



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

Notice of Decision

Decision Date: April 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017374

[REDACTED]

Dear [REDACTED],

On April 7, 2017, you appeared by telephone at an expedited hearing on your appeal of NY State of Health's March 28, 2017 eligibility redetermination and 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
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Decision

Decision Date: April 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017374



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 you and your spouse's eligibility for and enrollment in your Essential Plan was effective May 1, 2017?

Procedural History

On January 5, 2017, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. The notice stated that, based on information from federal and state sources, NYSOH could not determine whether you and your spouse would qualify for financial help paying for your health coverage, and that you needed to update your account between January 16, 2017 and February 15, 2017 or you both might lose the financial assistance you were currently receiving.

On February 15, 2017, NYSOH issued a notice, based on your February 14, 2017 updated application, stating that the income information you provided did not match the information NYSOH obtained from federal and data sources. That notice also stated that you must submit income documentation for your household by March 1, 2017 to confirm your and your spouse's eligibility.

On March 1, 2017, you submitted income documentation, including four consecutive weekly paystubs from your employer dated January 27, 2017 through February 17, 2017; a rent receipt dated March 1, 2017, an attestation that your spouse was not employed, and an attestation that your spouse receives

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\$400.00 per month in rental income (see Documents [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED]). These documents were invalidated by NYSOH on March 9, 2017.

On March 10, 2017, NYSOH issued a notice stating that the income information you provided for your spouse did not confirm the information in your application. That notice also stated that you must submit income documentation for your household by March 31, 2017 to confirm your eligibility.

On March 16, 2017, March 18, 2017, March 22, 2017 and March 23, 2017, you submitted additional proof of income. Specifically, on March 18, 2017 and March 22, 2017, you submitted your and your spouse's 2015 income tax return, a termination letter from your spouse's former employer, and your updated paystubs (see Documents [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED]). These documents were validated by NYSOH on March 24, 2017.

On March 25, 2017, NYSOH issued a notice stating that you and your spouse were eligible to share in advance payments of the premium tax credit (APTC) of up to \$436.00 per month, effective May 1, 2017.

On March 27, 2017, you updated your application for health insurance. On that day, NYSOH prepared a preliminary eligibility redetermination finding you and your spouse eligible to enroll in the Essential Plan for a limited time, effective May 1, 2017.

Also on March 27, 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 on April 1, 2017.

On March 28, 2017, NYSOH issued a notice, based on your March 27, 2017 updated application, stating that you and your spouse were eligible to enroll in the Essential Plan with no monthly premium, for a limited time, effective May 1, 2017. That notice further stated that you and your spouse must provide proof of income by June 25, 2017.

Also on March 28, 2017, NYSOH issued an enrollment confirmation notice, based on your March 27, 2017 plan selection, stating that you and your spouse were enrolled in an Essential Plan, effective May 1, 2017.

On April 7, 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 were determined eligible for Medicaid on February 17, 2016, with an effective date of March 1, 2016.
- 2) You testified that you did receive the notices in the mail telling you that you needed to submit proof of income to confirm your Essential Plan eligibility. You further testified you were confused about what documentation you needed to submit and, although you called numerous times, the documentation you sent in was never sufficient.
- 3) According to your NYSOH account, you submitted proof of income on March 1, 2017, March 16, 2017, March 18, 2017, March 22, 2017 and March 23, 2017. Specifically, on March 1, 2017, you submitted four consecutive weekly paystubs from your employer dated January 27, 2017 through February 17, 2017, a rent receipt dated March 1, 2017, an attestation that your spouse was not employed, and an attestation that your spouse receives \$400.00 per month in rental income. These documents were invalidated by NYSOH on March 9, 2017.
- 4) On March 18, 2017 and March 22, 2017, you submitted additional proof of income documentation; including your and your spouse's 2015 income tax return. This return reflects a 2015 income of \$57,820.00, which includes your employment income of \$22,380.00, your spouse's business income loss of \$-1,262.00, and a capital gains income of \$36,702.00. You testified that you will not receive the capital gains income in 2016 or 2017.
- 5) On March 22, 2017, you submitted a termination letter from your spouse's former employer and your updated paystubs; these documents and the documents you uploaded on March 18, 2017 were subsequently validated on March 24, 2016, and you and your spouse were found eligible for APTC, effective May 1, 2017.
- 6) According to your NYSOH account, you updated your account on March 27, 2017 and you and your spouse were found eligible for the Essential Plan for a limited time. You enrolled into an Essential Plan that day and it was effective as of May 1, 2017.
- 7) You testified that you are seeking coverage in the Essential Plan to begin on April 1, 2017 because you and your spouse have urgent medical conditions that you both need treatment and prescriptions for.

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

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Applicable Law and Regulations

Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every 12 months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual’s account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR § 155.335(h)).

