



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

Notice of Decision

Decision Date: August 9, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018163

[REDACTED]

Dear [REDACTED]

On July 25, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 6, 2017 eligibility determination and April 21, 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

Decision Date: August 9, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018163



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 household's eligibility for, and enrollment in, the Essential Plan began on May 1, 2017?

Procedural History

On October 13, 2016, NYSOH issued a renewal notice stating that it was time to renew your household's application for health insurance for 2017. The notice directed you to update your application between November 16, 2016 and December 15, 2016, or the financial assistance you were currently receiving could end.

On November 17, 2016, you updated your NYSOH account.

On November 18, 2016, NYSOH issued a notice stating that the income information in your November 17, 2016 application could not be confirmed. The notice directed you to submit documentation of your household's income by December 2, 2016.

On November 25, 2016, NYSOH issued a notice stating that your, your spouse's, and your child's enrollment in your Essential Plan coverage was ending, effective December 31, 2016.

On November 29, 2016, you faxed income documentation to NYSOH. This documentation was uploaded by NYSOH to your account on December 7, 2016.

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).

On December 23, 2016, NYSOH issued a notice stating that the documentation you submitted was insufficient to confirm the information in your application. The notice directed you to submit documentation of your household's income by January 16, 2017.

On January 12, 2017, documentation was uploaded on your behalf to your NYSOH account.

On January 23, 2017, NYSOH issued a notice stating that the documentation you submitted was insufficient to confirm the information in your application. The notice directed you to submit documentation of your household's income by February 15, 2017.

On January 24, 2017, you faxed documentation to NYSOH. NYSOH uploaded this documentation to your account on February 3, 2017.

On February 15, 2017, NYSOH issued a notice stating that the documentation you submitted was insufficient to confirm the information in your application. The notice directed you to submit documentation of your household's income by March 2, 2017.

On February 28, 2017, documentation was uploaded to your NYSOH account on your behalf.

On March 9, 2017, NYSOH issued a notice stating that the documentation you submitted was insufficient to confirm the information in your application. The notice directed you to submit documentation of your household's income by April 1, 2017.

On March 30, 2017, documentation was uploaded on your behalf to your NYSOH account.

On April 5, 2017, NYSOH reviewed your documentation and redetermined your household's eligibility for financial assistance.

On April 6, 2017, NYSOH issued a notice of eligibility determination stating that you, your spouse, and your child were eligible to enroll in the Essential Plan with a \$20.00 monthly premium each, effective May 1, 2017.

On April 20, 2017, you spoke to NYSOH's Account Review Unit and appealed the fact that your household's eligibility for, and enrollment in, your Essential Plan coverage did not begin on January 1, 2017.

On April 21, 2017, NYSOH issued a notice of enrollment confirmation confirming your, your spouse's, and your child's enrollment in an Essential Plan, beginning May 1, 2017.

On July 25, 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 testified, and your NYSOH account confirms, that you updated your household's application for financial assistance in November 2016.
- 2) You testified that you were asked to provide documentation of your income. You testified that you submitted paystubs on behalf of yourself and your wife.
- 3) Your NYSOH account reflects that documents were uploaded by NYSOH to your account on December 7, 2016, including the following:
 - a. Four of your weekly paystubs, dated October 27, November 3, November 10, and November 17, 2016 (Document [REDACTED]);
 - b. Two bi-monthly paystubs for your spouse dated October 28, 2016 and November 15, 2016 (Document [REDACTED]).
- 4) You testified that you did not submit any documentation on behalf of your child because, although he had worked during the summer, he was not working at the time of your application, and was a full-time student, so had no income to report.
- 5) You testified that, at some point in December 2016, you received a notice requesting income information again. You testified that you called NYSOH because it looked like it was requesting the exact same information as the previous notice.
- 6) You testified that, the first time you called, the NYSOH representative told you that it looked like the problem was that it appeared that your spouse was missing a paystub, when actually, she is paid twice a month, so the paystubs submitted were sufficient. You testified that this NYSOH representative told you that everything looked good and that you should hear about your eligibility soon.

- 7) You testified that this representative did ask you whether your child worked, but, when you explained that he only worked in the summer, the representative did not ask for any further information or documentation.
- 8) You testified that, at some point, maybe in January 2017, you went to someone for assistance with your NYSOH application. You testified that, at that point, you, the counselor, and NYSOH had a three-way call. You testified that, during the call, the NYSOH representative stated that they just needed something to show that your child was a full-time student.
- 9) You testified that, after that, you faxed a copy of your child's college schedule to NYSOH, and your counselor also uploaded a copy to your NYSOH account.
- 10) Your NYSOH account reflects that, on January 12, 2017, a copy of your child's schedule from [REDACTED] was uploaded to your NYSOH account, with a handwritten notation stating, "Currently Unemployed & Has No Income – Full Time Student" (Document [REDACTED]).
- 11) You testified that you did not hear anything from NYSOH after you uploaded your child's schedule.
- 12) You testified that you were never able to tell whether NYSOH was actually reviewing the information you sent in, and that the notices you received always said the same thing, without explaining what was specifically wrong or missing in the documentation you provided.
- 13) It is noted that the notices of December 23, 2016, January 23, 2017, February 15, 2017, and March 9, 2017, which stated that the documentation you had provided was not sufficient, are all identical, with the exception of the due dates for the documentation requested.
- 14) You testified that, at some point, a NYSOH representative asked you to provide a letter from your child's former employer from his summer job. You testified that the employer refused to provide anything in writing, and you were finally directed by NYSOH to a form that you could complete instead.
- 15) Your NYSOH account reflects that a DOH Self Declaration of Income form was uploaded to your account on March 30, 2017 (Document [REDACTED]).

