



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

Notice of Decision

Decision Date: May 8, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029725



Dear [REDACTED]

On May 2, 2018, you appeared by telephone on behalf of your spouse at a hearing on your appeal of NY State of Health's March 3, 2018 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 Date: May 8, 2018

NY State of Health Account ID: [REDACTED]
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Issue

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

Did NY State of Health properly determine that your spouse's enrollment in his Essential Plan did not begin until April 1, 2018?

Procedural History

On February 15, 2018 and February 16, 2018, NY State of Health (NYSOH) issued notices, based on your spouse's February 14, 2018 and February 15, 2018 updated application, stating that the income information in your application did not match what NY State of Health received from state and federal data sources. Your spouse was directed to provide proof of his household income by March 1, 2018.

Also on February 15, 2018 and February 16, 2018, disenrollment notices were issued stating that your spouse's coverage with the Essential Plan would end on February 28, 2018, and that his silver-level qualified health plan would also end on March 1, 2018, because he was no longer eligible for those programs.

On March 3, 2018, NYSOH issued an eligibility determination notice, based on your spouse's March 2, 2018 updated application, stating that he was eligible to enroll in the Essential Plan, with a \$20.00 monthly premium, effective April 1, 2018.

On March 5, 2018, you appealed the March 3, 2018 eligibility determination notice insofar as your spouse's Essential Plan began on April 1, 2018, and not March 1, 2018.

On May 2, 2018, you submitted a copy of your marriage certificate and an authorized representative form indicating that you and your spouse were married on April 2, 2018 and that he authorized you to speak on his behalf (see Documents [REDACTED], and [REDACTED]).

Also on May 2, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed at the time of the hearing and closed that day.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) According to your NYSOH account, upon updating your spouse's application for financial assistance, he was placed in pending Medicaid status and directed to provide proof of income before March 1, 2018 to confirm his eligibility. The next day, you updated your account and your spouse was placed in the same pending Medicaid status.
- 2) You testified that you did not understand why your spouse was placed in pending Medicaid status and believe that the NYSOH representative made a mistake.
- 3) You further testified that his income had not changed since last year and, therefore, you knew that he could not be eligible for Medicaid even though the representative told you that he was. You believe that, had it not been for the representative's error in utilizing the incorrect income, your spouse would have been found eligible for the Essential Plan as of March 1, 2018.
- 4) According to two telephone recordings, dated February 14, 2018 and February 15, 2018, you updated your spouse's application and advised the NYSOH representative that your spouse claims three dependents on his income tax return, including his son and his two daughters. You also told the representative that your spouse's income tax return showed that he earned \$33,578.00. As a result, the representative used this information to determine your spouse's eligibility.
- 5) According to the applications that were submitted on February 14, 2018 and February 15, 2018, your spouse expected to take no deductions on his 2018 income tax return.

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- 6) According to your NYSOH account and testimony, your spouse never submitted proof of income, but on March 2, 2018, you updated your spouse's account and he was found eligible for and enrolled in the Essential as of April 1, 2018.
- 7) You testified that you wanted your spouse's enrollment in his Essential Plan to begin on March 1, 2017, because he incurred medical bills that month that you want covered.

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).

Timely Notice of Medicaid Eligibility

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 must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

Medicaid

A person who meets certain nonfinancial criteria and has a household income that is at or below the applicable Medicaid income standard is eligible for Medicaid benefits (45 CFR § 155.305(c)). One of the non-financial criteria for Medicaid eligibility is the immigration status of the person applying for health insurance. A person is eligible for Medicaid when his or her immigration status is satisfactory and he or she meets all other requirements for Medicaid.

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your applications, that was the 2018 FPL, which is \$25,100.00 for a four-person household (82 Federal Register 8831).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

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)).

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Legal Analysis

The sole issue under review is whether NYSOH properly determined that your spouse's enrollment in his Essential Plan did not begin any earlier than April 1, 2018.

According to your NYSOH account, upon updating your spouse's application for financial assistance on February 14, 2018, he was placed in pending Medicaid status and directed to provide proof of income before March 1, 2018 to confirm his eligibility. The next day, you updated your spouse's account and he was placed in the same pending Medicaid status.

You testified that you did not understand why your spouse was placed in pending Medicaid status and believe that the NYSOH representative made a mistake. You further testified that your spouse's income had not changed since last year and, therefore, you knew that he could not be eligible for Medicaid even though the representative told you that he was. You believe that, had it not been for the NYSOH representative's error in utilizing the incorrect income, your spouse would have been found eligible for the Essential Plan as of March 1, 2018.

However, according to telephone recordings, dated February 14, 2018 and February 15, 2018, you updated your spouse's application and advised the NYSOH representative that your spouse claims three dependents on his income tax return, including his son and his two daughters. You also told the representative that your spouse's income tax return showed that he earned \$33,578.00. Therefore, it is concluded that it was not NYSOH agent error in utilizing this information to determine your spouse's eligibility.

Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138% of the FPL for the applicable family size. On the date of your spouse's application, the relevant FPL was \$25,100.00 for a four-person household. Since \$33,578.00 is 133.78% of the 2018 FPL, your spouse could have been eligible for Medicaid based upon the income information you provided.

However, because this information did not match what state and federal data sources were showing, your spouse was placed in pending Medicaid status and required to submit documentary proof of his income.

No proof of your spouse's income was provided.

NYSOH must provide Medicaid 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.

The record reflects that, on March 2, 2018, you updated your spouse's account and because federal and state data sources matched the income information provided, he was found eligible for and enrolled in the Essential Plan, effective April 1, 2018. This is the date your spouse's application was considered complete. As such, NYSOH issued an eligibility determination notice on March 3, 2018, that stated your spouse was eligible for the Essential Plan effective April 1, 2018.

Since NYSOH issued an eligibility determination notice seventeen days from your initial application and one day from the date your spouse's application was considered complete, the March 3, 2018 eligibility determination notice was timely.

Therefore, the issue is further refined to whether your spouse's Essential Plan properly began as of April 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 March 2, 2018, you selected an Essential Plan for your spouse, so his enrollment properly took effect on the first day of the month following March 2018; that is, on April 1, 2018.

Therefore, the March 3, 2018 plan enrollment notice confirming that your spouse's enrollment in his Essential Plan was effective April 1, 2018, is correct and must be AFFIRMED.

Decision

The March 3, 2018 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: May 8, 2018

How this Decision Affects Your Eligibility

This decision does not change your spouse's eligibility for or enrollment 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).

Your spouse did not have health insurance through NYSOH in the month of March 2018.

Your spouse's enrollment in his Essential Plan is effective as of April 1, 2018.

This Decision does not affect any of your spouse's subsequent eligibility determinations.

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 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 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 March 3, 2018 plan enrollment notice is AFFIRMED.

This decision does not change your spouse's eligibility for or enrollment in the Essential Plan.

Your spouse did not have health insurance through NYSOH in the month of March 2018.

Your spouse's enrollment in his Essential Plan is effective as of April 1, 2018.

This Decision does not affect any of your spouse's subsequent eligibility determinations.

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।

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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.

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 okyerε 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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