



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

Notice of Decision

Decision Date: January 19, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011407

[REDACTED]

On January 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 17, 2016 eligibility determination notice and May 17, 2016 disenrollment 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

Decision Date: January 19, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011407



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 you were disenrolled from your Essential Plan, effective May 31, 2016?

Procedural History

On December 18, 2015, NYSOH redetermined your eligibility for financial assistance with health insurance.

On December 19, 2015, NYSOH issued an eligibility determination notice, stating that you were eligible to enroll in the Essential Plan, effective January 1, 2016.

Also on December 19, 2015, NYSOH issued an enrollment confirmation notice, confirming your enrollment in an Essential Plan, with an enrollment start date of January 1, 2016.

On April 14, 2016, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by May 15, 2016 or you might lose the financial assistance you were currently receiving.

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On May 16, 2016, NYSOH redetermined your eligibility for financial assistance with health insurance.

On May 17, 2016, NYSOH issued an eligibility determination notice stating that you were newly conditionally eligible to purchase a qualified health plan at full cost through NYSOH, effective June 1, 2016.

Also on May 17, 2016, NYSOH issued a disenrollment notice stating that your enrollment in your Essential Plan was terminated, effective May 31, 2016.

On August 5, 2016, you updated your application for financial assistance with health insurance through NYSOH.

On August 6, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time, effective as of August 1, 2016.

Also on August 6, 2016, NYSOH issued an enrollment notice confirming your enrollment in your Essential Plan, with a plan enrollment start date of August 1, 2016.

On August 11, 2016, 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 on June 1, 2016.

On January 10, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing Mandarin Chinese interpreter [REDACTED] interpreted. Also, during the hearing, [REDACTED] acted as your Authorized Representative and assisted you with your testimony. 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) The record reflects that you were first determined eligible for the Essential Plan on December 18, 2015, with an effective date of January 1, 2016.
- 2) Your authorized representative testified that you are seeking to have coverage in the Essential Plan for June and July of 2016.
- 3) Your authorized representative testified that you have outstanding medical bills for those months.

- 4) Your authorized representative testified, and the record confirms, that you receive your notices from NYSOH via regular mail.
- 5) Your authorized representative testified that you realized that your coverage had ended sometime at the end of June 2016.
- 6) Your authorized representative testified that you updated your account with a certified application counselor in August of 2016.
- 7) The record reflects that you updated your account with a certified application counselor on August 5, 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>).

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: Twelve months of coverage

New York State has elected to adopt the Medicaid policy regarding 12 months of continuous enrollment (42 CFR § 600.320(d); New York's Basic Health Plan Blueprint, pp. 8 and 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

This means that an individual may apply and enroll for coverage at any point in time throughout the year, including outside the open enrollment period and

without needing a special enrollment period (NY Social Services Law § 369-gg(4)(d)).

New York State has also elected to redetermine Essential Plan enrollees every 12 months from the effective date of eligibility as long as enrollees are under age 65, not enrolled in minimum essential coverage and remain state residents. An individual enrolled in the Essential Plan shall have his or her coverage continued until the end of the 12 month period, provided he or she does not lose eligibility by reason of citizenship status, lack of state residence, failure to provide a valid social security number, providing inaccurate information that would affect eligibility when requesting or renewing health coverage, or failure to make the applicable premium payment. (42 CFR 600.340(f); NY Social Services Law § 369-gg(3) and (4)(d)). Enrollees are required to report changes in circumstances within 30 days, which NYSOH will assess and act upon accordingly (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>).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were disenrolled from your Essential Plan, effective May 31, 2016.

The record reflects that you were first found eligible for the Essential Plan, effective January 1, 2016.

New York State has elected to redetermine Essential Plan enrollees every 12 months from the effective date of eligibility as long as enrollees are under age 65, not enrolled in minimum essential coverage and remain state residents. An individual enrolled in the Essential Plan shall have his or her coverage continued until the end of the 12 month period, provided he or she does not lose eligibility by reason of citizenship status, lack of state residence, failure to provide a valid social security number, providing inaccurate information that would affect eligibility when requesting or renewing health coverage, or failure to make the applicable premium payment.

Generally, if none of the events noted above occur, the enrollee's coverage will continue until the end of the 12-month period from the effective date of the initial eligibility determination or from the effective date of renewal.

In the present case, there is no indication you were no longer eligible to remain enrolled in the Essential Plan. Therefore, your coverage should have continued until the end of the 12-month period from the effective date of the initial eligibility determination.

As you were originally determined eligible for the Essential Plan as of January 1, 2016, you should have remained enrolled in the Essential Plan until the end of the 12-month period thereafter, December 31, 2016.

As NYSOH improperly redetermined your eligibility on May 16, 2016, prior to the expiration of the 12-month period of eligibility, the May 17, 2016 eligibility determination notice and the May 17, 2016 disenrollment notice are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reenroll you in your Essential Plan, effective June 1, 2016.

Decision

The May 17, 2016 eligibility determination notice is **RESCINDED**.

The May 17, 2016 disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reenroll you in your Essential Plan, effective June 1, 2016.

Effective Date of this Decision: January 19, 2017

How this Decision Affects Your Eligibility

You should not have been disenrolled from your Essential Plan as of May 31, 2016.

Your case is being sent back to NYSOH to reenroll you in your Essential Plan as of June 1, 2016.

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.

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).

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:
NY State of Health Appeals
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The May 17, 2016 eligibility determination notice is RESCINDED.

The May 17, 2016 disenrollment notice is RESCINDED.

You should not have been disenrolled from your Essential Plan as of May 31, 2016.

Your case is RETURNED to NYSOH to reenroll you in your Essential Plan, effective June 1, 2016.

Your case is being sent back to NYSOH to reenroll you in your Essential Plan as of June 1, 2016.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

