



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

Notice of Decision

Decision Date: September 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019205

[REDACTED]

Dear [REDACTED],

On August 31, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 20, 2017 eligibility determination and May 24, 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
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Decision

Decision Date: September 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019205

[REDACTED]

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 son's enrollment in an Essential Plan was effective July 1, 2017?

Procedural History

On January 14, 2017, NYSOH issued a notice of eligibility determination stating that you and your son were eligible to enroll in the Essential Plan, effective February 1, 2017.

On January 19, 2017, NYSOH issued a notice of enrollment confirmation, confirming you and your son's enrollment in an Essential Plan, beginning February 1, 2017.

On February 14, 2017, you faxed income documentation to NYSOH, which was uploaded to your NYSOH account on March 17, 2017.

On March 27, 2017, NYSOH sent you a notice stating that you had submitted documentation, but that you currently had an application in progress, and needed to complete and submit that application by accessing it online, or by calling NYSOH's customer service.

On April 7, 2017, your NYSOH application was updated.

On April 8, 2017, 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. The notice directed you to submit documentation of your income, and your son's income, by April 22, 2017.

Also on April 8, 2017, NYSOH issued a disenrollment notice stating that you and your son's coverage in your Essential Plan was ending as of April 30, 2017 because you were no longer eligible to enroll in the Essential Plan.

On April 13, 2017, you faxed documentation to NYSOH, which was uploaded to your NYSOH account on April 22, 2017.

On April 25, 2017, NYSOH issued a notice stating that the documentation you had submitted was insufficient to confirm the information in your application. The notice directed you to submit documentation of your income and your son's income, by May 22, 2017.

On May 9, 2017, you faxed documentation to NYSOH, which was uploaded to your NYSOH account on May 18, 2017.

On May 19, 2017, NYSOH verified your income documentation from May 9, 2017 and reran your application.

On May 20, 2017, NYSOH issued a notice of eligibility determination stating that you and your son were eligible to enroll in the Essential Plan with a monthly premium of \$20.00 each, effective July 1, 2017.

On May 23, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of you and your son Essential Plan coverage, insofar as it did not begin on May 1, 2017.

On May 24, 2017, NYSOH issued a notice of enrollment confirmation, confirming your, and your son's, enrollment in an Essential Plan, beginning July 1, 2017.

On August 31, 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 support the following findings of fact:

- 1) You and your son were enrolled into an Essential Plan as of February 1, 2017.

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- 2) You testified that you faxed income documentation to NYSOH because you wanted to let them know that your hours would be decreasing as of April 1, 2017, and that your son had started working.
- 3) Your NYSOH account reflects that you faxed income documents to NYSOH on February 14, 2017, consisting of a cover letter from your employer stating that your hours are shorter from June through mid-October, along with a printout showing your 2016 hours and pay, and your 2017 pay though February 10, 2017. You also faxed four paystubs for your son (Document [REDACTED]).
- 4) You testified that you sent this documentation because you wanted NYSOH to know that you did not work forty hours a week for part of the year, and that your son had income. You testified that you did not believe the information would change your eligibility, as you thought the decrease in your income and the addition of your son's income would "even out."
- 5) You testified that you did not update your account at that time, and that NYSOH called you to ask why you had faxed documentation to them.
- 6) Your NYSOH account reflects that NYSOH updated your application on April 7, 2017, based on information you provided to them.
- 7) As a result of the April 7, 2017 application update, NYSOH sent a notice on April 8, 2017 requesting that you send in further income documentation to confirm your eligibility.
- 8) You testified that you received a notice from NYSOH asking for additional documentation, but you were not sure if it was the April 8, 2017 notice or the April 25, 2017 notice.
- 9) You testified that you called NYSOH to ask what they were looking for, and were advised that you needed to submit something reflecting your hours for 2017.
- 10) On April 13, 2017, you submitted the same letter from your employer that you had sent on February 14, 2017, and you submitted four more paystubs for your son (Document [REDACTED]).
- 11) On May 9, 2017, you faxed additional documentation to NYSOH. This time, you included a letter from your employer stating specifically that you worked 32 weeks per year for 40 hours per week, and 20 weeks per year for 36.5 hours per week. The letter also stated that your 2017 income would total \$30,150.00. You also submitted four more paystubs on behalf of your son (Document [REDACTED]).

12) On May 19, 2017, NYSOH verified the income documentation that you had faxed on May 9, 2017, and you and your son were again found eligible for the Essential Plan, effective July 1, 2017.

13) You testified that you want you and your son's enrollment in your Essential Plan to begin as of May 1, 2017, because you both have medical bills for May and June 2017.

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).

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 you and your son's enrollment in the Essential Plan was effective July 1, 2017.

You and your son were initially enrolled into the Essential Plan as of February 1, 2017. No further documentation was requested by NYSOH at that time.

However, you testified that you did not believe NYSOH had the correct income figures because they had not taken into account that your hours decreased to less than 40 per week for part of the year. You also wanted NYSOH to know that your son had started working. You testified that you did not update your account, but you faxed documentation to NYSOH. The record reflects that documentation was faxed to NYSOH on February 14, 2017, and uploaded to your NYSOH account on March 17, 2017.

You testified that someone from NYSOH called you to ask why you had faxed documentation, and that you explained that you were trying to send updated income information. Your NYSOH account was then updated on April 7, 2017.

The April 7, 2017 application listed income of only \$12,000.00 for you, and listed an income of \$10,000.00 for your son. This placed you and your son into a "pending Medicaid" status. As a result, on April 8, 2017, NYSOH issued a notice requesting documentation to confirm these income amounts. Additionally, your, and your son's, enrollment in your Essential Plan ended on April 30, 2017 because NYSOH could no longer determine that you were eligible for the Essential Plan, based on the new income information in your application.

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, at some point in April, you received a notice stating that the income documentation you had provided was not sufficient, and that you called NYSOH to ask what you should submit. You testified that you were informed that you needed to send in documentation stating your hours for 2017.

A review of the documentation that you provided between February 2017 and May 2017 shows that the first time you submitted documentation that stated what your 2017 hours and income would be was on May 9, 2017. Although the earlier letter from your employer stated that your hours would change, it did not state an hourly rate or give a specific time period when your hours would be reduced. Additionally, though you submitted documentation in February 2017 showing your earnings to date, the earnings were all based on a 40-hour work week.

Therefore, since your application update in April 2017 caused your case to go into a pending Medicaid status, and since you did not provide income documentation adequately describing your expected 2017 income until May 9, 2017, your application is considered complete as of May 9, 2017.

The record indicates that NYSOH issued an eligibility determination on May 20, 2017, and that you selected an Essential Plan for enrollment on behalf of yourself and your son on May 23, 2017.

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 May 23, 2017, you selected an Essential Plan, so your, and your son's, enrollment properly took effect on the first day of the second month following May; that is, on July 1, 2017.

Therefore, the May 20, 2017 eligibility determination and the May 24, 2017 enrollment confirmation notices, stating that your eligibility for, and enrollment in, the Essential Plan was effective July 1, 2017, are correct and must be AFFIRMED.

Decision

The May 20, 2017 eligibility determination is AFFIRMED.

The May 24, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: September 11, 2017

How this Decision Affects Your Eligibility

This decision does not change your or your son's eligibility.

The effective date of your, and your son's, Essential Health Plan coverage is July 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 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

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).

Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The May 20, 2017 eligibility determination is AFFIRMED.

The May 24, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your or your son's eligibility.

The effective date of your, and your son's, Essential Health Plan coverage is July 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 okyerε 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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