



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

Notice of Decision

Decision Date: August 8, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017982

[REDACTED]

Dear [REDACTED]

On July 25, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 16, 2017 disenrollment and January 26, 2017 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 Date: August 8, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017982

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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 March 1, 2017?

Procedural History

On October 13, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan for a limited time, effective November 1, 2016. The notice directed you to submit additional income documentation to confirm your eligibility before January 10, 2017, and informed you that, if you miss the due date, you may lose your insurance or receive less help paying for your coverage.

On October 13, 2016, NYSOH issued a plan enrollment notice confirming that as of October 12, 2016, you were enrolled in an Essential Plan with an enrollment start date of November 1, 2016. The notice directed you to submit additional income documentation to confirm your eligibility before January 10, 2017, because NYSOH "...need[s] more information from you for the following individual(s) or we will use the information we have on record – which could mean you get less or no financial help to pay for your coverage, or your health insurance could be cancelled. If you have not already submitted the

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documentation, please provide the information requested by the due date to avoid losing help.”

No income documents were received by the January 10, 2017 deadline.

On January 15, 2017, your NYSOH account was systematically updated.

On January 16, 2017, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a qualified health plan at full cost, effective as of February 1, 2017.

Also on January 16, 2017, NYSOH issued a disenrollment notice stating that your Essential Plan coverage would end January 31, 2017, because you were no longer eligible to remain enrolled in the Essential Plan.

On January 25, 2017, your NYSOH account was updated.

On January 26, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan for a limited time, effective March 1, 2017. The notice directed you to submit additional income documentation to confirm your eligibility before April 25, 2017.

On January 26, 2017, NYSOH issued a plan enrollment notice confirming that as of January 25, 2017, you were enrolled in an Essential Plan with an enrollment start date of March 1, 2017. The notice directed you to submit additional income documentation to confirm your eligibility before April 25, 2017.

On April 12, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal relative to you not being enrolled in an Essential Plan for the month of February 2017.

On May 3, 2017, NYSOH issued a notice stating that you selected to get information from NYSOH by email.

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) According to your NYSOH account, you were enrolled in an Essential Plan, through Empire BlueCross BlueShield HealthPlus (Empire), effective November 1, 2016.

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- 2) You testified you were receiving all of your notices from NYSOH via regular mail in 2016.
- 3) No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable.
- 4) You testified that you were out of the country from September 2016 through the beginning of December 2016, and not in New York State from December 2016 through January 2017.
- 5) You testified that you did not see the notices from NYSOH requesting additional documentation because you were abroad and/or out of state.
- 6) According to your NYSOH account, you submitted an application and re-enrolled in an Essential Plan on January 25, 2017.
- 7) You testified that a NYSOH representative informed you that you would be able to have your Essential Plan backdated to February 1, 2017.
- 8) On January 26, 2017, NYSOH issued an enrollment notice confirming that on January 25, 2017, you enrolled in an Essential Plan with an enrollment start date of March 1, 2017 (see Document [REDACTED]).
- 9) You testified that you had a medical appointment on or around [REDACTED], and would not have gone to that appointment if you were not misinformed by the NYSOH representative.
- 10) You testified that you want your Essential Plan reinstated to cover the medical expenses that were incurred in the month of February 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-

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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 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)).

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Legal Analysis

The first issue under review is whether NYSOH properly disenrolled you from the Essential Plan, effective January 31, 2017.

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.

NYSOH issued notices on October 13, 2016, stating that you were eligible to enroll in the Essential Plan for a limited time. You were instructed to provide income documentation by January 10, 2017, in order to confirm your eligibility to remain enrolled in the Essential Plan.

You testified that you were out of the country from September 2016 through the beginning of December 2016, and not in New York State from December 2016 through January 2017. You further testified that you did not see the notices from NYSOH requesting additional documentation because you were abroad and/or out of state.

The record indicates the notices directing you to submit additional income documentation by January 10, 2017, were issued to the mailing address listed in your NYSOH account and were not returned as undeliverable.

No income documentation was received by January 10, 2017.

If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine an individual's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation.

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 16, 2017 disenrollment notice is AFFIRMED.

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

The record reflects that you were re-enrolled in an Essential Plan on January 25, 2017. You testified that a NYSOH representative informed you that you would be able to have your Essential Plan backdated to February 1, 2017. However, on January 26, 2017, NYSOH issued a plan enrollment notice confirming that on

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January 25, 2017, you enrolled in an Essential Plan with an enrollment start date of March 1, 2017 (see Document [REDACTED]). Therefore, you were properly notified of the start date of enrollment in your Essential Plan before your February 2017 doctor's visit.

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 reenrolled in the Essential Plan on January 25, 2017, it properly took effect on the first day of the second month following January 25, 2017; that is, on March 1, 2017.

Therefore, the January 26, 2017 plan enrollment notice confirming that you were enrolled in an Essential Plan with an enrollment start date of March 1, 2017 is AFFIRMED.

Decision

The January 16, 2017 disenrollment notice is AFFIRMED.

The January 26, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: August 8, 2017

How this Decision Affects Your Eligibility

Your enrollment in your Essential Plan ended, effective January 31, 2017, because you did not provide the required income documents by the deadline.

You were re-enrolled in the Essential Plan effective March 1, 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.

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 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:
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P.O. Box 11729
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- By fax: 1-855-900-5557

Summary

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The January 16, 2017 disenrollment notice is AFFIRMED.

The January 26, 2017 plan enrollment notice is AFFIRMED

Your enrollment in your Essential Plan ended, effective January 31, 2017, because you did not provide the required income documents by the deadline.

You were re-enrolled in the Essential Plan effective March 1, 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 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 bɛtumi ama wo obi a okyerɛ 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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