



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

Notice of Decision

Decision Date: April 24, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029132

[REDACTED]

On April 19, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 31, 2017 eligibility determination notice, December 31, 2017 enrollment confirmation notice, and March 15, 2018 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: April 24, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029132

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health provide a timely determination of your Essential Plan eligibility as of February 1, 2018?

Did NY State of Health properly determine that your enrollment in a medical only Essential Plan was effective February 1, 2018?

Did NY State of Health properly determine that your enrollment in an Essential Plan with vision and dental was effective April 1, 2018?

Procedural History

On October 18, 2017, you updated your application for financial assistance with health insurance through NY State of Health (NYSOH).

On October 19, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources. This notice directed you to submit proof of your household income by November 2, 2017 in order for your eligibility for financial assistance to be determined.

On November 2, 2017, income documentation was uploaded to your NYSOH account.

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On November 3, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account.

On November 4, 2017, NYSOH issued a notice stating that the income information you submitted did not confirm the information in your application. This notice directed you to submit additional proof of your income by December 2, 2017.

On December 30, 2017, you updated your application for financial assistance with health insurance, specifically, you updated your income information.

On December 31, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time, effective February 1, 2018. This notice directed you to submit proof of your household income by March 30, 2018 in order to confirm your eligibility for financial assistance.

Also on December 31, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a medical only Essential Plan through Affinity Health, with a plan enrollment start date of February 1, 2018.

On January 31, 2018, you contacted NYSOH and requested to change your Essential Plan selection.

On February 1, 2018, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a medical only Essential Plan through MetroPlus Health with a plan enrollment start date of March 1, 2018 and a dental plan through Healthplex with a plan enrollment start date of March 1, 2018.

Also on February 1, 2018, NYSOH issued a disenrollment notice stating that your enrollment in your medical only Essential Plan through Affinity Health would end on March 1, 2018.

On February 20, 2018, 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 January 1, 2018.

On March 14, 2018, you contacted NYSOH and requested to change your Essential Plan.

On March 15, 2018, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a medical with dental and vision Essential Plan through MetroPlus Health with a plan enrollment start date of April 1, 2018.

On April 19, 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 supports the following findings of fact:

- 1) You testified, and your NYSOH confirms, that you receive your notices from NYSOH by regular mail.
- 2) You testified that after updating your account on October 18, 2017, you were asked to submit proof of your income.
- 3) You testified that you submitted paystubs to NYSOH via fax.
- 4) On November 1, 2017, you faxed two paystubs to NYSOH. The first was for pay date October 13, 2017 for a gross pay amount of \$117.26 and the second was for pay date October 13, 2017 for a gross pay amount of \$599.50. Both of these paystubs were for the pay period beginning September 16, 2017 and ending September 30, 2017. These documents were uploaded to your NYSOH account on November 2, 2017.
- 5) On November 3, 2017, NYSOH reviewed the income documentation you submitted and determined that these were insufficient proof of your household income because four consecutive weeks of paystubs were required.
- 6) You testified that you received the November 4, 2017 notice advising you that the documentation you submitted did not confirm the information in your application.
- 7) You testified that you submitted additional income documentation via fax in January 2018. You further stated that you did not retain the fax confirmation sheet.
- 8) No additional income documentation has been uploaded to your NYSOH account.
- 9) Your NYSOH account reflects that you updated your application on December 30, 2017 and that you enrolled in a medical only Essential Plan through Affinity Health that day.
- 10) You testified that you selected an Essential Plan through Affinity Health in January 2018, that you contacted NYSOH to change your plan selection to

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an Essential Plan through MetroPlus Health in mid-February 2018, and that you contacted NYSOH to change your plan selection to a medical with dental and vision Essential Plan through MetroPlus in March 2018.

11) Your NYSOH account reflects that you selected a medical with dental and vision Essential Plan through MetroPlus on March 14, 2018.

12) You testified that you want your enrollment in your medical with vision and dental Essential Plan through MetroPlus to begin on January 1, 2018.

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>).

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)).

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).

