



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

Notice of Decision

Decision Date: August 9, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018266

[REDACTED]

Dear [REDACTED],

On August 1, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 22, 2017 enrollment confirmation 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: August 9, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018266

[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 enrollment in an Essential Plan began on May 1, 2017?

Procedural History

On January 21, 2017, NYSOH issued a notice of eligibility determination, based on your January 20, 2017 application updated, stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium for a limited time, effective March 1, 2017. The notice further directed you to submit income documentation by April 20, 2017.

Also on January 21, 2017, NYSOH issued a notice of enrollment, based on your plan selection on January 20, 2017, stating that you were enrolled in an Essential Plan, and that your plan would start on March 1, 2017.

On February 16, 2017, you updated your NYSOH application and uploaded documentation to your account.

On February 17, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan with a \$20.00 monthly premium for a limited time, effective April 1, 2017. The notice further directed you to submit income documentation by April 20, 2017.

Also on February 17, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an Essential Plan beginning March 1, 2017.

On February 21, 2017, NYSOH redetermined your eligibility for financial assistance.

On February 22, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan with a \$20.00 monthly premium, effective April 1, 2017.

On February 23, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an Essential Plan, beginning March 1, 2017.

On March 3, 2017, NYSOH issued a renewal notice stating that you continued to qualify for health care coverage under the Essential Plan with a \$20.00 monthly premium, effective May 1, 2017. The notice stated that no action was needed on your part, and that your coverage would end on April 30, 2018.

On March 17, 2017, NYSOH issued a notice of enrollment confirmation stating that your enrollment in your Essential Plan coverage would begin on May 1, 2017.

On April 21, 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 March 1, 2017.

On April 22, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in an Essential Plan, beginning May 1, 2017.

On August 1, 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 support the following findings of fact:

- 1) You were enrolled in Medicaid beginning April 1, 2016.
- 2) You submitted an updated application to NYSOH for financial assistance on January 20, 2017, in response to a January 5, 2017 renewal notice.
- 3) You testified, and the record reflects, that you enrolled in an Essential Plan on January 20, 2017.

- 4) Your NYSOH account reflects that your Medicaid eligibility and enrollment was supposed to terminate as of February 28, 2017.
- 5) You testified that, in February 2017, you went to fill a prescription and realized that you had no coverage. You testified that you contacted NYSOH and they told you that they would look into why your Medicaid coverage had ended before February 28, 2017.
- 6) Your NYSOH account contains a disenrollment notice dated January 21, 2017 which stated that your Medicaid Managed Care coverage was ending on January 31, 2017.
- 7) Your NYSOH account reflects that, on July 13, 2017, NYSOH issued a notice stating that you were eligible for Medicaid from February 1, 2017 through February 28, 2017, and that you were enrolled in your Medicaid Managed Care plan during that time period. The notice further provided instructions on how to submit medical bills you may have incurred during that time period for payment
- 8) You testified that, while you were trying to resolve the issue of your Medicaid coverage ending on January 31, 2017, you updated your NYSOH account.
- 9) Your NYSOH account was updated on February 16, 2017.
- 10) You testified that, when you contacted NYSOH to try to find out why your Essential Plan coverage was not beginning until May 1, 2017, you were informed that it was because you updated your account after the fifteenth of the month, and that this pushed back your start date.
- 11) Your NYSOH account reflects that your youngest child had Medicaid coverage through April 30, 2017, and that NYSOH issued a renewal notice on March 3, 2017 because it was time for his coverage to be renewed.
- 12) Your NYSOH account reflects that the March 3, 2017 renewal notice stated that your eligibility for the Essential Plan would begin on May 1, 2017, and that the renewal caused NYSOH's system to issue an enrollment confirmation notice, dated March 17, 2017, which stated that your enrollment in your Essential Plan would begin on May 1, 2017.
- 13) The "Events" tab in your NYSOH account reflects that, on March 16, 2017, there is an event, initiated by NYSOH's system, entitled "Enrollment Deleted" for [REDACTED], which, according to your account, is your "Market Place ID." The "Reference" section for this event indicates "Renewal caused the disenrollment."

