



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

Notice of Decision

Decision Date: August 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018044



Dear [REDACTED],

On August 1, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health’s April 7, 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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DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: August 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018044



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

Procedural History

On January 27, 2017, NYSOH received your updated application for financial assistance with health insurance.

On January 28, 2017, NYSOH issued a notice stating that the income information in your January 27, 2017 did not match the information obtained from state and federal data sources. The notice directed you to submit documentation of your household's income by February 11, 2017.

On February 15, 2017, you faxed documentation to NYSOH, which was uploaded to your account by NYSOH on March 21, 2017.

On February 23, 2017, NYSOH issued a notice stating that your spouse was eligible to enroll in a qualified health plan at full cost, effective April 1, 2017. The notice further stated that he was not eligible for any financial assistance with the cost of health insurance because NYSOH did not receive income documentation needed to verify the information in your application by the due date.

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On March 20, 2017, you updated your NYSOH account and faxed documentation to NYSOH.

On March 21, 2017, NYSOH issued a notice stating that your spouse was eligible to enroll in the Essential Plan with a \$20.00 monthly premium for a limited time, effective May 1, 2017. The notice stated that he needed to submit documentation of his income by June 18, 2017.

Also on March 21, 2017, NYSOH issued a notice of enrollment confirmation, confirming your spouse's enrollment in an Essential Plan, beginning May 1, 2017.

On March 30, 2017, you uploaded income documentation to your NYSOH account.

Also on March 30, 2017, NYSOH issued a notice stating that the documentation you had provided did not confirm the information in your application. The notice directed you to provide documentation of income by June 18, 2017.

On April 6, 2017, NYSOH reran your household's eligibility.

On April 7, 2017, NYSOH issued a notice of eligibility determination stating that your spouse was eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective May 1, 2017.

Also on April 7, 2017, NYSOH issued a notice of enrollment confirmation, confirming your spouse's enrollment in an Essential Plan, beginning May 1, 2017.

On April 17, 2017, you spoke to NYSOH's Account Review Unit and, according to NYSOH's records, appealed the start date of your children's enrollment in their Child Health Plus coverage insofar as it did not begin on March 1, 2017.

On August 1, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, the issue under appeal was amended on the record to reflect that you are appealing the start date of your spouse's Essential Plan coverage, and not your children's coverage. The record was developed during the hearing and held open through August 16, 2017, to allow you to submit supporting documents.

On August 1, 2017, you faxed documentation to the Appeals Unit. The record is now closed.

Findings of Fact

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

- 1) You updated your household's application for financial assistance on January 27, 2017.
- 2) Your January 27, 2017 application requested that your eligibility determination be based on "current monthly income." The application stated that your spouse's current monthly income was \$1,712.00 in Unemployment Insurance Benefits, and that your monthly income was \$887.00 in Social Security benefits.
- 3) The income that you listed caused your spouse to be placed in a "pending Medicaid" status. As a result, NYSOH issued a notice requesting income documentation for your spouse and two children on January 28, 2017, due by February 11, 2017.
- 4) The January 28, 2017 notice requesting income documentation contained an attachment entitled "Request for Additional Information – Documentation List." The attachment stated, "You must report all of the income for your household. This includes income for household members who are not applying for coverage."
- 5) You testified that you receive your notices from NYSOH by regular mail.
- 6) You testified that you did not receive any notices stating that your spouse's eligibility was only conditional and that you needed to provide documentation of your household's income.
- 7) No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable.
- 8) You testified that you updated your application on January 27, 2017 by phone with a NYSOH representative.
- 9) You testified that the representative told you to submit documentation of your spouse's Unemployment Insurance Benefits (UIB). You testified that he did not ask for any other documentation.
- 10) You testified that you did not have a UIB award letter, so you went to the bank to get printouts showing the direct deposit of his UIB payments.
- 11) You testified that you sent in documentation of UIB payments your spouse received in November and December 2016 before the February 11, 2017 deadline, but NYSOH did not receive it.

12) Your NYSOH account reflects that you faxed documentation to NYSOH on February 15, 2017, and that NYSOH uploaded this documentation to your account on March 21, 2017. This documentation consisted of the following:

- a. A one-page fax cover sheet;
- b. A handwritten note stating, "Here are the deposits for the backpay due from unemployment for the month of January 2017 that was requested for insurance of proof of income;"
- c. One page of a [REDACTED] account printout with three deposits circled from February 6, 2017 with the description "Direct Deposit, [REDACTED]" each in the amount of \$430.00. There is also a handwritten notation next to these amounts that reads, "January back pay" (Document [REDACTED]).

13) You testified that your spouse did not make a claim for UIB in the last week of January 2017 because he began working again, and he received his first paycheck for 2017 on February 6, 2017.

14) You testified that, due to a problem with his UIB account or claim, he did not receive any of his January 2017 UIB payments until February 6, 2017, when three payments were deposited into your bank account.

15) Your NYSOH account reflects that your application was updated again on March 20, 2017, and that this update resulted in a finding that your spouse was eligible for the Essential Plan for a limited time, beginning May 1, 2017, and that you were directed to provide income documentation by June 18, 2017.

16) You testified that you also faxed papers to NYSOH on March 20, 2017.

