



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

Notice of Decision

Decision Date: June 01, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009791

[REDACTED]

Dear [REDACTED],

On May 27, 2016, you appeared by telephone at an expedited hearing on your appeal of NY State of Health's May 20, 2016 notices of eligibility redetermination and enrollment confirmation regarding your spouse.

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

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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 an Essential Plan was effective July 1, 2016?

Procedural History

On May 14, 2016, based on your May 13, 2016 initial application, NY State of Health (NYSOH) issued a notice of eligibility determination that stated you and your spouse were eligible to enroll in the Essential Plan, effective June 1, 2016, and qualified to select a health plan outside of the open enrollment period.

Also on May 14, 2016, based on your plan selection on May 13, 2016, NYSOH issued an enrollment notice confirming that you and your spouse were enrolled in an Essential Plan, and that your plan would start June 1, 2016.

On May 16, 2016, NYSOH issued a notice of eligibility redetermination that stated you and your spouse were newly eligible to purchase a qualified health plan at full cost, effective June 1, 2016, and qualified to select a health plan outside of the open enrollment period.

Also on May 16, 2016, NYSOH issued a cancellation notice that stated your and your spouse's coverage in the Essential Plan you had selected would end as of June 1, 2016, its original date of inception.

On May 20, 2016, based on your updated application of May 19, 2016, NYSOH issued two more notices of eligibility redetermination. The first notice stated that you do not qualify for financial assistance or to enroll in any insurance affordability programs through NYSOH because state and federal data sources

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show you are receiving Medicare and are not a parent caretaker relative of a child younger than 19 years of age. The second notice stated your spouse was eligible to enroll in the Essential Plan, effective July 1, 2016.

Also on May 20, 2016, NYSOH issued an enrollment notice confirming that your spouse was enrolled in an Essential Plan and that his plan would start July 1, 2016.

That same day, you spoke to NYSOH's Account Review Unit and appealed the start date of your spouse's enrollment in the Essential Plan insofar as it did not begin June 1, 2016.

On May 27, 2016, 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) According to your NYSOH account, you submitted an application for financial assistance for you and your spouse on May 13, 2016, with the assistance of a NYSOH representative.
- 2) You testified, and your NYSOH account reflects, that you and your spouse selected and were enrolled in the Essential Plan 1 through Empire Blue Cross Blue Shield (BCBS) with an enrollment start date of June 1, 2016.
- 3) On May 15, 2016, NYSOH redetermine your and your spouse's eligibility for financial assistance and insurance affordability programs through NYSOH based on the updated application you submitted that day on your own. You were both found newly eligible to purchase a qualified health plan at full cost, effective June 1, 2015.
- 4) You testified that you thought you were just reviewing information in your account on May 15, 2016, and did not realize your activity on your NYSOH account that day would result in a redetermination of your and your spouse's eligibility.
- 5) According to your May 15, 2016 updated application, your household's income information that was on the May 13, 2016 initial application was not included.
- 6) As a result of your May 15, 2016 updated application and NYSOH's preliminary redetermination of that date, you and your spouse were

cancelled from the Empire BCBS Essential Plan 1 you had selected that was set to begin June 1, 2016.

- 7) On May 19, 2016, with the assistance of a NYSOH representative, NYSOH redetermined your and your spouse's eligibility and found that you personally had health insurance coverage through Medicare and, therefore, did not qualify for Medicaid or the Essential Plan through NYSOH. This finding was stated in the May 20, 2016 notice of eligibility redetermination regarding yourself.
- 8) Also on May 19, 2016, with the assistance of a NYSOH representative, NYSOH redetermined your spouse's eligibility and found that he was eligible to enroll in the Essential Plan, effective July 1, 2016, and was enrolled in the same Empire BCBS Essential Plan 1 as of that date. This finding and plan selection were confirmed in the May 20, 2016 notices of eligibility redetermination and enrollment regarding your spouse.
- 9) In May 20, 2016 and May 23, 2016 letters from your spouse's [REDACTED] and [REDACTED] respectively, his need for urgent and emergent medical services and treatment was explained (see Documents [REDACTED] and [REDACTED]). As a result, your appeal was expedited.
- 10) You testified that your honest mistakes on May 15, 2016, resulted in a chain reaction and your spouse's eligibility for and enrollment in the Essential Plan not taking effective to July 1, 2016, when he needs medical treatment and care immediately.
- 11) You are seeking to have your spouse's health insurance coverage in the Empire BCBS Essential Plan 1 begin June 1, 2016.