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 Managed Care (MMC) 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, NY Social Services Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h)).

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 you and your spouse's eligibility for and enrollment in your Essential Plan was effective May 1, 2017.

You and your spouse were originally found eligible for Medicaid effective March 1, 2016.

Generally, NYSOH will re-determine a qualified individual's eligibility for the Medicaid once every 12 months without requiring information from the individual

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if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's January 5, 2017 renewal notice stated that there was not enough information to determine whether you and your spouse were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information between January 16, 2017 and February 15, 2017, or your and your spouse's financial assistance might end.

The record shows that on February 14, 2017, you updated the information in your NYSOH account, but more information was needed to confirm your eligibility.

On February 15, 2017, NYSOH issued a notice, based on your February 14, 2017 update, stating that the income information you provided did not match the information NYSOH obtained from federal and data sources. That notice also stated that you must submit income documentation for your household by March 1, 2017 to determine your eligibility.

An individual requesting financial assistance to help pay for the cost of coverage provided through NYSOH is required to attest to his or her household's projected annual income. For individuals seeking enrollment in the Essential Plan, NYSOH must request income data from federal data sources in order to verify an individual's income attestation.

If NYSOH cannot verify an individual's attestation, it must provide the individual with notice of the inconsistency and provide a period of 90 days from the date notice is received to resolve the inconsistency.

You testified that you did receive the notices in the mail telling you that you needed to submit proof of income to confirm your and your spouse's Essential Plan eligibility. You were confused about what documentation you needed to submit and, although you called numerous times, the documentation you sent in was deemed insufficient until March 24, 2017. As of that date, your application was rendered complete and you were able to update your account and select an Essential Plan.

Generally, the date on which the Essential Plan can take effect depends on the day a person selects the plan for enrollment, which in your case was March 27, 2017.

However, on March 1, 2017, you submitted four consecutive weekly paystubs from your employer dated January 27, 2017 through February 17, 2017, a rent receipt reflecting a \$400.00 per month rental payment dated March 1, 2017, an attestation that your spouse was not employed as of February 21, 2017, and an attestation that your spouse receives \$400.00 per month in rental income. These documents were invalidated as insufficient by NYSOH on March 9, 2017.

NYSOH's requirement for you to provide an additional four current and consecutive paystubs, a termination letter from your former employer and additional rental income was excessive because the documentation submitted on March 1, 2017 should have satisfied NYSOH's request. Since your income should have been validated on March 9, 2017 rather than invalidated, it is reasonable to conclude that you could have and would have chosen a plan on that day.

The date on which the 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 after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you should have been permitted to select your and your spouse's Essential Plan on March 9, 2017, it must take effect on the first day of the following month after March 2017; that is, on April 1, 2017.

Therefore, the March 28, 2017 eligibility redetermination notice is MODIFIED to reflect that you and your spouse were fully eligible to enroll in the Essential Plan, effective April 1, 2017.

The March 28, 2017 enrollment confirmation notice is MODIFIED to reflect your and your spouse's Essential Plan was effective April 1, 2017.

Your case is RETURNED to NYSOH to effectuate the changes listed above and to notify you accordingly.

Decision

The March 28, 2017 eligibility redetermination notice is MODIFIED to reflect that you and your spouse were fully eligible to enroll in the Essential Plan, effective April 1, 2017.

The March 28, 2017 enrollment confirmation notice is MODIFIED to reflect your and your spouse's Essential Plan was effective April 1, 2017.

Your case is RETURNED to NYSOH to effectuate the changes listed above and to notify you accordingly.

Effective Date of this Decision: April 10, 2017

How this Decision Affects Your Eligibility

You and your spouse are fully eligible for the Essential Health Plan as of April 1, 2017.

Your case is being sent back to NYSOH to effectuate an April 1, 2017 enrollment start date in your and your spouse's Essential Plan. NYSOH will notify you once this has been done.

You will be required to pay directly to the health plan any unpaid monthly premiums for coverage to resume.

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

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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 28, 2017 eligibility redetermination notice is MODIFIED to reflect that you and your spouse were fully eligible to enroll in the Essential Plan, effective April 1, 2017.

The March 28, 2017 enrollment confirmation notice is MODIFIED to reflect your and your spouse's Essential Plan was effective April 1, 2017.

Your case is RETURNED to NYSOH to effectuate the changes listed above and to notify you accordingly.

You and your spouse are fully eligible for the Essential Health Plan is April 1, 2017.

Your case is being sent back to NYSOH to effectuate an April 1, 2017 enrollment start date in your and your spouse's Essential Plan. NYSOH will notify you once this has been done.

You will be required to pay directly to the health plan any unpaid monthly premiums for coverage to resume.

Legal Authority

We are issuing this determination in accordance with 45 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).

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)

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।

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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. ye&etumi 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.

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.

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