, but was told that your information had not been transferred from your Local Department of Social Services to NYSOH yet.
- 3) The record indicates that the first time you called NYSOH was on September 16, 2016.
- 4) NYSOH's Appeal's Unit reviewed the phone call you made to NYSOH on November 4, 2016, and determined that:
 - a. You stated that you called to renew your coverage.
 - b. The NYSOH representative stated that she could go through the application with you, and that it would take about 30-45 minutes.
 - c. You stated to the NYSOH representative that you did not want to run an application at that time, but that you would call back when you had all of your income information with you.
- 5) The record indicates that the next time you attempted to contact NYSOH was on November 15, 2016 when you submitted your application.

- 6) On November 15, 2016, you uploaded two documents to your NYSOH account; which included a paystub dated October 28, 2016, and a paystub dated November 10, 2016.
- 7) On November 28, 2016, you uploaded two documents to your NYSOH account; which included a paystub dated November 23, 2016, and a letter stating that the paystub you submitted from October 28, 2016 did not accurately reflect your income because you worked overtime that pay period.
- 8) On November 30, 2016, NYSOH validated your income documentation.
- 9) You testified, and the record reflects, that you enrolled in an Essential Plan on December 6, 2016.
- 10) You testified that you wanted your enrollment in an Essential Plan to begin on December 1, 2016 because you have unpaid medical bills from that month.

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)).

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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)).

Timely Notice of Eligibility Determination, Essential Plan

The terms of 42 CFR § 435.912 (timely determination of eligibility under the Medicaid program) applies to eligibility determinations for enrollment in the state's standard health plan (42 CFR § 600.320)

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 Essential Plan applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

Legal Analysis

The first issue is whether NYSOH provided you with a timely determination of your Essential Plan eligibility as of December 1, 2016.

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 account on November 15, 2016. Your November 15, 2016 application listed an expected annual income of \$16,000.00.

The income amount that you entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation in order to confirm your income by November 30, 2016.

You uploaded two biweekly paystubs on November 15, 2016. Therefore, your application was considered complete for purposes of issuing an eligibility determination on November 15, 2016.

NYSOH must provide 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 look at the time from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH issued an eligibility determination on December 1, 2016 that stated that you were eligible for the Essential Plan effective January 1, 2017. Since NYSOH issued an eligibility determination 16 days from the date your application was considered complete, the December 1, 2016 eligibility determination was timely and is AFFIRMED.

The second issue is whether NYSOH properly determined that your enrollment in the Essential Plan was effective January 1, 2017.

On September 6, 2016, NYSOH issued a notice stating that you needed to update your NYSOH account between October 16, 2016 and November 15, 2016 in order to apply for health insurance coverage for your household. You testified,

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and the record indicates, that you attempted to submit your application for health insurance before November 15, 2016, but were unable to do so because NYSOH told you that they could not access your information. The record indicates that you first attempted to call NYSOH on September 16, 2016 which was outside of the time frame listed in the September 6, 2016 notice. The record also indicates that you contacted NYSOH on November 4, 2016. During this phone call, the NYSOH representative stated that you could submit an application for health insurance that day, but you stated that you would call back at a later date to submit your application. You first submitted an application on November 15, 2016. As a result, you were found eligible for the Essential Plan as of December 1, 2016, and enrolled into a plan on December 6, 2016.

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.

On December 6, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the first month following December 2016, that is, on January 1, 2017.

Therefore, the March 22, 2017 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective January 1, 2017, is correct and must be AFFIRMED.

Decision

The December 1, 2016 eligibility determination notice was timely and is AFFIRMED.

The March 22, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: July 10, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Essential Health Plan is January 1, 2017.

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).

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

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- By fax: 1-855-900-5557

Summary

The December 1, 2016 eligibility determination was timely and is AFFIRMED.

The March 22, 2017 enrollment confirmation notice is AFFIRMED.

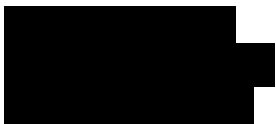
This decision does not change your eligibility.

The effective date of your Essential Health Plan is January 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.

שׂוֹדֵשׂ (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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