STATE OF NEW YORK
DEPARTMENT OF HEALTH
PO Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: February 8, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000024587

[redacted]

[redacted]

On January 31, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's October 17, 2017 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
  PO 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(b).

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: February 8, 2018

NY State of Health Account [redacted]
Appeal Identification Number: AP000000024587

[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 Essential Plan coverage was effective November 1, 2017?

Procedural History

On September 18, 2017, NYSOH received an update to your application for financial assistance with health insurance.

On September 19, 2017, NYSOH issued a notice stating that your September 18, 2017 application had been reviewed, but the income information in your application did not match what NYSOH received from state and federal data sources. You were requested to provide income documentation to NYSOH by October 3, 2017 so that an appropriate eligibility determination could be issued.

On September 25, 2017, NYSOH received (1) two earnings statements issued to you by your employer, [redacted] on September 1, 2017 and September 15, 2017, and (2) a letter from you stating that you were employed with [redacted] from January to July 2017, and that you resigned and requested a termination letter, but were rebuffed. You further stated in your letter that your gross income from [redacted] was $8,553.94.

On September 26, 2017, NYSOH redetermined your eligibility for health insurance.

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On October 1, 2017, NYSOH issued an eligibility redetermination notice stating that you were found eligible to enroll in the Essential Plan, effective November 1, 2017.

On October 17, 2017, NYSOH issued an enrollment notice confirming your selection of an Essential Plan as of October 16, 2017. The notice stated that your Essential Plan coverage would begin effective November 1, 2017.

On November 20, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan insofar as it did not begin October 1, 2017.

On January 31, 2018, 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 submitted an updated application to NYSOH for financial assistance on September 18, 2017.

2) According to your NYSOH account and your testimony, you are appealing only the start date of your Essential Plan.

3) According to your NYSOH account, you were requested to provide income documents to NYSOH by October 3, 2017, to confirm your eligibility.

4) You testified, and your NYSOH account reflects, that on September 25, 2017, you provided two earnings statements issued to you by your current employer, [redacted] on September 1, 2017 and September 15, 2017. You also provided a letter stating that were employed with [redacted] from January to July 2017, and that you resigned and requested a termination letter, but were rebuffed. You testified that you were unable to provide you income documents at an earlier date because your former employer refused to provide you with a letter of termination.

5) Based on the income documentation you provided to NYSOH on September 25, 2017, NYSOH redetermined your eligibility on September 26, 2017. You were found eligible to enroll in an Essential Plan, beginning November 1, 2017.

6) Your NYSOH account and enrollment details reflect that you first selected an Essential Plan for your coverage on October 16, 2017.

7) On October 17, 2017, NYSOH issued an enrollment notice stating that your Essential Plan coverage would begin effective November 1, 2017.

8) You testified that you wanted your Essential Plan coverage to begin no later than October 1, 2017 because you incurred a bill of approximately [redacted] for [redacted] received during that month when you did not have health insurance coverage.

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/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)).

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/downloads/ny-blueprint.pdf).

Legal Analysis

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

Your NYSOH account was updated on September 18, 2017. In that application, you attested that your employment with your former employer, [redacted], ended effective July 31, 2017, and that you had received a total gross income from that employer of approximately $6,000.00. You further attested in that application that you were currently employed by [redacted]., and that you anticipated receiving approximately $9,240.00 between your start date of employment, which was June 14, 2017, through the end of the year.

On September 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 September 25, 2017, you submitted to NYSOH (1) two earnings statements issued to you by your employer, [redacted] on September 1, 2017 and September 15, 2017, and (2) a letter from you stating that you were employed with [redacted] from January to July 2017, and that you resigned and requested a termination letter, but were rebuffed. You further stated in your letter that your gross income from [redacted] was $8,553.94.

Also on September 25, 2017, those income documents that you submitted for your household that were employed were verified by NYSOH, your household income was updated to $21,399.84 and your application for financial assistance was re-run.

According to your NYSOH account, on September 25, 2017, NYSOH re-ran your application based on the updated income information you submitted that day and you were found eligible for the Essential Plan as of November 1, 2017. The record reflects that on October 16, 2017, you selected an Essential Plan your enrollment that resulted in a coverage start date of November 1, 2017.

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 October 16, 2017, you selected an Essential Plan. While the selection of an Essential Plan on that date would have typically resulted in an enrollment start date of December 1, 2017, NYSOH took independent action to provide you an enrollment start date of November 1, 2017. Accordingly, the October 17, 2017 enrollment notice is AFFIRMED.

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).

Decision

The October 17, 2017 enrollment notice is AFFIRMED.

Effective Date of this Decision: February 8, 2018

How this Decision Affects Your Eligibility

Your Essential Plan coverage began effective November 1, 2017.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the 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
  PO Box 11729
  Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The October 17, 2017 enrollment notice is AFFIRMED.

Your Essential Plan coverage began effective November 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:

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).

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.

□□ (Traditional Chinese)

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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.

□□□ (Korean)

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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)

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.

□□□□□ (Hindi)

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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。

□□□□□□ (Nepali)

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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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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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