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>).

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The effective date of coverage in 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 your spouse's enrollment in the Essential Plan was effective July 1, 2016.

You testified, and the record indicates, that you submitted your NYSOH application on May 13, 2016, with the assistance of a NYSOH representative. As a result, you and your spouse were found eligible for the Essential Plan as of June 1, 2016 and enrolled into a plan with that start date.

On May 15, 2016, you updated your application on your own and did not include your household's income, which you credibly testified you had omitted by mistake. The omission of your household income resulted in an eligibility redetermination finding both you and your spouse qualified to purchase a health plan at full cost through NYSOH, effective June 1, 2016. That redetermination further resulted in both of you being disenrolled from the Essential Plan that was to begin on June 1, 2016.

Thereafter, on May 19, 2016, your application was updated again with the assistance of a NYSOH representative and your household's income was properly included, which in part resulted in your spouse being found eligible for the Essential Plan and enrolled in the same Empire BCBS Essential Plan 1 as of July 1, 2016.

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 May 13, 2016, you selected an Essential Plan for you and your spouse, such that your respective enrollments were properly set to take effect on the first day of the next month following May 13, 2016; that is, on June 1, 2016.

However, because you made an honest mistake in updating your application on May 15, 2016 by not including your household's income, NYSOH redetermined that you and your spouse were newly eligible to purchase a qualified health plan at full cost, effective June 1, 2016. The record reflects that on May 19, 2016, with the assistance of a NYSOH representative, your application was corrected to reflect your household's income and, in part, to redetermined your spouse again eligible for and enrolled in the Essential Plan, with an effective date of July 1, 2016. The July 1, 2016 start date was applied because your application was updated on May 19, 2016, after the 15th of the month. It is significant to note that, but for your error in updating your application on your own on May 15, 2016 and not including your household's income, your spouse's eligibility for and enrollment in the Essential Plan would have remained effective June 1, 2016.

Therefore by this decision, the May 14, 2016 notices of eligibility determination and enrollment as these notices are RESCINDED.

The May 20, 2016 notices of eligibility redetermination and enrollment regarding your spouse are MODIFIED to state your spouse is eligible for and enrolled in the Essential Plan, with Empire BCBS, effective June 1, 2016 and not July 1, 2016.

Your case is RETURNED to NYSOH to effectuate these changes and to notify you accordingly.

Decision

The May 14, 2016 notices of eligibility determination and enrollment are RESCINDED.

The May 20, 2016 notices of eligibility redetermination and enrollment regarding your spouse are MODIFIED to state your spouse is eligible for and enrolled in the Essential Plan, with Empire BCBS, effective June 1, 2016 and not July 1, 2016

Your case is RETURNED to NYSOH to effectuate these changes and to notify you accordingly.

Effective Date of this Decision: June 01, 2016

How this Decision Affects Your Eligibility

This decision does not change your spouse's eligibility.

This decision changes your spouse's effective date of eligibility for and enrollment in his Essential Health Plan from July 1, 2016 to June 1, 2016.

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).

NYSOH will make these changes and inform you accordingly.

You will be responsible for the monthly premium owed for June 2016, if applicable.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. 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 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:
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- By fax: 1-855-900-5557

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Summary

The May 14, 2016 notices of eligibility determination and enrollment are **RESCINDED**.

The May 20, 2016 notices of eligibility redetermination and enrollment regarding your spouse are **MODIFIED** to state your spouse is eligible for and enrolled in the Essential Plan, with Empire BCBS, effective June 1, 2016 and not July 1, 2016

Your case is **RETURNED** to NYSOH to effectuate these changes and to notify you accordingly.

This decision does not change your spouse's eligibility.

This decision changes your spouse's effective date of eligibility for and enrollment in his Essential Health Plan with Empire BCBS from July 1, 2016 to June 1, 2016.

NYSOH will make these changes and inform you accordingly.

You will be responsible for the monthly premium owed for June 2016, if applicable.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

