



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

Notice of Decision

Decision Date: October 02, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019714

[REDACTED]

Dear [REDACTED]

On September 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 22, 2016 eligibility determination and disenrollment 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: October 02, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019714



Issue

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

Did NY State of Health (NYSOH) properly determine you were no longer eligible to remain enrolled in your Essential Plan 2 due to having third party health insurance, effective October 1, 2016?

Procedural History

On December 17, 2015, NYSOH issued an eligibility determination notice, stating that you were eligible for the Essential Plan 2, with no monthly premium, effective January 1, 2016.

On December 18, 2015, NYSOH issued a plan enrollment notice confirming your enrollment in the Essential plan 2, with no monthly premium, as of January 1, 2016.

On September 22, 2016, NYSOH issued an eligibility redetermination notice, based on a September 21, 2016 systematic update, finding you no longer qualified to enroll in health insurance through NY State of Health because sources show you were receiving Medicare. Your eligibility was to end effective October 1, 2016.

Also on September 22, 2016, NYSOH issued a disenrollment notice stating in part that your Essential plan would be terminated, effective September 30, 2016, because you were no longer eligible to enroll in health insurance through NYSOH.

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On November 21, 2016, you submitted a letter, dated November 17, 2016, which in part stated that you were not enrolled in Medicare Part A or Part B (see Document [REDACTED]).

On December 30, 2016, NYSOH issued an eligibility determination notice stating you were eligible for the Essential Plan 1, with a \$20.00 per month premium, effective February 1, 2017.

On January 5, 2017, NYSOH issued a plan enrollment notice confirming your Enrollment in the Essential Plan 1, with a monthly premium of \$20.00, as of January 1, 2017.

On June 13, 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 October 1, 2016.

On September 8, 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, on December 15, 2015 you were determined eligible for the Essential Plan and enrolled in the Essential Plan 2, with an effective start date of January 1, 2016.
- 2) According to your NYSOH account, when NYSOH systematically updated your application for health insurance on September 21, 2016, you were terminated from your Essential Plan as of September 30, 2016. This was because the federal data sources showed that you were covered by Medicare.
- 3) You testified that you did not have Medicare coverage at the time you were dropped from your Essential Plan.
- 4) On November 21, 2016, you submitted a letter, dated November 17, 2016, which in part stated that you were not enrolled in Medicare Part A or Part B at the time of your disenrollment (see Document [REDACTED]).
- 5) According to your NYSOH account, upon receipt and validation of the November 17, 2016 letter, NYSOH removed the third-party health insurance information from your account and redetermined your eligibility.

- 6) According to your NYSOH account, on December 30, 2016, you selected an Essential plan 2, which began effective February 1, 2017.
- 7) According to a written telephone call record, dated January 5, 2017, NYSOH backdated your Essential Plan 1 to January 1, 2017.
- 8) You testified that you want your Essential Plan reinstated as of October 1, 2016, because you have medical bills for 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 noncitizen 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).

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-healthprogram.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 issue under review is whether NYSOH properly determined you were no longer eligible to remain enrolled in your Essential Plan 2 due to having third party health insurance (Medicare).

According to your NYSOH account, on December 15, 2015 you were determined eligible for the Essential Plan and enrolled in the Essential Plan 2, with an effective start date of January 1, 2016, as is documented by your December 18, 2015 plan enrollment notice.

NYSOH must generally determine an applicant eligible for the Essential Plan if the individual is not otherwise eligible for minimum essential coverage except through the individual market.

On September 22, 2016, an eligibility determination notice was issued stating that you no longer qualified to enroll through NYSOH, because sources show you were receiving Medicare.

You testified that you did not have Medicare coverage at the time you were dropped from your Essential Plan.

On November 21, 2016, you submitted a letter, dated November 17, 2016, which in part stated that you were not enrolled in Medicare Part A or Part B at the time of your disenrollment from your Essential Plan (see Document [REDACTED]).

According to your NYSOH account, upon receipt and validation of the November 17, 2016 letter, NYSOH removed the third party health insurance information from your account and redetermined your eligibility.

The fact that you were required to show proof that you were not enrolled in Medicare, because federal sources mistakenly showed that you were enrolled in Medicare, makes the disenrollment from your Essential Plan 2 improper.

Therefore, the September 22, 2016 eligibility determination and disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to REINSTATE your Essential Plan 2 coverage effective October 1, 2016.

This decision has not effect on any subsequent determinations or plan enrollments made by NYSOH.

Decision

The September 22, 2016 eligibility determination and disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to REINSTATE your Essential Plan 2 coverage effective October 1, 2016.

This decision has not effect on any subsequent determinations or plan enrollments made by NYSOH.

Effective Date of this Decision: October 02, 2017

How this Decision Affects Your Eligibility

You were improperly disenrolled from your Essential Plan.

Your case is being sent back to NYSOH to reinstate your Essential Plan 2 as of October 1, 2016. NYSOH will notify you once this change has been made.

Once reinstated in your Essential Plan 2, you will have coverage in that plan for the months of October 2016 through December 2016, which resumes thereafter as of January 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.

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:

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).

- 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 September 22, 2016 eligibility determination and disenrollment notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to **REINSTATE** your Essential Plan 2 coverage effective October 1, 2016.

This decision has not effect on any subsequent determinations or plan enrollments made by NYSOH.

You were improperly disenrolled from your Essential Plan.

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 reinstate your Essential Plan 2 as of October 1, 2016. NYSOH will notify you once this change has been made.

Once reinstated in your Essential Plan 2, you will have coverage in that plan for the months of October 2016 through December 2016, which resumes thereafter as of January 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)

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।

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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&etumi ama wo obi a okyerε 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 אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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