17) Your NYSOH account reflects that you faxed documentation to NYSOH on March 20, 2017, and that it was uploaded to your account by NYSOH on April 5, 2017. This documentation consisted of the following:

- a. A one-page letter from [REDACTED] dated March 20, 2017 stating that your spouse is a seasonal employee, and is projected to earn an estimated \$40,000.00 in 2017 (Document [REDACTED]);
- b. A one-page fax cover sheet;
- c. A one-page Social Security Benefit Statement Form SSA-1099 for you indicating that \$5,748.00 in benefits were paid to you in 2016;
- d. A one-page Social Security Benefit Statement Form SSA-1099 for you indicating that \$4,860.00 in benefits were paid to you in 2016; (Document [REDACTED]).

- 18) Your NYSOH account reflects that you uploaded these same documents to your NYSOH account on March 30, 2017 (Document [REDACTED]).
- 19) You testified that you did not provide any documentation of your Social Security Disability benefits prior to this because you were not asked for this information until March 2017.
- 20) You testified that your spouse was not working when you updated your NYSOH application in January 2017, because he works seasonally, but that you knew that he would be going back to work by April 2017 at the latest.
- 21) You testified that you are looking for your spouse's coverage to be backdated to March 1, 2017 because he had to go to [REDACTED] on [REDACTED], which resulted in a bill that is unpaid.
- 22) After the hearing, you faxed a three-page document to the Appeals Unit consisting of the following:
- a. A one-page fax cover sheet dated 8/2/2017;
 - b. Four paystubs for your spouse, for the following dates and gross pay:
 - i. March 6, 2017 - \$1,523.20;
 - ii. March 13, 2017 - \$1,142.40 (Year-to-date: \$8,591.80);
 - iii. March 27, 2017 - \$761.60 (Year-to-date: \$9,353.40);
 - iv. March 31, 2017 - \$1,213.80

Taken together, these documents are marked and entered into the record as "Appellant's Exhibit One."

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 federal poverty level (FPL), (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5)

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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)).

Essential Plan Start Date

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

You originally updated your household's application for financial assistance on January 27, 2017. In that application, you requested that your household's eligibility for financial assistance be based on your current monthly income. You listed that income as \$1,712.00 in UIB that your spouse received, and \$887.00 in Social Security benefits that you received.

The income information in your application placed your household in a "pending Medicaid" status. 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 testified that you updated your application by phone with a NYSOH representative on January 27, 2017, and that that the representative informed you that you only needed to provide documentation of your spouse's UIB.

You testified that you did not receive any notice from NYSOH telling you that your spouse's eligibility could not be determined, and that you needed to submit income documentation by February 11, 2017. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail.

However, notices including this information were sent to you, and there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable. Therefore, the record reflects that NYSOH properly notified you of the need to submit income documentation to confirm your household's eligibility for financial assistance. Moreover, the January 28, 2017 notice contained an attachment describing the documentation that could be provided to confirm household income. This attachment specifically stated "You must report all of the income for your household. This includes income for household members who are not applying for coverage."

You testified that you provided some documentation of your spouse's UIB payments from November and December 2016 before the February 11, 2017 due date, but there is no indication in the record that any such documentation was ever received by NYSOH. Your NYSOH account reflects that, on February

15, 2017, you faxed documentation to NYSOH consisting of one page of a bank statement showing the direct deposit of three UIB payments on February 6, 2017, with a handwritten notation indicating that they were back pay for January 2017.

There is no indication that you provided NYSOH with any proof that your spouse did not receive UIB payments in the month of January 2017, other than your handwritten note. Additionally, by your own testimony, you did not provide documentation of your Social Security disability income until March 2017. You testified that no one asked you for this information until that time; however, the January 28, 2017 notice expressly stated that documentation of income for all household members – even those not applying for coverage – must be submitted. Therefore, NYSOH did not receive sufficient information to confirm your household's income for the month of January 2017, such that an eligibility determination could be made on a monthly income basis.

The record shows that on March 20, 2017, you updated the information in your NYSOH account and, based on changes you made, your spouse was found eligible for the Essential Plan, beginning May 1, 2017. You testified that your spouse began working the last week of January 2017, and your March 20, 2017 application updated reflects this increase in income. Moreover, you provided NYSOH with a letter from his employer and with proof of your Social Security benefits, which you faxed to NYSOH on March 20, 2017. Therefore, your household's application was complete on March 20, 2017.

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 your spouse selected his Essential Plan on March 20, 2017, it must take effect on the first day of the second month following March; that is, on May 1, 2017.

Therefore, NYSOH's April 7, 2017 eligibility determination notice and enrollment confirmation notice are AFFIRMED because they properly began your spouse's eligibility for and enrollment in his Essential Plan on May 1, 2017.

Decision

The April 7, 2017 eligibility determination notice is AFFIRMED.

The April 7, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: August 17, 2017

How this Decision Affects Your Eligibility

This decision does not change your spouse's eligibility.

The effective date of your spouse's Essential Plan coverage was May 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
- 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

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).

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 April 7, 2017 eligibility determination notice is AFFIRMED.

The April 7, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your spouse's eligibility.

The effective date of your spouse's Essential Plan coverage was May 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:



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).

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.

שׂוֹדִיִּשׁ (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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