



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

Notice of Decision

Decision Date: August 23, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017834

[REDACTED]

Dear [REDACTED],

On July 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 24, 2017 and March 31, 2017 eligibility determination notices and March 24, 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.

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DEPARTMENT OF HEALTH
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Decision

Decision Date: August 23, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017834

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that your eligibility for and enrollment in your Essential Plan was effective May 1, 2017?

Procedural History

According to your NYSOH account, on January 9, 2014 and again on April 19, 2014, NYSOH issued notices confirming that you had chosen to receive all information from NYSOH electronically.

According to your NYSOH account, on March 11, 2016, NYSOH issued an eligibility determination and plan enrollment notices stating that you were eligible to enroll in the Essential Plan, effective April 1, 2016, and were enrolled in the Essential Plan you selected as of that date.

On February 3, 2017, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that based on information from federal and state sources, you qualified for a tax credit of up to \$249.58 per month to help pay for your health coverage and that you were eligible for cost sharing reductions, effective April 1, 2017. This was because federal and state data sources show your income was between \$16,395.00 and \$47,520.00. The notice stated that you needed to select a health plan between February 16, 2017 and March 15, 2017 to continue your coverage.

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On February 17, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your Essential Plan 2 would end on March 31, 2017. This was because you were no longer eligible to enroll in the Essential Plan.

No updates were made to your account by March 15, 2017.

On March 23, 2017, NYSOH received your updated application for financial assistance with health insurance.

On March 24, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan for a limited time with a \$20.00 monthly premium, effective May 1, 2017.

Also on March 24, 2017, NYSOH issued a plan enrollment notice confirming your selection of an Essential Plan, with an enrollment start date of May 1, 2017.

On March 31, 2017, NYSOH issued an eligibility determination notice, based on the system updated application of March 30, 2017, stating that you were fully eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective May 1, 2017.

On April 7, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan insofar as it did not begin on April 1, 2017.

On July 20, 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) According to your NYSOH account and your testimony, you receive all of your notices from NYSOH by electronic mail. Your testimony confirmed that the email address in your NYSOH account was correct.
- 2) You testified that you received the February 3, 2017 electronic renewal notice that stated you were eligible for APTC of \$249.58 per month effective April 1, 2017 and that you needed to select a plan before March 15, 2017.
- 3) You testified that your electronic email address in your account is correct and that you do receive electronic alerts.

- 4) You testified that the notices you received about the renewal were not clear about the consequences of not renewing by the deadline.
- 5) According to your NYSOH account and your testimony, you logged on to your account on March 23, 2017 under ID [REDACTED]” and updated your application for financial assistance with your health insurance.
- 6) According to your NYSOH account and your testimony, on March 23, 2017, you uploaded a copy of your 2015 income tax return which was verified as proof of income by NYSOH on March 30, 2017. At that time, your income was updated and your application was re-run with a determination that you were fully eligible for the Essential Plan, effective May 1, 2017.
- 7) According to your NYSOH account and your testimony, you selected an Essential Plan on March 23, 2017, with a May 1, 2017 start date.
- 8) You testified that you went to the doctor’s in early April 2017 and learned that you did not have health insurance.
- 9) You testified that you are seeking to have coverage in the Essential Plan start April 1, 2017, because you have uncovered medical expenses 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

In general, NYSOH will review Essential Plan eligibility no more frequently than once every 12 months from the effective date of eligibility as long as enrollees are under age 65, not enrolled in minimum essential coverage elsewhere, remain state residents, and do not have any changes in circumstances. 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(a); 42 CFR § 600.320(d); NY Social Services Law § 369-gg(3) and (4)(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>).

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NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (42 CFR § 600.340(e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates that may have been provided by the individual (42 CFR §600.345; (NY Social Services Law § 369-gg(4)(c); 45 CFR § 155.335(g); 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>).

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)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (42 CFR § 600.330(e); 42 CFR § 435.918(b)(4)).

Additionally, if an electronic alert regarding a notice in an individual's NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your eligibility for and enrollment in your Essential Plan was effective May 1, 2017.

You were originally found eligible for the Essential Plan and enrolled in Essential Plan 2, effective April 1, 2016.

Generally, NYSOH will redetermine a qualified individual's eligibility for the Essential Plan once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's February 3, 2017 renewal notice stated that based on information from federal and state sources, you qualified for a tax credit of up to \$249.58 per month to help pay for your health coverage and that you were eligible for cost sharing reductions, effective April 1, 2017. This was because federal and state data sources show your income was between \$16,395.00 and \$47,520.00. The notice stated that you needed to select a health plan between February 16, 2017 and March 15, 2017 to continue your coverage.

On February 17, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your Essential Plan 2 would end on March 31, 2017. This was because you were no longer eligible to enroll in the Essential Plan because you were eligible for advance premium tax credits and cost sharing reductions effective April 1, 2017.

You testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You testified that you received the February 3, 2017 electronic renewal notice that stated you were eligible for APTC of \$249.58 per month effective April 1, 2017 and that you needed to select a plan before March 15, 2017. You testified that your electronic email address in your account is correct and that you do receive electronic alerts. You testified that the notices you received about the renewal were not clear about the consequences of not renewing by the deadline.

Since the record reflects that the alerts were properly delivered to your e-mail address as you requested, it is concluded that NYSOH did give you the proper notice that you needed to select a plan by March 15, 2017 and that your Essential Plan coverage would end on March 31, 2017.

Therefore, it is reasonable to conclude that NYSOH properly notified you of your eligibility and the need to select a plan by March 15, 2017 in order to ensure your enrollment in your health plan would continue.

You testified and the record indicates that you updated your application for financial assistance on March 23, 2017. The March 24, 2017 eligibility determination notice stated that you were eligible to enroll in the Essential Plan for a limited time, effective May 1, 2017 and you enrolled in a plan for coverage to start on that day. You uploaded income documentation on March 23, 2017 and this was verified on March 30, 2017. NYSOH updated your application at

that time and a new eligibility determination was issued on March 31, 2017 stating that you were eligible for the Essential Plan, effective May 1, 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.

On March 23, 2017, you selected an Essential Plan, which is after the fifteenth of the month, so your enrollment properly took effect on the first day of the second month following March 2017; that is, on May 1, 2017.

Therefore, the March 24, 2017 plan enrollment notice stating that your enrollment in the Essential Plan was effective May 1, 2017, is correct and must be AFFIRMED.

Decision

The March 24, 2017 and March 31, 2017 eligibility determination notices are AFFIRMED.

The March 24, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: August 23, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your eligibility for and enrollment in the Essential Plan properly began May 1, 2017.

You did not have health insurance coverage through NYSOH during the month of April 2017.

If You Disagree with this Decision (Appeal Rights)

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 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

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- By fax: 1-855-900-5557

Summary

The March 24, 2017 and March 31, 2017 eligibility determination notices are AFFIRMED.

The March 24, 2017 plan enrollment notice is AFFIRMED.

This decision does not change your eligibility.

Your eligibility for and enrollment in the Essential Plan properly began May 1, 2017.

You did not have health insurance coverage through NYSOH during the month of April 2017.

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)

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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 नि:शुल्क 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 नि:शुल्क 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&btumi 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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