



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

Notice of Decision

Decision Date: September 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021900

[REDACTED]

Dear [REDACTED],

On September 11, 2017, you appeared by telephone at an expedited hearing on your appeal of NY State of Health's August 29, 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: September 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021900

[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 your eligibility for, and enrollment in, an Essential Plan will be effective October 1, 2017?

Procedural History

On June 14, 2017, you updated your NYSOH application for financial assistance.

On June 15, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan with a \$20.00 monthly premium, effective July 1, 2017.

Also on June 15, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an Essential Plan, beginning July 1, 2017.

On June 21, 2017, you updated your NYSOH account and your income information.

On June 22, 2017, NYSOH issued a notice stating that your June 21, 2017 application had been reviewed, but that the income information you provided did not match what NYSOH received from state and federal data sources. NYSOH directed you to submit documentation of your household income by July 6, 2017.

Also on June 22, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your Essential Plan was ending effective July 31, 2017, because you were no longer eligible to enroll in the Essential Plan.

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 August 1, 2017, you updated your NYSOH account.

On August 2, 2017, NYSOH issued a notice stating that your August 1, 2017 application had been reviewed, but that the income information you provided did not match what NYSOH received from state and federal data sources. NYSOH directed you to submit documentation of your household income by August 16, 2017.

On August 26, 2017, documentation was uploaded to your NYSOH account.

On August 28, 2017, NYSOH redetermined your eligibility for financial assistance. That day, NYSOH prepared a preliminary eligibility determination stating that you were eligible for the Essential Plan with a \$20.00 monthly premium, effective October 1, 2017.

Also on August 28, 2017, you spoke to NYSOH's Account Review Unit and appealed, insofar as your eligibility for the Essential Plan did not begin on September 1, 2017. You also asked for your appeal request to be expedited.

On August 29, 2017, you faxed documentation to NYSOH in support of your request for an expedited appeal.

Also on August 29, 2017, NYSOH issued a notice of eligibility determination, stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective October 1, 2017.

That same day, NYSOH also issued a notice of enrollment confirmation, confirming your enrollment in an Essential Plan, beginning October 1, 2017.

On September 11, 2017, you had an expedited 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 submitted an application to NYSOH for financial assistance on June 14, 2017, and enrolled in an Essential Plan that same day.
- 2) You testified that you felt that you should have been eligible for more financial assistance, so you contacted NYSOH on June 21, 2017 and updated your application.

- 3) Your NYSOH account reflects that, on June 21, 2017, you changed your expected annual income from \$37,038.00 to \$31,837.00.
- 4) You testified that you received the June 22, 2017 notice asking you to submit income documentation, and that you attempted to upload documentation to your NYSOH account.
- 5) You testified that it is your understanding that you uploaded the documents to the wrong account, because NYSOH informed you that they had not received your documents.
- 6) You testified that you think you first tried to upload documentation of your income on July 5th or July 6th.
- 7) The record reflects that you had a secondary NYSOH account that has since been deactivated – [REDACTED]. That account was not created until August 11, 2017, and no income documentation appears to have been uploaded to that account.
- 8) You testified that you think you may have been uploading documents to your [REDACTED] account, which is the account you utilize for your [REDACTED] benefits.
- 9) You testified that you received the August 2, 2017 notice stating that you needed to submit income documentation by August 16, 2017.
- 10) You testified that you tried again to upload documents, and then called NYSOH to find out what happened. You testified that the NYSOH representative you spoke to stated that she did not know where you had uploaded documents to, as she could not see anything in your account. You testified that this occurred on or about August 23, 2017.
- 11) You testified that, once the NYSOH representative sent you an “invitation,” you were able to upload documentation to your NYSOH account.
- 12) Your NYSOH account reflects that you uploaded income documentation on August 26, 2017.
- 13) Your NYSOH account reflects that NYSOH verified your income documentation two days later, on August 28, 2017, and you were found eligible for the Essential Plan. You were enrolled into a plan that same day.
- 14) You testified that you need your Essential Plan coverage to begin as of September 1, 2017 because you have a [REDACTED] for which you need medication, and you have not been able to get that medication without your insurance 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).

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 is whether NYSOH properly determined that you are eligible for, and enrollment in, the Essential Plan is effective October 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 June 21, 2017. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

You testified that you began attempting to upload income documentation as early as July 5 or July 6, 2017. You testified that you thought one of the problems you were having was that you had a second NYSOH account. Though the record does reflect that you had a second NYSOH account, which has since been deactivated, that account was not created until August 11, 2017, and it contains no income documentation.

However, during the hearing, you also testified that you believe you were actually uploading documentation to your [REDACTED] website, where you applied for [REDACTED]. You testified that you could not understand why NYSOH was not able to see the documents you had uploaded. You testified that you spoke to a NYSOH representative on or about August 23, 2017, who confirmed that there were no documents in your account, and who issued you a new "invitation" so that you could upload documentation. Your NYSOH account reflects that income documentation was uploaded to your NYSOH account on August 26, 2017.

Although you credibly testified that you were trying to comply with NYSOH's request for income documentation, your testimony also indicates that you were uploading documentation to another website, which was why NYSOH could not see it. Therefore, since the record does not contain any evidence of error on NYSOH's part which caused your documentation submission to be delayed, your application must be considered incomplete until August 26, 2017, when you uploaded income documentation to your NYSOH account.

Once you submitted income documentation, NYSOH verified your income two days later, and found you eligible for the Essential Plan on August 28, 2017. That same day, you selected an Essential Plan for enrollment.

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 28, 2017, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following August; that is, on October 1, 2017.

Therefore, the August 29, 2017 eligibility determination and enrollment confirmation notices, stating that your eligibility for, and enrollment in, the Essential Plan is effective October 1, 2017, are correct and must be AFFIRMED.

Decision

The August 29, 2017 eligibility determination is AFFIRMED.

The August 29, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: September 12, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Essential Health Plan coverage is October 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:

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).

- 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 August 29, 2017 eligibility determination is AFFIRMED.

The August 29, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Health Plan coverage is October 1, 2017.

Legal Authority

We are issuing this determination in accordance with 45 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).

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।

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).

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 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.

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