



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

Notice of Decision

Decision Date: May 05, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014934

[REDACTED]

Dear [REDACTED]

On April 14, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 2, 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: May 05, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014934



Issue

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

Did NY State of Health (NYSOH) properly disenroll you and your spouse from the Essential Plan effective November 30, 2016?

Procedural History

On December 8, 2015, NYSOH issued an eligibility determination notice, in relevant part, that you and your spouse were eligible to enroll in the Essential Plan effective as of January 1, 2016.

Also on December 8, 2015, NYSOH issued an enrollment notice confirming, in relevant part, that you and your spouse were enrolled in an Essential Plan with an enrollment start date of January 1, 2016.

On October 19, 2016, NYSOH issued a notice that it was time to renew your family's health insurance. That notice stated that based on the information from federal and state sources, NYSOH could not make a decision about whether your family qualified for financial help paying for your health coverage, and that you needed to update your account by December 15, 2016 or you might lose the financial assistance your family was currently receiving.

On December 2, 2016, NYSOH issued a disenrollment notice stating, in relevant part that your and your spouse's coverage in the Essential Plan ended on November 30, 2016, because you asked to end your coverage on that date.

On December 12, 2016, your NYSOH account was updated.

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On December 13, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, that you and your spouse were eligible to enroll in the Essential Plan, effective January 1, 2017.

Also on December 13, 2016, NYSOH issued an enrollment notice confirming, in relevant part, that you and your spouse were enrolled in an Essential Plan with an enrollment start date of January 1, 2017.

On January 18, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as not being enrolled in an Essential Plan in December 2016.

On April 14, 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 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 seeking to be enrolled in the Essential Plan for the month of December 2016.
- 2) You testified you attempted to renew your family's coverage for the upcoming policy year in 2017. However, there was an error in the system that would not allow you to re-enroll your family.
- 3) You testified you contacted NYSOH, and the NYSOH representative was unable to enroll your family in coverage for the upcoming policy year.
- 4) According to the events tab in your NYSOH account, the telephone conversation between your spouse and the NYSOH representative occurred on November 30, 2016 at 10:24:20 a.m.
- 5) You testified that the NYSOH representative instructed you to cancel the NYSOH account in your spouse's name and open a new account in your name.
- 6) According to your NYSOH account, your family's plan enrollments were deleted on November 30, 2016.
- 7) You testified that you thought that your Essential Plan would end December 31, 2016, not November 30, 2016.

- 8) According to your NYSOH account, you and your spouse were re-enrolled in an Essential Plan on December 12, 2016, with an enrollment start date of January 1, 2017.
- 9) According to the Appeal Summary, dated March 9, 2017, a defect was filed [REDACTED] concerning the error in your NYSOH account, which was resolved on December 30, 2016 [REDACTED] [REDACTED] Entry dated "01/24/2017").
- 10) You testified that the defect was not adequately resolved in that you needed your Essential Plan coverage to be reinstated for the month of December 2016, to cover approximately \$2,000.00 in medical expenses that were incurred in that month.

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

Applicable Law and Regulations

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>).

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Legal Analysis

The issue under review is whether NYSOH properly determined that you and your spouse were disenrolled from your Essential Plan, effective November 30, 2016.

On December 7, 2015, 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 into a health plan effective January 1, 2016.

On October 19, 2016, NYSOH issued a renewal notice stating 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 December 15, 2016, or your family might lose the financial assistance you were currently receiving.

The record supports that you attempted to renew your family's coverage for the 2017 policy year on November 30, 2016. However, there was an error in the system that would not allow you to re-enroll your family. Based on the error, you and a NYSOH representative were unable to enroll your family in coverage.

You testified that the NYSOH representative instructed you to cancel the NYSOH account in your spouse's name and open a new account in your name. Following the representative's instructions, your family's plan enrollments were deleted and your Essential Plan was terminated effective November 30, 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 and your spouse were found eligible for and enrolled in the Essential Plan as of January 1, 2016, your coverage should have continued for 12 months; that is, until December 31, 2016, barring any of the disqualifying events stated above.

In the present case, you and your spouse's coverage was discontinued prematurely based on misinformation from NYSOH. If not for that misinformation, your and your spouse's coverage would have continued until December 31, 2016.

Since you and your spouse's coverage was discontinued before the expiration of the 12-month eligibility period, the December 2, 2016, disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your and your spouse's Essential Plan for December 2016.

Decision

The December 2, 2016, disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reenroll you and your spouse in the Essential Plan for December 2016.

Effective Date of this Decision: May 05, 2017

How this Decision Affects Your Eligibility

You and your spouse should not have been disenrolled from your Essential Plan effective November 30, 2016.

Your case is being sent back to NYSOH to reenroll you and your spouse in the Essential Plan from December 1, 2016 through December 31, 2016.

You will be responsible for any health insurance premiums in order to effectuate this coverage.

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 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 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

The December 2, 2016, disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reenroll you and your spouse in the Essential Plan for December 2016.

You and your spouse should not have been disenrolled from your Essential Plan effective November 30, 2016.

Your case is being sent back to NYSOH to reenroll you and your spouse in the Essential Plan from December 1, 2016 through December 31, 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).

You will be responsible for any health insurance premiums in order to effectuate this coverage.

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

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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