



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

Notice of Decision

Decision Date: May 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014719

[REDACTED]

Dear [REDACTED]

On March 31, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 20, 2016 eligibility determination notice and the January 31, 2017 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: May 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014719



Issue

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

Did NY State of Health (NYSOH) properly determine your eligibility for and enrollment in your Essential Plan was effective no sooner than February 1, 2017?

Procedural History

On March 4, 2016, NYSOH received your application for health insurance, which did not request financial assistance.

On March 5, 2016, NYSOH issued an eligibility determination notice stating you were eligible to purchase a Qualified Health Plan at full cost through NYSOH, effective April 1, 2016.

Also on March 5, 2016, NYSOH issued an enrollment confirmation notice, confirming your selection of Qualified Health Plan, with an enrollment start date of April 1, 2016.

On October 22, 2016, NYSOH issued a notice stating it was time to renew your health insurance for the upcoming coverage year. The notice stated that NYSOH could not enroll you in your current health plan for the next coverage year. The notice directed you to select a different health plan between November 16, 2016 and December 15, 2016 for your new plan to be effective January 1, 2017.

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On November 25, 2016 NYSOH issued a disenrollment notice stating your coverage through your Qualified Health Plan was terminated, effective December 31, 2016.

No new plan selection was received by December 15, 2016.

On December 19, 2016, NYSOH received your updated application for financial assistance with health insurance.

On December 20, 2016, NYSOH issued an eligibility determination notice stating you were eligible to enroll in the Essential Plan, for a limited time, effective February 1, 2017. The notice directed you to submit proof of your income, by March 19, 2017, to confirm your eligibility or you might lose your insurance or receive less help paying for your coverage.

On January 9, 2017, NYSOH systematically redetermined your eligibility. That day, a preliminary determination was prepared finding you eligible for the Essential Plan.

Also on January 9, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as you were not eligible to enroll in the Essential Plan in January 2017.

On January 10, 2017, NYSOH issued an eligibility determination notice, based on a January 9, 2017 systematic redetermination, stating you were eligible to enroll in the Essential Plan, effective February 1, 2017.

On January 31, 2017, NYSOH issued a notice of enrollment, based on your January 30, 2017 plan selection, confirming your enrollment in an Essential Plan, effective February 1, 2017.

On March 31, 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 hearing.

Findings of Fact

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

- 1) You enrolled in a Qualified Health Plan through NYSOH with coverage effective April 1, 2016.
- 2) On October 22, 2016, NYSOH issued a notice indicating you had to select a new health plan between November 16, 2016 and December 15, 2016 to continue your health coverage for 2017.

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- 3) According to your NYSOH account, you began an application for financial assistance with health insurance on December 5, 2016, but the application was not submitted until December 19, 2016.
- 4) Pursuant to that application, on December 19, 2016, you were determined eligible to enroll in the Essential Plan, effective February 1, 2016.
- 5) You testified you did not submit your application earlier because a NYSOH representative advised you that you needed to apply for Medicare first due to your medical diagnosis of [REDACTED].
- 6) NYSOH Appeals Unit reviewed recorded telephone calls you made to NYSOH on December 7, 2016 and determined the following:
 - a. You advised the representative that you were recently diagnosed with a serious medical condition.
 - b. You stated that you had started an application on the NYSOH website, but the application did not save and you were calling for help completing the application.
 - c. You stated you needed to have insurance coverage for January 2017.
 - d. The representative told you that due to your medical needs you needed to be on Medicare and directed you to contact your local Social Security office to apply for Medicare.
 - e. You stated you were confused as to what to do first.
 - f. The NYSOH representative advised you that you needed to apply for Medicare first.
- 7) You testified that after you spoke with a NYSOH representative on December 7, 2016, you applied and were approved for disability benefits beginning in February 2017.
- 8) You testified you called NYSOH back after you received your disability benefit decision and you completed your application with NYSOH.
- 9) Your account confirms the application started on December 5, 2016 was submitted on December 19, 2016.
- 10) Your account confirms you selected a health plan on January 30, 2107. Your coverage through this plan became effective February 1, 2017.

- 11) You testified you did not select a health plan prior to January 30, 2017 because you knew you were not eligible to enroll until February 1, 2017.
- 12) You testified, and your account confirms, you had a gap in your health coverage for the month of January 2017.
- 13) You testified you have outstanding medical bills from that time.
- 14) You testified you are seeking the coverage through your Essential Plan backdated to January 1, 2017.

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

Applicable Law and Regulations

Essential Plan – Effective Dates of Coverage

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 issue under review is whether NYSOH properly determined your eligibility for and enrollment in your Essential Plan was effective no sooner than February 1, 2017.