14)The “Events” tab in your NYSOH account also indicates that, on March 17, 2017, there is an event entitled “Plan Initiated Termination,” which again reflects your Market Place ID. The Reference section again states, “Renewal caused the disenrollment.”

15)You testified that you wanted your enrollment in an Essential Plan to begin on March 1, 2017 because you have medical bills from the month of March 2017.

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

Applicable Law and Regulations

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 issue is whether NYSOH properly determined that your enrollment in the Essential Plan was effective May 1, 2017.

You testified, and the record indicates, that you updated your NYSOH application on January 20, 2017. As a result, you were found eligible for the Essential Plan as of March 1, 2017, and enrolled into a plan that day.

The date on which enrollment in an Essential Plan can take effect depends on the day a person selects the plan for enrollment.

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).

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 January 20, 2017, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following January; that is, on March 1, 2017. This start date is reflected in the enrollment confirmation notices dated January 21, 2017, February 17, 2017, and February 23, 2017.

However, you testified that your enrollment did not start until May 1, 2017, and that you were informed that this was because you made changes to your account after the fifteenth of February 2017. You also testified that there was a problem with your account in that your Medicaid and Medicaid Managed Care coverage ended on January 31, 2017 instead of February 28, 2017. Your NYSOH account confirms that this error occurred, and that it was not corrected until July 13, 2017, when NYSOH issued a notice placing you back into your Medicaid and Managed Care coverage in the month of February 2017.

Moreover, it appears that, when NYSOH issued a renewal notice on March 3, 2017 because it was time for your youngest child's eligibility to be renewed, this triggered further problems with your enrollment. Your NYSOH account reflects that, on March 16 and March 17, 2017, your enrollment was deleted in NYSOH's system, and the reason listed was "Renewal caused the disenrollment." It is further noted that there are no disenrollment notices issued in your account after the January 21, 2017, February 17, 2017, and February 23, 2017 enrollment confirmation notices were issued.

It therefore appears that your enrollment should have started on March 1, 2017, but did not, due to problems with your account stemming from the incorrect end date of your Medicaid coverage, as well as the wrongful disenrollment caused by the March 2017 renewal notice for your child. For this reason, consistent with the enrollment confirmation notices issued by NYSOH, your enrollment in your Essential Plan should have started on March 1, 2017.

Therefore, the April 22, 2017 enrollment confirmation notice is MODIFIED to state that your enrollment in your Essential Plan coverage began on March 1, 2017.

Your case is RETURNED to NYSOH's Plan Management to backdate your Essential Plan enrollment to March 1, 2017.

You may be responsible for premium payments resulting from this re-enrollment in your Essential Plan for the months of March and April 2017.

Decision

The April 22, 2017 enrollment confirmation notice is MODIFIED to state that your enrollment in your Essential Plan coverage began on March 1, 2017.

Your case is RETURNED to NYSOH's Plan Management to backdate your Essential Plan enrollment to March 1, 2017.

Effective Date of this Decision: August 9, 2017

How this Decision Affects Your Eligibility

Your enrollment in your Essential Plan coverage should have started on March 1, 2017.

Your case is being sent back to NYSOH to backdate your Essential Plan enrollment to March 1, 2017.

You may be responsible for premium payments that result from your retroactive enrollment in your Essential Plan coverage for the months of March and April 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
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 22, 2017 enrollment confirmation notice is MODIFIED to state that your enrollment in your Essential Plan coverage began on March 1, 2017.

Your case is RETURNED to NYSOH's Plan Management to backdate your Essential Plan enrollment to March 1, 2017.

Your enrollment in your Essential Plan coverage should have started on March 1, 2017.

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).

Your case is being sent back to NYSOH to backdate your Essential Plan enrollment to March 1, 2017.

You may be responsible for premium payments that result from your retroactive enrollment in your Essential Plan coverage for the months of March and 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 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.

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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