



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

Notice of Decision

Decision Date: November 30, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021720

[REDACTED]

[REDACTED]

On November 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 23, 2017 plan enrollment 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 30, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021720



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 adult child's enrollment in an Essential Plan was effective October 1, 2017?

Procedural History

On May 17, 2017, you submitted to NYSOH an application for financial assistance for your family members including your adult child ("child").

Also on May 17, 2017, you uploaded a copy of your 2016 income tax return.

On May 18, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for the Essential Plan for a limited time, effective July 1, 2017. You were directed to submit proof of household income for your child by June 1, 2017 and for you and your spouse by August 15, 2017.

On May 18, 2017, NYSOH issued a notice requesting income documentation for Medicaid. That notice stated that the household income information in your May 17, 2017 application did not match what NYSOH received from state and federal data sources. The notice directed you to provide additional proof of household income for your child by June 1, 2017 and for you and your spouse by August 15, 2017.

On May 19, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. You were directed

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to submit additional proof of household income for your child by June 16, 2017, and for you and your spouse by August 15, 2017.

On June 27, 2017, your NYSOH account was updated.

On June 28, 2017, NYSOH issued a notice stating that the household income information in your June 27, 2017 application did not match what NYSOH received from state and federal data sources. The notice directed you to provide additional proof of household income for your child by July 12, 2017 and for you and your spouse by August 15, 2017.

On July 11, 2017, you uploaded to your NYSOH account income information for your child that included four weekly pay statements [REDACTED]

On July 12, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. You were directed to submit additional proof of household income for your child by July 27, 2017 and for you and your spouse by August 15, 2017.

On July 13, 2017, your NYSOH account was updated.

On July 14, 2017, NYSOH issued a notice stating that the household income information in your July 13, 2017 application did not match what NYSOH received from state and federal data sources. The notice directed you to provide additional proof of household income for your child by July 27, 2017 and for you and your spouse by August 15, 2017.

Also on July 14, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. You were required to submit additional proof of household income for your child by August 11, 2017 and for you and your spouse by August 15, 2017.

On July 26, 2017, you uploaded to your NYSOH account income information for your child that included four weekly pay statements [REDACTED]

On July 27, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. You were required to submit additional proof of household income for your child by August 11, 2017 and for you and your spouse by August 15, 2017.

On August 16, 2017, you uploaded to your NYSOH account income information for your child that included four weekly pay statements ([REDACTED]

Also on August 16, 2017, those documents were reviewed by NYSOH and verified as proof of household income. Your household income was updated to \$48,431.76, based on the verified income information, and your household's eligibility for financial assistance was redetermined by NYSOH.

On August 17, 2017, NYSOH issued an eligibility determination notice, based on the updated August 16, 2017 application, stating in part that your child was eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective October 1, 2017.

According to your NYSOH account and your testimony, on August 22, 2017, you selected an Essential Plan for your child.

Also on August 22, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's enrollment in the Essential Plan insofar as it did not begin July 1, 2017.

On August 23, 2017, NYSOH issued a plan enrollment notice, based on your plan selection on August 22, 2017, stating in part that your child was enrolled in an Essential Plan 1 Plus Vision and Dental, with a \$47.49 monthly premium and that her plan would start October 1, 2017.

On November 6, 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 submitted an updated application to NYSOH for financial assistance for your family members on May 17, 2017.
- 2) According to your NYSOH account and your testimony, you are appealing only the start date of your child's Essential Plan.
- 3) According to your NYSOH account, the May 17, 2017 application listed your spouse as employed at [REDACTED] your

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[REDACTED] your other adult child as employed

- 4) You testified that your child is a full-time student and works a few hours a week at [REDACTED] and earns \$10.00/hour.
- 5) According to your NYSOH account and your testimony, you submitted pay statements for your child three times.
- 6) According to your NYSOH account, on August 16, 2017 you submitted for the first time, pay statements for your other adult child who was not seeking insurance, but who was a member of your household and who was listed as having employment in your applications for financial assistance.
- 7) According to your NYSOH account, on August 16, 2017, the income documents you submitted for the employed members of your household were verified, your household income was updated to \$48,431.76, and your respective eligibilities for financial assistance was redetermined by NYSOH.
- 8) According to your NYSOH account, on August 16, 2017, your child was determined eligible to enroll in the Essential Plan, effective October 1, 2017.
- 9) According to your NYSOH account and your testimony, on August 22, 2017, that you enrolled your child in an Essential Plan with an October 1, 2017 plan enrollment start date.
- 10) You testified that you want your child's enrollment in the Essential Plan to begin July 1, 2017 because she incurred medical bills for [REDACTED] and [REDACTED] in the month of July 2017.

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

Applicable Law and Regulations

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>).

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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)).

Essential Plan – Income Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow the 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); 42 CFR §600.345 (a)) See also New York's Basic Health Plan Blueprint, p. 17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

Legal Analysis

The issue under review is whether NYSOH properly determined that your child's enrollment in the Essential Plan was effective October 1, 2017.

Your NYSOH account was updated on May 17, 2017. In that application, you attested that you were not employed, your spouse was employed at T [REDACTED], [REDACTED], your child as employed at [REDACTED] and your other adult child as employed at [REDACTED]. The income amount that was entered into that application did not match federal and state data sources. On May 17, 2017, you submitted a copy of your 2016 income tax return. On May 19, 2017, NYSOH issued a notice stating that the documentation did not confirm the information in your application and directed you to submit more proof of household income.

On July 11, 2017, you submitted additional income documentation for your child and also signed statements from you and your spouse attesting that neither of you are employed and have no income. That documentation was reviewed by NYSOH on July 11, 2017 and invalidated. On July 12, 2017 and July 14, 2017 NYSOH issued notices requesting proof of household income by July 27, 2017 in order to confirm eligibility for your child. On July 26, 2017, you uploaded four pay statements for your child. On that date, NYSOH reviewed those documents and they were invalidated as proof of household income. On July 27, 2017, NYSOH issued a notice requesting proof of household income by August 11, 2017 to

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confirm your child's eligibility. On August 16, 2017, you uploaded proof of income that included pay statements for your child and your other adult child who was a member of your household and was listed as having employment. On August 16, 2017, those income documents that you submitted for the members of your household that were employed were verified by NYSOH, your household income was updated to \$48,431.76 and your application for financial assistance was re-run.

According to your NYSOH account, on August 16, 2017, NYSOH re-ran your application based on the updated income information you submitted that day and your child was found eligible for the Essential Plan as of October 1, 2017. The record reflects that on August 22, 2017, you selected an Essential Plan for your child with a plan enrollment start date of October 1, 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 August 22, 2017, you selected an Essential Plan for your child, so her enrollment properly took effect on the first day of the second month following August 2017; that is, on October 1, 2017.

Therefore, the August 23, 2017 enrollment confirmation notice stating that your child's enrollment in her Essential Plan was effective October 1, 2017, is correct and must be AFFIRMED.

Decision

The August 23, 2017 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: November 30, 2017

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

The effective date of your child's Essential Health Plan is October 1, 2017.

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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

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The August 23, 2017 eligibility determination notice is AFFIRMED.

This decision does not change your child's eligibility.

The effective date of your child's Essential Health Plan is October 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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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 bɛtumi ama wo obi a okyerɛ 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.

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