You enrolled in a Qualified Health Plan through NYSOH with coverage effective April 1, 2016. On October 22, 2016, NYSOH issued a notice indicating you had to select a new health plan between November 16, 2016 and December 15, 2016

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to continue your health coverage for 2017. No new plan was selected by December 15, 2016 and your coverage through your Qualified Health Plan ended on December 31, 2016.

On December 5, 2016, you started an application for financial assistance with health insurance through the NYSOH website. According to recordings of telephone calls you made to NYSOH on December 7, 2016, you contacted NYSOH to complete your application. You told the representative you were seeking insurance coverage for January 2017, because you were recently diagnosed with a serious medical condition and you needed coverage for your treatments. The NYSOH representative advised you that because of your medical diagnosis, you first needed to apply for Medicare coverage through your local Social Security office. As a result, you did not complete your application that day.

You testified you called NYSOH back after you had applied for and received a decision regarding your disability benefits. Your account indicates the application started on December 5, 2016 was finally submitted on December 19, 2016. You were determined eligible to enroll in the Essential Plan on December 19, 2016, but your eligibility was not effective until February 1, 2017. As a result, you were not eligible to enroll in health insurance through NYSOH for the month of January 2017. You testified you have outstanding medical bills from that time.

Pursuant to the above cited regulations, 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 coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month. 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.

As discussed above, you began your application for financial assistance with health insurance on December 5, 2016 and you called NYSOH on December 7, 2016 for help completing that application; however, you were directed by a NYSOH representative that you first needed to apply for Medicare coverage with your local Social Security office. Due to this misinformation provided to you by the NYSOH representative, as confirmed in the recording of the December 7, 2016 conversation, your application was not submitted that day. Instead, your application was submitted on December 19, 2016, after you had applied for disability benefits. Since this was after the fifteenth day of the month your eligibility was not effective until February 1, 2017.

Given the totality of the evidence, it is concluded that had it not been for the misinformation provided by the NYSOH representative on December 7, 2016,

you would have submitted your application that day, prior to the fifteenth day of the month, and your eligibility would have been effective January 1, 2017.

Accordingly, the December 20, 2016 eligibility determination stating you were eligible to enroll in the Essential Plan, effective February 1, 2017, is MODIFIED to reflect your eligibility was effective January 1, 2017.

Additionally, the January 31, 2017 enrollment confirmation notice stating you were enrolled in an Essential Plan, effective February 1, 2017 is MODIFIED to reflect your coverage through this plan was effective January 1, 2017.

Your case is RETURNED to NYSOH to ensure you are enrolled in your Essential Plan, effective January 1, 2017. NYSOH is directed to correct any subsequent eligibility determinations which provide an eligibility start date for your Essential Plan not in compliance with this decision.

Regarding your medical diagnosis, please be advised that individuals who are not eligible for MAGI-based Medicaid because they are receiving Medicare, over the age of 65, or have become certified disabled may qualify for Medicaid under non-MAGI standards. NYSOH is required to refer these individuals to their Local Department of Social Services (LDSS) for redetermination of their Medicaid eligibility.

Therefore, your case is also RETURNED to NYSOH to refer your case to the Ulster County Department of Social Services.

Decision

The December 20, 2016 eligibility determination is MODIFIED to reflect your eligibility was effective January 1, 2017.

The January 31, 2017 enrollment confirmation notice is MODIFIED to reflect your coverage through your Essential Plan was effective January 1, 2017.

Your case is RETURNED to NYSOH to ensure you are enrolled in your Essential Plan, effective January 1, 2017. NYSOH is directed to correct any subsequent eligibility determinations which provide an eligibility start date for your Essential Plan not in compliance with this decision.

Effective Date of this Decision: May 18, 2017

How this Decision Affects Your Eligibility

Your eligibility for and enrollment in the Essential Plan should have been effective as of January 1, 2017.

Your case is being sent back to NYSOH to reenroll you in your Essential Plan as of January 1, 2017 and to correct any subsequent eligibility determinations which provide an eligibility start date for your Essential Plan not in compliance with this decision.

Your case is RETURNED to NYSOH to refer your case to the Ulster County Department of Social Services.

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 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 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

Summary

The December 20, 2016 eligibility determination is MODIFIED to reflect your eligibility was effective January 1, 2017.

The January 31, 2017 enrollment confirmation notice is MODIFIED to reflect your coverage through your Essential Plan was effective January 1, 2017.

Your case is RETURNED to NYSOH to ensure you are enrolled in your Essential Plan, effective January 1, 2017. NYSOH is directed to correct any subsequent eligibility determinations which provide an eligibility start date for your Essential Plan not in compliance with this decision.

Your eligibility for and enrollment in the Essential Plan should have been effective as of January 1, 2017.

Your case is RETURNED to NYSOH to refer your case to the Ulster County Department of Social Services.

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:



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

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