- 16) You testified that every representative you spoke with reassured you that the documentation you submitted would be sufficient, but then you would receive a notice stating that it was not.
- 17) Your NYSOH account reflects that NYSOH issued an eligibility determination on April 6, 2017, and that you, your spouse, and your child were enrolled into an Essential Plan as of May 1, 2017.
- 18) You testified that you are most concerned at this point with incurring a tax penalty for the months that you and your family were without coverage.

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, 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 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)).

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 household's eligibility for, and enrollment in, the Essential Plan began on May 1, 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 NYSOH account on November 17, 2016. The income amount that was entered into this application placed your household into a "pending Medicaid" status, but did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

In the notice dated November 18, 2016, you were advised that your household's eligibility for financial assistance could not be determined, and that you needed to submit income documentation by December 2, 2016.

You testified that you provided documentation of income on behalf of yourself and your spouse, and the record confirms that you provided four weekly paystubs for yourself, and two bimonthly paystubs for your spouse on November 29, 2016.

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NYSOH uploaded the documents that were faxed on November 29, 2016 to your NYSOH account on December 7, 2016. On December 23, 2016, NYSOH issued a notice stating that the documents were not sufficient to prove the information in your application.

You testified that you did not provide documentation on behalf of your child because he was not working, as he was a full-time student. You testified that, when you received the notice in December 2016 stating that your documentation was not sufficient, you contacted NYSOH and were told that the problem was a misunderstanding regarding how often your spouse was paid, and that there should be no further problem.

You testified that, when you still did not receive an eligibility determination, you went to an application counselor for assistance, who contacted NYSOH with you. You testified that, during a three-way call with NYSOH and your application counselor, you were advised simply to submit something showing that your child was a full-time student, and your documentation would be complete. You testified that you faxed a copy of your child's college schedule, and that a copy was also uploaded. The record confirms that a copy of your child's academic schedule was uploaded to your NYSOH account on January 12, 2017.

After that point, you were sent three more notices stating that your documentation was not sufficient. You testified that, when you called NYSOH, you always received different answers regarding what the problem was with the documents you had submitted. It is noted that the notices NYSOH sent you regarding your documentation were identical, and contained no specific information regarding what NYSOH perceived to be the problem with the documentation provided.

As you had submitted the required paystubs for yourself and your spouse on November 29, 2016, and as you submitted proof that your son was a full-time student on January 12, 2017, your application should have been considered complete as of January 12, 2017. It is noted that you made repeated and diligent efforts to provide the requested documentation, and that your efforts were met with inconsistent information from NYSOH representatives. Furthermore, the notices informing you that your documentation was invalid were vague and contained no specifics regarding how the documentation you had provided was not sufficient.

Since your application was complete as of January 12, 2017, when NYSOH reviewed your documentation on January 22, 2017, they should have issued an eligibility determination on January 23, 2017, instead of a notice of insufficient documentation.

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

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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. 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.

Had you and your household been found eligible for the Essential Plan on January 23, 2017, you would have been able to pick a plan by the fifteenth of February, for a March 1, 2017 start date of your eligibility and enrollment.

Therefore, the April 6, 2017 eligibility determination is MODIFIED to state that you, your spouse, and your child were eligible for the Essential Plan, effective March 1, 2017.

Additionally, the April 21, 2017 enrollment confirmation is MODIFIED to state that your, your spouse's, and your child's enrollment in your Essential Plan coverage began on March 1, 2017.

Your case is RETURNED to NYSOH to facilitate the backdating of your household's Essential Plan coverage to March 1, 2017.

Decision

The April 6, 2017 eligibility determination notice is MODIFIED to state that you, your spouse, and your child were eligible for the Essential Plan, effective March 1, 2017.

The April 21, 2017 enrollment confirmation notice is MODIFIED to state that your, your spouse's, and your child's enrollment in your Essential Plan coverage began on March 1, 2017.

Your case is RETURNED to NYSOH to backdate your household's Essential Plan coverage to March 1, 2017.

Effective Date of this Decision: August 9, 2017

How this Decision Affects Your Eligibility

You, your spouse, and your child should have been eligible for the Essential Plan as of March 1, 2017.

Your case is being sent back to NYSOH to backdate your household's Essential Plan coverage to March 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).

You will be responsible for all premiums for any retroactive months in which you and your family are enrolled into coverage.

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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The April 6, 2017 eligibility determination notice is MODIFIED to state that you, your spouse, and your child were eligible for the Essential Plan, effective March 1, 2017.

The April 21, 2017 enrollment confirmation notice is MODIFIED to state that your, your spouse's, and your child's enrollment in your Essential Plan coverage began on March 1, 2017.

Your case is RETURNED to NYSOH to backdate your household's Essential Plan coverage to March 1, 2017.

You, your spouse, and your child should have been eligible for the Essential Plan as of March 1, 2017.

Your case is being sent back to NYSOH to backdate your household's Essential Plan coverage to March 1, 2017.

You will be responsible for all premiums for any retroactive months in which you and your family are enrolled into coverage.

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 مجانًا.

বাংলা (Bengali)

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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।

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.

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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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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