



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

Notice of Decision

Decision Date: March 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013001

[REDACTED]

Dear [REDACTED],

On February 15, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 6, 2016 disenrollment and October 10, 2016 eligibility determination notices.

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: March 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013001



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 and your spouse were disenrolled from your Essential Plan, effective October 31, 2016?

Procedural History

On January 5, 2016, NYSOH issued an eligibility determination notice, based on your January 4, 2016 application for financial assistance, stating that you and your spouse were eligible to enroll in the Essential Plan, effective February 1, 2016.

Also on January 5, 2016, NYSOH issued an enrollment notice confirming that you and your spouse were enrolled in an Essential Plan with an enrollment start date of February 1, 2016.

On June 23, 2016, NYSOH redetermined you and your spouse's eligibility.

On June 24, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, that you and your spouse were eligible to enroll in the Essential Plan for a limited time. The notice directed you to submit additional income documentation by September 21, 2016 to confirm the information in your application.

Also on June 24, 2016, NYSOH issued an enrollment notice confirming that you and your spouse were enrolled in an Essential Plan with an enrollment start date of February 1, 2016.

On October 6, 2016, NYSOH issued a disenrollment notice stating that you and your spouse's Essential Plan would be terminated effective October 31, 2016 because you were no longer eligible to remain enrolled in your current plan.

On October 10, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, that you and your spouse were newly eligible to purchase a qualified health plan at full cost effective as of November 1, 2016. The notice states that you and your spouse were not eligible for financial assistance through NYSOH because the income documentation needed to verify the income listed in your application was not received within the required timeframe.

On October 25, 2016, your NYSOH account was updated.

On October 26, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, that you and your spouse were eligible to enroll in the Essential Plan for a limited effective as of December 1, 2016. The notice directed you to provide additional proof of income by January 23, 2017 to confirm your eligibility.

On November 1, 2016, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as you and your spouse had been disenrolled from your Essential Plan effective October 31, 2016.

On November 2, 2016, NYSOH issued an enrollment notice confirming, in relevant part, that you and your spouse were enrolled in the Essential Plan with an enrollment start date of December 1, 2016.

On February 15, 2017, 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 proceeding.

Findings of Fact

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

- 1) You and your spouse were determined eligible for the Essential Plan on January 4, 2016, with an effective date of February 1, 2016.
- 2) On June 23, 2016, NYSOH systemically redetermined you and your spouse's eligibility for financial assistance.

- 3) On June 24, 2016, issued an eligibility determination notice stating that you and your spouse were eligible to enroll in the Essential Plan for a limited time and directed you to submit additional income documentation by September 21, 2016 to confirm the information in your application.
- 4) According to NYSOH account, you receive notices from NYSOH electronically.
- 5) You testified that you do not recall receiving any electronic alerts notifying you of any notice in your NYSOH account that you and your spouse's eligibility was only conditional and that you needed to provide additional income documentation.
- 6) You testified that the email address listed in your NYSOH account is your current email address.
- 7) You testified that you first discovered there was an issue with your and your spouse's health insurance when you received an email from NYSOH in October 2016.
- 8) According to your NYSOH account, you and your spouse were re-enrolled into an Essential Plan on October 25, 2016, with an enrollment start date of December 1, 2016.
- 9) You testified that you found out that you and your spouse had a lapse in health insurance coverage while at a medical consultation on November 1, 2016.
- 10) You testified that you are seeking to have coverage in the Essential Plan be reinstated effective November 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 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: Renewal

New York State has elected to adopt the Medicaid policy regarding continuous enrollment throughout the year (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, are 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, failure to make the applicable premium payment, or changes in circumstances (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. 17, 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 and your spouse were disenrolled from your Essential Plan, effective October 31, 2016.

On January 4, 2016, you submitted an application for financial assistance. As a result of this application, you and your spouse were found eligible for the Essential Plan and enrolled in a health plan as of February 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).

On June 23, 2016, NYSOH systemically redetermined your and your spouse's eligibility for financial assistance. The following day, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to enroll in the Essential Plan for a limited time and directed you to submit additional income documentation by September 21, 2016 to confirm the information in your application.

No updates were received within the required time frame and on October 6, 2016, NYSOH issued a disenrollment notice stating that your enrollment in your Essential Plan was terminated, effective October 31, 2016.

New York State has elected to redetermine Essential Plan enrollees only every 12 months from the effective date of eligibility as long as enrollees are under age 65, are not enrolled in minimum essential coverage, 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, failure to make the applicable premium payment, or changes in circumstances.

Since you were found eligible for and enrolled in the Essential Plan as of February 1, 2016, your coverage should have continued for 12 months; that is, until January 31, 2017, barring any of the disqualifying events stated above.

The record does not contain one of the disqualifying events that would have ended your coverage in the Essential Plan prior to the end of the 12-month period. Therefore, NYSOH improperly redetermined your and your spouse's eligibility on October 10, 2016, prior to the expiration of the 12-month period of eligibility.

Therefore, the October 10, 2016, eligibility determination and October 6, 2016 disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to re-enroll you and your spouse in the Essential Plan, effective November 1, 2016, and to notify you accordingly.

Decision

The October 10, 2016, eligibility determination notice is RESCINDED.

The October 6, 2016, disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to re-enroll you and your spouse in your Essential Plan, effective November 1, 2016, and to notify you accordingly.

Effective Date of this Decision: March 13, 2017

How this Decision Affects Your Eligibility

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

Your case is being sent back to NYSOH to reenroll you and your spouse in the Essential Plan as of November 1, 2016. NYSOH will notify you once this is done.

You will be responsible to pay the monthly health insurance premiums to the health plan in order to effectuate this coverage for the month of November 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.

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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The October 10, 2016, eligibility determination notice is RESCINDED.

The October 6, 2016, disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to re-enroll you and your spouse in your Essential Plan, effective November 1, 2016, and to notify you accordingly.

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

Your case is being sent back to NYSOH to reenroll you and your spouse in the Essential Plan as of November 1, 2016. NYSOH will notify you once this is done.

You will be responsible to pay the monthly health insurance premiums to the health plan in order to effectuate this coverage for the month of November 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

