



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

## Notice of Decision

Decision Date: November 10, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000020326

[REDACTED]

[REDACTED]

On October 4, 2017, you appeared by telephone on your appeal of NY State of Health's July 4, 2017 enrollment confirmation 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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## Decision

Decision Date: November 10, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000020326



## 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 coverage through the Essential Plan you and your spouse enrolled in was effective no earlier than August 1, 2017?

## Procedural History

On May 22, 2017, NYSOH received an updated application for financial assistance with health insurance submitted on behalf of you and your spouse.

On May 23, 2017, NYSOH issued a notice stating the income information in your application did not match the information received from state and federal data sources. The notice directed you to submit proof of your household income by June 6, 2017 or NYSOH would not be able to determine your family's eligibility for health coverage. The notice included a "Documentation List" indicating acceptable forms of documentation to prove different types of income. The list indicated that to prove wages an applicant must submit paystubs for the last four weeks or a letter from the employer(s).

Also on May 23, 2017, NYSOH issued a notice of disenrollment stating your family's Medicaid Managed Care plan coverage would end on June 30, 2017, because you were no longer eligible to enroll in the plan.

On June 14, 2017 and June 18, 2017, NYSOH issued notices indicating the documentation received was insufficient to confirm the income information in

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your application. The notices directed you to submit additional documentation of your household income. The notices also included a “Documentation List.”

On June 30, 2017, NYSOH systematically redetermined your family’s eligibility for health insurance.

On July 1, 2017, NYSOH issued an eligibility determination notice, stating you and your spouse were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective August 1, 2017.

On July 4, 2017, NYSOH issued an enrollment notice, based on your July 3, 2017 plan selection, confirming you and your spouse were enrolled in an Essential Plan, effective August 1, 2017.

On July 7, 2017, you spoke to NYSOH’s Account Review Unit and appealed insofar as your Essential Plan was not effective earlier than August 1, 2017.

On October 4, 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 and your spouse were enrolled in a Medicaid Managed Care plan in 2016.
- 2) You and your spouse were due to renew your coverage for 2017 by June 15, 2017, because your 12 months of Medicaid coverage was set to expire on June 30, 2017.
- 3) NYSOH received an updated application submitted on behalf of you and your spouse on May 22, 2017. That application listed your annual expected household income as \$27,625.00.
- 4) According to your account, NYSOH was unable to verify the income information in your application. You and your spouse were disenrolled from your Medicaid Managed Care plan, effective June 30, 2017.
- 5) NYSOH issued a notice on May 23, 2017 directing you to submit proof of your household income by June 6, 2017 so your family’s eligibility for health insurance could be determined. That notice included a documentation list indicating that to prove wages you must submit four weeks of current paystubs or a signed and dated employer letter.

- 6) You testified, and your account confirms, you receive your notices from NYSOH by regular mail.
- 7) You testified that you did not receive the May 23, 2017 eligibility determination notice. You confirmed the mailing address listed on that notice was your correct mailing address. There is no record of that notice being returned to NYSOH as undeliverable.
- 8) You testified you were aware you had to submit proof of your household's income, because the certified application counselor (CAC) from your health plan that was helping you with your application told you income documentation was needed.
- 9) You testified that you faxed four of your paystubs to the CAC on May 31, 2017, but no paystubs for your spouse, because he had just begun working and did not have any.
- 10) You testified the CAC called you on June 13, 2017 and advised you that he had not received your income documentation. You further testified that you refaxed your paystubs and emailed paystubs for your spouse to the CAC the same day.
- 11) On June 13, 2017, NYSOH received income documentation consisting of three weekly paystubs for you. No documentation was received for your spouse. This documentation was invalidated, because it did not comply with the document request.
- 12) NYSOH issued a notice on June 14, 2017, indicating the income documentation received was insufficient and requesting additional documentation. That notice contained a "Documentation List."
- 13) You testified you did not receive June 14, 2017 notice. You confirmed the mailing address listed on that notice was your correct mailing address and there is no record of the notice being returned to NYSOH as undeliverable.
- 14) You testified you were aware you were required to submit additional income documentation, because your CAC told you. You testified you emailed additional documentation to your CAC on June 15, 2017.
- 15) On June 16, 2017, NYSOH received two illegible paystubs for your spouse. This documentation was invalidated by NYSOH the same day, because your spouse's paystubs were not legible and NYSOH was still not in receipt of sufficient income documentation for you.

