



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

Notice of Decision

Decision Date: May 31, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015904

[REDACTED]

Dear [REDACTED],

On May 23, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 9, 2017 disenrollment and February 17, 2017 plan enrollment 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: May 31, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015904



Issues

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

Did NY State of Health (NYSOH) properly disenroll you from the Essential Plan effective January 31, 2017?

Did NYSOH properly re-enroll you in the Essential Plan effective April 1, 2017?

Procedural History

On October 8, 2016, NYSOH issued a plan enrollment notice confirming that you were enrolled in an Essential Plan with an enrollment start date of October 1, 2016. The notice directed you to submit additional income documentation to confirm your eligibility before January 2, 2017.

On October 9, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan for a limited time effective as of October 1, 2016. The notice also directed you to submit additional income documentation to confirm your eligibility before January 2, 2017.

On January 8, 2017, your NYSOH account was updated.

On January 9, 2017, NYSOH issued a disenrollment notice stating that your Essential Plan would terminate January 31, 2017, because you were no longer eligible to remain enrolled in the Essential Plan.

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Also on January 9, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for a tax credit up to \$266.00 per month, effective as of February 1, 2017. The notice also stated that you no longer qualified for the Essential Plan as of January 31, 2017.

On February 16, 2017, your NYSOH account was updated, and you spoke to NYSOH's Account Review Unit and requested an appeal insofar as you were not enrolled in the Essential Plan for the month of February 2017.

On February 17, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan for a limited time effective as of April 1, 2017. The notice directed you to submit additional income documentation to confirm your eligibility by May 17, 2017.

Also on February 17, 2017, NYSOH issued a plan enrollment notice confirming that, as of your plan selection on February 16, 2017, you were enrolled in an Essential Plan with an enrollment start date of April 1, 2017. The notice directed you to submit additional income documentation to confirm your eligibility by May 17, 2017.

On May 23, 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) According to your NYSOH account and testimony, you were enrolled in an Essential Plan through Healthfirst, effective October 1, 2016.
- 2) You testified you were told by a Healthfirst representative that you would be enrolled in the Essential Plan for twelve consecutive months.
- 3) You testified that you did not receive the notices from NYSOH requesting additional documentation because you were travelling for work.
- 4) You testified you were receiving all of your notices from NYSOH via regular mail.
- 5) According the March 24, 2017 notice from NYSOH and your testimony, you selected to receive information from NYSOH by email on March 23, 2017 (see Document [REDACTED]).

- 6) No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable.
- 7) You testified you went to a doctor's appointment on [REDACTED], and they did not notify you that your health insurance had been cancelled.
- 8) You testified that, on February 14, 2017, you found out that your Essential Plan had been cancelled when picking up medication at the pharmacy.
- 9) According to your NYSOH account, you re-enrolled in the Essential Plan on February 16, 2017.
- 10) You testified that you are seeking reinstatement of the Essential Plan for February 2017 to cover the approximately \$150.00 in medical expenses that were incurred because you were not enrolled in a health plan 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

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).

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow the NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i)). If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the

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inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f); 42 CFR §600.345 (a)) See also 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>).

NYSOH must provide the applicant with notice of the inconsistency. NYSOH must then provide the applicant with 90 days to provide satisfactory documentary evidence (45 CFR §155.315(f)(2)). If NYSOH remains unable to verify the information required to determine the applicant's eligibility after the 90 day period ends, it must determine the applicant's eligibility based on the information available (45 CFR § 155.315(f)(5)).

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 properly disenrolled you from the Essential Plan effective January 31, 2017.

NYSOH issued notices on October 8, 2016 and October 9, 2016, stating that you were eligible to enroll in the Essential Plan for a limited time. You were asked to provide income documentation by January 2, 2017, in order to confirm your eligibility to enroll in the Essential Plan.

When NYSOH cannot verify information that is required to make an eligibility determination, it must notify the applicant and allow the applicant time to submit satisfactory documentation.

You testified you were told by a Healthfirst representative that you would be enrolled in the Essential Plan for twelve consecutive months. You also testified that you did not receive the notices from NYSOH requesting additional documentation because you were travelling for work.

The record indicates that the notices directing you to submit additional income documentation by January 2, 2017 were sent to the mailing address listed in your NYSOH account and were not returned to NYSOH as undeliverable.

No additional documentation was received by NYSOH as of that deadline.

If NYSOH is unable to verify the information after the 90-day period ends, it must determine the applicant's eligibility based on the information available. Based on the information available to NYSOH, you were determined eligible for a tax credit up to \$266.00 per month and ineligible to enroll in the Essential Plan.

Therefore, it is determined that NYSOH properly notified you of the need to provide income documentation or risk losing the financial assistance you were currently receiving. Since no documentation was received by NYSOH within 90 days, you were properly disenrolled from your Essential Plan effective January 31, 2017.

Therefore, the January 9, 2017 disenrollment notice is AFFIRMED.

The second issue under review is whether NYSOH properly determined that your re-enrollment in the Essential Plan was effective April 1, 2017.

The record reflects that you were re-enrolled in an Essential Plan on February 16, 2017.

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.

Since you re-enrolled in the Essential Plan on February 16, 2017, it properly took effect on the first day of the second month following February 16, 2017; that is, on April 1, 2017.

Therefore, the February 17, 2017 plan enrollment notice confirming that you were enrolled in an Essential Plan with an enrollment start date of April 1, 2017 is AFFIRMED.

Decision

The January 9, 2017 disenrollment notice is AFFIRMED.

The February 17, 2017 enrollment notice is AFFIRMED.

Effective Date of this Decision: May 31, 2017

How this Decision Affects Your Eligibility

You were properly disenrolled from your Essential Plan effective January 31, 2017.

You were properly re-enrolled in the Essential Plan effective April 1, 2017.

You had no health insurance coverage through NYSOH during the month of February 2017.

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

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).

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 January 9, 2017 disenrollment notice is AFFIRMED.

The February 17, 2017 enrollment notice is AFFIRMED.

You were properly disenrolled from your Essential Plan effective January 31, 2017.

You were properly re-enrolled in the Essential Plan effective April 1, 2017.

You had no health insurance coverage through NYSOH during the month of February 2017.

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 مجاناً.

বাংলা (Bengali)

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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।

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.

אַײַדיש (Yiddish)

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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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