



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

Notice of Decision

Decision Date: May 11, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP0000000029543



Dear [REDACTED]

On April 23, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 27, 2018 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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Decision

Decision Date: May 11, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029543



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 enrollment in the Essential Plan was effective February 1, 2018?

Procedural History

On July 18, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with a \$20.00 premium per month, effective September 1, 2017.

Also on July 18, 2017, NYSOH issued an enrollment notice confirming your selection of an Essential Plan as of July 17, 2017. The notice stated that your Essential Plan coverage would begin effective September 1, 2017.

On November 27, 2017, NYSOH received an update to your application for financial assistance with health insurance.

On November 28, 2017, NYSOH issued a notice stating that the income information in your November 27, 2017 application did not match what NYSOH received from state and federal data sources. The notice requested that you provide proof of your household income to NYSOH by December 12, 2017 so an eligibility determination could be issued.

Also on November 28, 2017, NYSOH issued a disenrollment notice confirming that your Essential Plan coverage would end, effective December 31, 2017.

On December 27, 2017, NYSOH received four apparent earnings statements issued to you by your employer.

Also on December 27, 2017, NYSOH received a further update to your application for financial assistance with health insurance.

On December 28, 2017, NYSOH issued a notice stating that the income information in your December 27, 2017 application did not match what NYSOH received from state and federal data sources. The notice requested that you provide proof of your household income to NYSOH by December 27, 2017 so an eligibility determination could be issued.

On December 29, 2017, NYSOH issued a notice stating that the documentation you provided did not confirm the information in your application. You were requested to provide additional income documents to NYSOH by January 26, 2018.

On January 4, 2018, NYSOH received four earnings statements issued to you by your employer, [REDACTED] between December 8, 2017 and December 29, 2017.

Also on January 4, 2018, NYSOH redetermined your eligibility for financial assistance with health insurance.

On January 5, 2018, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with a \$20.00 premium per month, effective February 1, 2018.

On January 27, 2018, NYSOH issued an enrollment notice confirming your selection of an Essential Plan as of January 26, 2018, with such coverage beginning effective February 1, 2018.

On January 28, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan insofar as your coverage did not begin effective January 1, 2018.

On April 23, 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 were enrolled in an Essential Plan beginning September 1, 2017.
- 2) Your NYSOH account reflects that you updated your application on November 27, 2017.
- 3) You testified, and your NYSOH account reflects, that you expect to file your taxes as single and claim no dependents.
- 4) According to your November 27, 2017 application, you anticipated receiving \$12,000.00 from your employer, [REDACTED] during 2018.
- 5) Based on the information contained in your November 27, 2017 application, you were requested to provide additional income documentation by December 27, 2017 so that an eligibility determination could be issued.
- 6) On December 27, 2017, you initially provided four earnings statements to NYSOH; however, these earnings statements were illegible.
- 7) In response to NYSOH's request for additional income documentation, on January 4, 2018 you provided four additional earnings statements issued to you by your employer between December 8, 2017 and December 29, 2017. These earnings statements reflected that you received (1) \$371.04 on December 8, 2017, (2) \$381.96 on December 15, 2017, (3) \$366.96 on December 22, 2017 and (4) \$384.00 on December 29, 2018.
- 8) On January 5, 2018, NYSOH issued an eligibility determination notice stating that you were eligible for the Essential Plan, effective February 1, 2018.
- 9) Your NYSOH account reflects that you selected an Essential Plan on January 26, 2018.
- 10) You testified that you need to have your Essential Plan began as of January 1, 2018 since you incurred out-of-pocket medical expenses during January 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/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)).

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).

Legal Analysis

The issue under review is whether NYSOH properly determined that your eligibility for and enrollment in the Essential Plan was effective February 1, 2018.

You testified, and the record indicates, that you updated your NYSOH application on November 27, 2017.

As a result, of that November 27, 2017 application, you were required to submit proof of your household income. Also on December 27, 2017, you uploaded to your NYSOH account, which included four earnings statements. However, these earnings statements were illegible. On January 4, 2018, you provided four additional earnings statements. Also on January 4, 2018, NYSOH verified those earnings statements and your household income was updated to \$19,551.48.

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).

Accordingly, your eligibility for financial assistance with health insurance was redetermined.

According to your NYSOH account, on January 4, 2018, NYSOH re-ran your application based on the updated income and you were found eligible for the Essential Plan as of February 1, 2018. The record reflects that on January 26, 2018, you selected an Essential Plan for you that resulted in a coverage start date of 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.

On January 26, 2018, you selected an Essential Plan, so your enrollment would have properly taken effect on the first day of the second month following January 2018; that is, on March 1, 2018. However, it appears that NYSOH took independent action to backdate the start of your Essential Plan coverage to February 1, 2018.

Therefore, the January 27, 2018 enrollment notice stating that your enrollment in the Essential Plan was effective February 1, 2018, is correct and must be **AFFIRMED**.

Decision

The January 27, 2018 enrollment notice is **AFFIRMED**.

Effective Date of this Decision: May 11, 2018

How this Decision Affects Your Eligibility

Your eligibility had not changed.

Your Essential Plan enrollment began effective February 1, 2018.

If You Disagree with this Decision (Appeal Rights)

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 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:

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 1-855-355-5777
- By mail at:
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Summary

The January 27, 2018 enrollment notice is AFFIRMED.

Your eligibility had not changed.

Your Essential Plan enrollment began effective February 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، يرجى 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।

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.