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

Notice of Decision

Decision Date: July 31, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000017843

[redacted]

Dear [redacted],

On July 25, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 6, 2017 eligibility determination.

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 NY State of Health 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: July 31, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000017843

[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 you were eligible to enroll in the Essential Plan with no monthly premium, effective May 1, 2017?

Procedural History

On February 22, 2017, you updated your application for financial assistance with health insurance through NYSOH, and removed your child, [redacted], from your NYSOH account.

On February 23, 2017, NYSOH issued an eligibility determination based on the February 22, 2017 application, stating that you were eligible to enroll in the Essential Plan with a $20.00 monthly premium, effective April 1, 2017.

On March 18, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an Essential Plan 1 with a $20.00 monthly premium.

On April 5, 2017, you updated your application and added your child [redacted] back to your account and application.

On April 6, 2017, NYSOH issued a notice of eligibility determination, stating that you were eligible to enroll in the Essential Plan with no monthly premium, effective May 1, 2017.

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Also on April 6, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an Essential Plan 2 with no monthly premium.

On April 7, 2017, you contacted NYSOH's Account Review Unit and requested an appeal of that eligibility determination, insofar as your eligibility for the Essential Plan with no monthly premium began on May 1, 2017, and not April 1, 2017.

On July 25, 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 testified that, after your child turned [redacted] old, [redacted] was no longer eligible for the Medicaid coverage he had been receiving.

2) You testified that you went to [redacted] and were assisted by someone there with updating your NYSOH application.

3) You testified that the person who assisted you told you that they were going to put your child in a separate account and remove [redacted] from your application.

4) You testified that you did not realize that removing your child from your account would change your eligibility.

5) You testified that you claim your child as a dependent on your tax return.

6) You testified that, when you received some kind of notice stating that you would have to pay $20.00 a month for your coverage, you contacted NYSOH.

7) Your NYSOH account reflects that you receive notices from NYSOH in the regular mail.

8) No notices have been returned to NYSOH as undeliverable.

9) You testified that you added your child back to your application, but that it was too late for your new eligibility to start as of April 1, 2017, and so you filed an appeal.

10) Your NYSOH account reflects that you added your child back to your NYSOH account on April 5, 2017, and your eligibility was redetermined on that day.

11) You testified that you are looking to reimbursed because you had to pay a premium and copays for your Essential Plan coverage for March and April 2017.

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).

In an analysis of Essential Plan eligibility, the determination is based on the FPL in effect on the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). On the date of your application, that was the 2015 FPL, which is $11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

A person who has a household income that is at or below 150% of the FPL has a $0.00 premium contribution (New York's Basic Health Plan Blueprint, p. 21, as approved January 2016; see https://www.medicaid.gov/basic-health-program/basic-health-program.html).

A person who has a household income greater than 150% of the FPL or below 200% of the FPL has a $20.00 per month premium contribution (New York's Basic Health Plan Blueprint, as approved January 2016).

Effective Dates

When a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the

first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that its policy will be that any change made after the 15th of any month will not be effective until the first of the second following month (45 CFR § 155.330(f)(2)). This is the policy utilized by NYSOH with regard to changes related to Essential Plan eligibility (New York's Basic Health Plan Blueprint, p. 15, as approved January 2016; see https://www.medicaid.gov/basic-health-program/basic-health-program.html

Legal Analysis

The only issue under review is whether NYSOH properly determined that your eligibility for the Essential Plan with no monthly premium began on May 1, 2017.

You removed your child from your application on February 22, 2017, which caused you to be newly eligible for the Essential Plan with a $20.00 premium.

An eligibility redetermination that results from a change made to an application after the 15th of the month will go into effect on the first date of the second following month. Therefore, your new eligibility for Essential Plan coverage with a $20.00 monthly premium should have taken effect as of April 1, 2017.

You testified that you did not know that removing your child from your account and placing [redacted] into [redacted] own account would change your eligibility. Nevertheless, this change was made on your behalf with your knowledge and approval, and was not the result of an error on the part of NYSOH or an agent of NYSOH.

Additionally, NYSOH issued a notice of eligibility determination on February 23, 2017 informing you that you were newly eligible for the Essential Plan with a $20.00 monthly premium, and there is nothing in the record to indicate that this notice was returned to NYSOH as undeliverable. Had you immediately contacted NYSOH upon receipt of this notice, or any time prior to March 15, 2017, you could have added your child back to your account in time to prevent the $20.00 premium from taking effect on April 1, 2017.

The record indicates that you updated your application on April 5, 2017, and added your child back to your account and application. As a result, you were properly found eligible to enroll in the Essential Plan with no monthly premium, beginning May 1, 2017.

For this reason, the April 6, 2017 eligibility determination notice is AFFIRMED.

However, you testified during the hearing that you had to pay premiums and copays for the months of March and April 2017. There is nothing in the record to indicate that your eligibility for the Essential Plan with a $20.00 premium went into effect prior to April 1, 2017.

Therefore, your case is RETURNED to Plan Management to investigate whether you were improperly charged a premium and copays during the month of March 2017, when you should have been eligible for the Essential Plan with no monthly premium.

Decision

The April 6, 2017 eligibility determination notice is AFFIRMED.

Your case is RETURNED to Plan Management to investigate whether you were improperly charged a premium and copays during the month of March 2017, when you should have been eligible for the Essential Plan with no monthly premium.

Effective Date of this Decision: July 31, 2017

How this Decision Affects Your Eligibility

Your eligibility for the Essential Plan with no monthly premium ended on March 31, 2017 and began again on May 1, 2017.

Your case is being sent back to NYSOH to ensure that you were not improperly charged a premium or copays in the month of March 2017, when you should have had Essential Plan coverage with no monthly premium.

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

The April 6, 2017 eligibility determination notice is AFFIRMED.

Your case is RETURNED to Plan Management to investigate whether you were improperly charged a premium and copays during the month of March 2017,

when you should have been eligible for the Essential Plan with no monthly premium.

Your eligibility for the Essential Plan with no monthly premium ended on March 31, 2017 and began again on May 1, 2017.

Your case is being sent back to NYSOH to ensure that you were not improperly charged a premium or copays in the month of March 2017, when you should have had Essential Plan coverage with no monthly premium.

Legal Authority

We are sending you this notice 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)

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).

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 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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