nystateofhealth
The Official Health Plan Marketplace

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

Notice of Decision

Decision Date: May 1, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000014904

[redacted]

Dear [redacted],

On April 24, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 14, 2017 disenrollment notice and the January 18, 2017 enrollment confirmation notice. You also appealed to be eligible for Medicaid in the month of January 2017.

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 1, 2017

NY State of Health Account ID: [redacted]
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Issues

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

> Can the Appeals Unit of NY State of Health (NYSOH) review your appeal insofar as you object to the termination of your Essential Plan coverage for non-payment of premium, effective December 31, 2016?
>
> Did NYSOH properly determine that your reenrollment in the Essential Plan was effective February 1, 2017?
>
> Were you eligible for Medicaid in the month of January 2017?

Procedural History

On February 18, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan, effective April 1, 2016, with a monthly premium of $20.00.

On June 4, 2016, NYSOH issued a notice confirming your enrollment in an Essential Plan, effective July 1, 2016.

On January 14, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your Essential Plan was terminated, effective December 31, 2016, because you did not pay your insurance bill the by the payment deadline.

On January 17, 2017, you updated your account and re-enrolled into an Essential Plan.

Also on January 17, 2017, you spoke to NYSOH's Account Review Unit and appealed the termination of your Essential Plan coverage for the month of January 2017.

On January 18, 2017, NYSOH issue a notice of enrollment confirmation, based on your plan selection on January 17, 2017, stating that you were enrolled in an Essential Plan effective February 1, 2017.

On February 2, 2017, NYSOH issued a renewal notice stating that it was time to renew your health insurance coverage. The notice stated that you were eligible for Medicaid, effective April 1, 2017. You were also enrolled into a Medicaid Managed Care plan, effective April 1, 2017.

On April 24, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you indicated that you also wanted to find out whether you were eligible for retroactive Medicaid. 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 testified that you are appealing your disenrollment from your Essential Plan for the month of January 2017.

2) You were enrolled into an Essential Plan, effective July 1, 2016.

3) You testified that you paid your premiums to your Essential Plan each month by automatic payment.

4) You testified that you had to get a new bank card at some point before your January 2017 premium payment was made, because the strip on your previous bank card was no longer working

5) You testified that the new bank card contained different numbers on the back, and that this somehow caused your January 2017 premium automatic payment not to go through.

6) You testified that you do not know why this happened, as you had other automatic payments for other companies that were not affected, and only your Healthfirst premium payment was impacted.

7) You testified that you did not know you had been disenrolled from your coverage until approximately January 15, 2017, when you tried to go to

a [redacted] appointment, and were told that your coverage was not active.

8) You testified that you had already used your coverage at some other medical appointments, as well as at a pharmacy, and no one indicated that there was a problem with your coverage.

9) You testified that you paid approximately $75 in copayments in the month of January 2017 and, so far, you have not received any medical bills from the providers you saw in that month.

10) You testified that, when you became aware that you had been disenrolled, you contacted NYSOH and were bounced back and forth between NYSOH and your health plan.

11) Your NYSOH account reflects that you re-enrolled into an Essential Plan on January 17, 2017, and your coverage was effective February 1, 2017.

12) You testified that you plan to file your 2017 income taxes as married, filing jointly, and that you do not plan to claim any dependents on that tax return.

13) You testified that your gross income in the month of January 2017 was $800.00, and your spouse's gross income in that month was $760.00 per week.

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

Applicable Law and Regulations

Appealable Issues

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

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)).

Medicaid for Adults between the Ages of 19 and 65

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

In an analysis of Medicaid eligibility, the determination is based on the FPL "for the applicable budget period used to determine an individual's eligibility" (42 CFR § 435.4). On the date of your application, that was the 2017 FPL, which is $16,240.00 for a two-person household (82 Fed. Reg. 8831).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

Retroactive Medicaid

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of an initial application if the individual received medical services that would have been covered under Medicaid and the individual would have been eligible for Medicaid at the time he received the services if he had applied (42 USCA § 1396A(34); 42 CFR § 435.915(a)). The

Department of Health may make eligibility effective for fee-for-service Medicaid on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Legal Analysis

The first issue under review is whether the Appeals Unit of NYSOH can review your appeal insofar as you object to the termination of your Essential Plan coverage for non-payment of premium, effective December 31, 2016.

On June 2, 2016, you were enrolled in an Essential Plan, effective July 1, 2016.