- 16) NYSOH issued a notice on June 18, 2017, indicating the income documentation received was insufficient and requesting additional documentation. That notice contained a "Documentation List."
- 17) You testified you did not receive June 18, 2017 notice. You confirmed the mailing address listed on that notice was your correct mailing address and there is no record of the notice being returned to NYSOH as undeliverable.
- 18) On June 30, 2017, NYSOH received additional income documentation including four weekly paystubs for your spouse, the first of which was for a pay date of June 9, 2017 in the gross amount of \$475.00 with a year to date amount of \$6,138.75. NYSOH also received four updated weekly paystubs for you.
- 19) According to your account, NYSOH verified your income documentation the same day and increased your spouse's attested annual income amount from \$18,200.00 to \$27,771.25, based on the average weekly gross income amount in the paystubs submitted. NYSOH recalculated your household income as \$36,517.13.
- 20) On June 30, 2017, NYSOH systematically redetermined the eligibility of you and your spouse based on the recalculated household income amount and found you and your spouse eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective August 1, 2017.
- 21) According to your account, an Essential Plan was selected on behalf of you and your spouse on July 3, 2017 and coverage through that plan became effective on August 1, 2017.
- 22) You testified your spouse has outstanding medical bills from the monthly of July 2017.
- 23) You appealed insofar as coverage through your Essential Plan was not effective earlier than August 1, 2017.
- 24) You testified that your coverage should be backdated, because you submitted income documentation to your CAC and he was responsible for not uploading it timely or correctly.

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

## **Applicable Law and Regulations**

### Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every twelve 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)).

### 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)). 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)).

### 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 [www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf](http://www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf)).

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 coverage through the Essential Plan you and your spouse enrolled in was effective no earlier than August 1, 2017.

You and your spouse were enrolled in a Medicaid Manage Care plan in 2016 and you were due to renew your coverage for 2017 by June 15, 2017, because your 12 months of Medicaid coverage was set to expire on June 30, 2017. On May 22, 2017, NYSOH received an updated application submitted on behalf of you and your spouse. According to your account, NYSOH was unable to verify the income information in that application.

Pursuant to the above cited regulations, for all individuals whose household income is needed to determine their eligibility for health insurance, NYSOH must request tax return data from the Secretary of the Treasury and data regarding Social Security benefits from the Commissioner of Social Security to confirm that the information the applicant is attesting to is accurate. 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 to resolve the inconsistency.

In the eligibility determination notice issued by NYSOH on May 23, 2017, you were advised of an inconsistency between the attested income amount in your application and the income information received from state and federal data sources. That notice directed you to submit proof of your household income so NYSOH could determine the eligibility of you and your spouse. That notice also included a "Documentation List" indicating that to prove wages an applicant must submit paystubs for the last four weeks or a letter from the employer(s). Although you testified that you did not receive this notice, your account confirms that you receive your communication from NYSOH by regular mail, you confirmed that the mailing address listed on the May 23, 2017 notice was your correct mailing address, and there is no record that the notice was returned to NYSOH as undeliverable. Thus, it is concluded that NYSOH provided you with proper notice that income documentation was required to determine the eligibility as well as what constituted sufficient proof of your household income.

Your account confirms that NYSOH did not receive sufficient documentation of your household's income until June 30, 2017.

Although you testified that you submitted sufficient income documentation to your CAC as early as May 31, 2017, this does not constitute receipt of sufficient

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documentation by NYSOH. Furthermore, you testified that you initially only sent your CAC your own paystubs, because your spouse had just begun working, so he did not have paystubs at that time. This statement is contradicted by the paystubs eventually submitted indicating that as early as June 9, 2017 your spouse had year to date earnings of over \$6,000.00. Thus, he would have begun working long before that date, with average gross weekly earnings of \$534.06 based upon the same paystubs. As such, your testimony on this point is not credible.

Furthermore, your contention that your duty to accurately report your household income and/or to provide sufficient documentation to verify your attested income amount was obviated by opting to use a CAC to submit said documentation is, likewise, not convincing. By all accounts, the CAC was acting on your behalf with your permission. Thus, any failure to properly and timely submit income documentation in this case is ultimately your responsibility, especially given the numerous notices of deficiency issued by NYSOH to the mailing address listed on your account.

According to the regulations, the date an Essential Plan becomes effective depends on the date on which it is selected. A plan that is selected from the first day to the fifteenth day of any month will be effective on the first day of the following month. However, plans selected from the sixteenth to the last day of any month, will not be effective until the first day of the second following month.

You testified, and your account confirms, you selected an Essential Plan for enrollment for you and your spouse on July 3, 2017. As discussed above there is insufficient evidence to support your contention that you should have been permitted to select a health plan prior to that date. Since the plan was selected prior to the fifteenth day of the month, that plan properly became effective on the first day of the next following month; that is, on August 1, 2017.

Therefore, the July 4, 2017 enrollment confirmation notice stating the enrollment of you and your spouse in your Essential Plan became effective August 1, 2017 is correct and is AFFIRMED.

## **Decision**

The July 4, 2017 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** November 10, 2017

## **How this Decision Affects Your Eligibility**

This decision does not change the eligibility of you or your spouse.

The enrollment of you and your spouse in the Essential Plan became effective on August 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 need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

## **If You 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 July 4, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change the eligibility of you or your spouse.

The enrollment of you and your spouse in the Essential Plan became effective on August 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&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 דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.