Timely Notice of Essential Plan Eligibility

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When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH uses the same timeliness standards for eligibility determinations for the Essential Plan as for Medicaid (42 CFR §600.320(b)). NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

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)).

Legal Analysis

The first issue is whether NYSOH provided you with a timely determination of your Essential Plan eligibility as of February 1, 2018.

You updated your NYSOH account on October 18, 2017. The income amount that you entered into this application did not match state and federal data sources. As a result, NYSOH asked that you submit documentation to confirm your income.

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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.

On November 1, 2017, you faxed your two paystubs for pay date October 13, 2017 which covered the pay period September 16, 2017 to September 30, 2017.

On November 3, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account as you had failed to submit four consecutive weeks of paystubs.

On November 4, 2017, NYSOH issued a notice advising you that the income documentation you submitted was insufficient to resolve the inconsistency in your account and that you needed to submit additional income documentation.

You testified that you received this notice. Therefore, the record reflects that NYSOH provided you with proper notice that additional income documentation was required.

There is no credible evidence in the record that additional income documentation was ever submitted to NYSOH.

Therefore, the application you submitted on October 18, 2017 was never rendered complete as sufficient proof of your household income was never received by NYSOH.

On December 30, 2017, you submitted an updated application for financial assistance. Specifically, you updated the income information in your application. In light of this updated income information, your application was considered complete as of December 30, 2017 for the purpose of issuing an eligibility determination.

NYSOH must provide Medicaid and Essential Plan applicants notice of their eligibility determination within 45 days from the date of the completed application. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH issued an eligibility determination notice on December 31, 2017 that stated that you were eligible to enroll in the Essential Plan for a limited time effective February 1, 2018. Since NYSOH issued an eligibility determination one

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day from the date your application was considered complete, the December 31, 2017 eligibility determination notice was timely.

The second issue is whether NYSOH properly determined that your enrollment in a medical only Essential Plan was effective February 1, 2018.

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.

Since the December 31, 2017 eligibility determination notice was timely issued, you were able to select an Essential Plan as of December 31, 2017.

Your NYSOH account reflects that on December 30, 2017, you selected a medical only Essential Plan through Affinity Health for enrollment, so your enrollment properly took effect on the first day of the second month following December 2017; that is, on February 1, 2018.

Therefore, the December 31, 2017 eligibility determination notice which stated that you were eligible for the Essential Plan effective February 1, 2018 and the December 31, 2017 enrollment confirmation notice stating that you were enrolled in a medical only Essential Plan through Affinity Health effective February 1, 2018 are correct and must be AFFIRMED.

The third issue is whether NYSOH properly determined that your enrollment in an Essential Plan with vision and dental was effective April 1, 2018.

Your NYSOH account indicates that you contacted NYSOH and selected a medical with dental and vision Essential Plan through MetroPlus Health on March 14, 2018.

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 March 14, 2018, you selected a medical with dental and Essential Plan through MetroPlus Health, so your enrollment properly took effect on the first day of the first month following March 2018; that is, on April 1, 2018.

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Therefore, the March 15, 2018 enrollment confirmation notice stating that your enrollment in a medical with dental and vision Essential Plan through MetroPlus Health was effective April 1, 2018, is correct and must be AFFIRMED.

Decision

The December 31, 2017 eligibility determination notice is AFFIRMED.

The December 31, 2017 enrollment confirmation notice is AFFIRMED.

The March 15, 2018 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: April 24, 2018

How this Decision Affects Your Eligibility

The December 31, 2017 eligibility determination notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your medical only Essential Plan through Affinity Health is February 1, 2018.

The effective date of your medical with dental and vision Essential Plan through MetroPlus Health is April 1, 2018.

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

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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
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

This decision does not change your eligibility.

The December 31, 2017 enrollment confirmation notice is **AFFIRMED**.

The effective date of your medical only Essential Plan through Affinity Health is February 1, 2018.

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).

The March 15, 2018 enrollment confirmation notice is AFFIRMED.

The effective date of your medical with dental and vision Essential Plan through MetroPlus Health is April 1, 2018.

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 नि:शुल्क 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 नि:शुल्क 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 דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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