You testified that you paid your premiums to your Essential Plan for every month using automatic payment from your bank. However, in January 2017, you had a problem with your premium payment because you had recently been issued a new bank card, which had some different numbers on it than your previous bank card. You testified that this caused a problem with your January 2017 premium payment, and that you were unaware of this problem until mid-January.

On January 14, 2017, NYSOH issued a notice stating that you were disenrolled from your Essential Plan for non-payment of premiums, effective December 31, 2016.

NYSOH Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure to provide timely notice of an eligibility determination and (5) a denial of a special enrollment period.

Since the Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums, we cannot reach the merits as to whether you were properly terminated from your Essential Plan for non-payment of premiums. Therefore, your appeal of the January 14, 2017 disenrollment notice is DISMISSED as a non-appealable issue.

The second issue under review is whether NYSOH properly determined that your reenrollment in your Essential Plan was effective February 1, 2017.

You contacted NYSOH on January 17, 2017 to reenroll into an Essential Plan.

The date on which an Essential Plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and 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 and the end of the month goes into effect on the first day of the second following month.

As you contacted NYSOH to reenroll into an Essential Plan on January 17, 2017, your reenrollment should have taken effect the first day of the second following month after January 2017; that is, on March 1, 2017. However, NYSOH granted you an earlier enrollment start date of February 1, 2017.

Therefore, the January 18, 2017 enrollment confirmation notice stating that your reenrollment in your Essential Plan was effective February 1, 2017 is AFFIRMED.

The third issue under review is whether you were alternatively eligible for Medicaid coverage in the month of January 2017.

You are in a two-person household; you file your taxes with a tax filing status of married, filing jointly, and claim no dependent on your tax return.

At the hearing, you testified that you incurred medical expenses during the month of January 2017 that you believe you may be billed for, as your Essential Plan coverage was not active in that month.

When an individual files an initial application for Medicaid, his or her eligibility for retroactive Medicaid depends on the date of application. To this end, it does not matter whether that initial application resulted in Medicaid going forward. Instead, an individual, who has filed an initial application for Medicaid through NYSOH, has the right to be evaluated for Medicaid for the three months before the month of his or her application.

Medicaid coverage can be made effective retroactively for up to three months prior to an individual's initial application if the individual received medical services that would have been covered under Medicaid and if they would have been eligible for Medicaid in those three months had they applied. In this instance, since you were found eligible for Medicaid as of April 1, 2017, your eligibility in the month of January 2017 can be reviewed.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. To be eligible for Medicaid in January 2017, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is $1,868.00 per month. There is no indication in the record that you would have been ineligible for Medicaid based on non-financial criteria during January 2017.

You testified that you earned gross income of $800.00 per month. You testified that your spouse earned $760.00 per week in January 2017, which amounts to $3,040.00. Therefore, the record indicates that in the month of January 2017, you had a monthly household income of $3,840.00

Since your income of $3,840.00 was more than the $1,868.00 monthly Medicaid limit for January 2017, you would not have been eligible for Medicaid coverage in the month of January 2017.

Decision

Your appeal of the insurer's termination of your enrollment in the Essential Plan for non-payment of premiums, effective December 31 ,2016, is DISMISSED as a non-appealable issue.

The January 18, 2017 enrollment confirmation notice is AFFIRMED.

You were not eligible for Medicaid in the month of January 2017.

Effective Date of this Decision: May 1, 2017

How this Decision Affects Your Eligibility

This decision does not change your current eligibility.

Your reenrollment in an Essential Plan was effective February 1, 2017.

You were not eligible for Medicaid in January 2017 because you were over the Medicaid income limit.

You may contact the NY State Department of Financial Services at (800) 342-3736 if you would like more information about filing a complaint with regard to the actions of your health insurance plan.

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 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

Your appeal of the insurer's termination of your enrollment in the Essential Plan for non-payment of premiums, effective December 31 ,2016, is DISMISSED as a non-appealable issue.

The January 18, 2017 enrollment confirmation notice is AFFIRMED.

You were not eligible for Medicaid in the month of January 2017.

This decision does not change your current eligibility.

Your reenrollment in an Essential Plan was effective February 1, 2017.

You were not eligible for Medicaid in January 2017 because you were over the Medicaid income limit.

You may contact the NY State Department of Financial Services at (800) 342-3736 if you would like more information about filing a complaint with regard to the actions of your health insurance plan.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[redacted]

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).

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。我们可以为您免费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 مجانًا.

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 महत्त्वपूर्ण 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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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