



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

Notice of Decision

Decision Date: April 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014219

[REDACTED]

Dear [REDACTED],

On March 30, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's failure to enroll you in an Essential Plan for June 2016 and the August 10, 2016 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

Decision Date: April 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014219

[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) fail to enroll you in an Essential Plan for the month of June 2016?

Did NYSOH properly determine that you were enrolled in an Essential Plan effective September 1, 2016?

Procedural History

On February 13, 2016, NYSOH issued an eligibility determination notice stating that were eligible for Medicaid effective as of February 1, 2016.

Also on February 13, 2016, NYSOH issued an enrollment notice confirming that as of February 12, 2016, you were enrolled in a Medicaid Managed Care (MMC) plan with an enrollment start date of March 1, 2016.

On April 21, 2016, your NYSOH account was updated.

On April 22, 2016, NYSOH issued an eligibility determination notice stating that you were not eligible for financial assistance or to purchase a qualified health plan at full cost through because you were not a resident of New York State.

Also on April 22, 2016, NYSOH issued a disenrollment notice stating that your coverage would end effective May 31, 2016.

On May 2, 2016, your NYSOH account was updated.

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On May 3, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan effective as of June 1, 2016.

On June 9, 2016, your NYSOH account was updated.

On June 10, 2016, NYSOH issued an eligibility determination notice stating that you were not eligible for financial assistance or to purchase a qualified health plan at full cost through because you were not a resident of New York State. Your eligibility would end June 30, 2016.

On August 9, 2016, you updated your NYSOH account.

On August 10, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan effective as of September 1, 2016.

Also on August 10, 2016, NYSOH issued an enrollment notice confirming that as of August 9, 2016, you were enrolled in an Essential Plan with an enrollment start date of September 1, 2016.

On December 21, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as not being enrolled in an Essential Plan in June 2016.

On March 30, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was left open until March 31, 2017 to allow: (1) You to submit a copy of your New York State Driver License; (2) The Hearing Officer to request the recording of your conversation with the NYSOH representative on May 2, 2016.

On March 31, 2017 you faxed a copy of your New York State Driver License to NYSOH's Appeals Unit. That documentation has been incorporated into the record and will be referred to as "Appellant Exhibit A."

On April 5, 2017, NYSOH provided the recording of your conversation with NYSOH on May 2, 2016. That recording has been incorporated into the record and will be referred to as "NYSOH Exhibit 1." The record is now complete and closed.

Findings of Fact

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

- 1) You testified that you moved from South Carolina to New York in January 2016.

- 2) According to your NYSOH account, the February 13, 2016 eligibility determination, and February 13, 2016 enrollment notices were sent back to NYSOH as "RETURN MAIL" [REDACTED]). The notices were marked "RETURN TO SENDER" with the address of [REDACTED]
- 3) Your NYSOH account reflects that your mailing and residential addresses were updated to: [REDACTED] on April 21, 2016.
- 4) On May 2, 2016, you contacted NYSOH because you received a notice stating that your health coverage would terminate May 31, 2016, and updated your address to: [REDACTED] (NYSOH Exhibit 1).
- 5) On May 2, 2016, you updated your account and attempted to reapply for financial assistance through NYSOH. The representative notified you that the system was currently down, and you needed to call back the next day to complete your application (NYSOH Exhibit 1).
- 6) On May 3, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for the Essential Plan, and you needed to select a health plan [REDACTED]
- 7) The May 3, 2016 notice was sent back to NYSOH as "RETURN MAIL" [REDACTED]). The notices were marked "RETURN TO SENDER" with the address of [REDACTED]
- 8) According to your NYSOH account, you contacted NYSOH on August 9, 2016, and enrolled in an Essential Plan.
- 9) You testified that you did not enroll in a health plan because you received a notice from NYSOH stating that you were not a NYS resident.
- 10) You testified that you that you were hospitalized on [REDACTED], and have incurred approximately \$1,700 in medical expenses because of that hospitalization.
- 11) You testified that you want to be enrolled in an Essential Plan for June 2016 to cover the outstanding medical expenses.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

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Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

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)).

Legal Analysis

The first issue under review is whether NYSOH failed to enroll you in an Essential Plan for June 2016.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, that their residency status is satisfactory.

The record reflects that the February 13, 2016 eligibility determination, and February 13, 2016 enrollment notices were sent back to NYSOH marked "RETURN TO SENDER" with the address of [REDACTED] (see [REDACTED]). Based on that return mail, your address was updated to [REDACTED] on April 21, 2016.

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On May 2, 2016, you contacted NYSOH because you received a notice stating that your health coverage would terminate May 31, 2016. During that conversation, you updated your address to [REDACTED] and attempted to reapply for financial assistance through NYSOH. However, the representative notified you that the system was currently down, and you needed to call back the next day to complete your application (NYSOH Exhibit 1).

On May 3, 2016, NYSOH issued an eligibility determination notice, to the mailing address that you confirmed on May 2, 2016, stating that you were eligible for the Essential Plan, and you needed to select a health plan ([REDACTED]). However, that notice was sent back to NYSOH as marked "RETURN TO SENDER" with the address of [REDACTED] ([REDACTED])."

You testified that you did not enroll in a health plan because you received a notice from NYSOH stating that you were not a NYS resident. The record reflects that, subsequent to the May 2, 2016 conversation, NYSOH did not issue a notice stating that you were not eligible based on your residency status until June 10, 2016.

The credible record reflects that you did not contact NYSOH until August 9, 2016, to complete your application and enroll in a health plan. Therefore, NYSOH did not fail to enroll you in a health plan for June 2016.

The second issue under review is whether NYSOH properly determined that your enrollment in the Essential Plan was effective September 1, 2016.

The record indicates, that you updated your NYSOH application on August 9, 2016. As a result, you were found eligible for the Essential Plan and enrolled into a plan that day.

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 August 9, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the first month following August 9, 2016; that is, on September 1, 2016.

Therefore, the August 10, 2016, enrollment notice confirming that your enrollment in the Essential Plan was effective September 1, 2016, is correct and must be AFFIRMED.

Decision

NYSOH did not fail to enroll you in a health plan in June 2016.

The August 10, 2016, enrollment notice is AFFIRMED.

Effective Date of this Decision: April 20, 2017

How this Decision Affects Your Eligibility

You were not enrolled in the Essential Plan in June 2016.

Your Essential Plan coverage began effective September 1, 2016.

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

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 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:

- 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

NYSOH did not fail to enroll you in a health plan in June 2016.

The August 10, 2016, enrollment notice is AFFIRMED.

You were not enrolled in the Essential Plan in June 2016.

Your Essential Plan coverage began effective September 1, 2016.

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

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).

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&tumi 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 איר געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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