



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

Notice of Decision

Decision Date: October 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019823

[REDACTED]

Dear [REDACTED],

On September 15, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 28, 2017 disenrollment notice and June 20, 2017 plan 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.

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

Decision Date: October 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019823



Issue

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

Did NY State of Health properly determine that your enrollment in your qualified health plan terminated effective April 30, 2017?

Did NY State of Health properly determine that your enrollment in an Essential Plan was effective August 1, 2017?

Procedural History

On December 15, 2016, NY State of Health received your application for health insurance.

On December 16, 2016, NYSOH issued an eligibility determination stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2017.

Also on December 16, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in a qualified health plan at full cost, effective January 1, 2017.

On March 27, 2017, NYSOH received your updated application for health insurance; which included a change in address.

On March 28, 2017, NYSOH issued an eligibility determination stating that you were eligible to purchase a qualified health plan at full cost, effective May 1,

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2017. This notice also stated that you must confirm your health plan selection by April 19, 2017.

Also on March 28, 2017, NYSOH issued a plan disenrollment notice stating that your coverage with your qualified health plan had ended, effective April 30, 2017. This notice further stated that this was because you told NYSOH that you moved to another county.

On May 25, 2017, NYSOH received your updated application for financial assistance with health insurance.

On May 26, 2017, NYSOH issued an eligibility determination stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, for a limited time, effective July 1, 2017. This notice further directed you to submit income documentation by August 23, 2017.

On June 16, 2017, NYSOH received your application for financial assistance with health insurance. A preliminary eligibility determination was issued on this day stating that you were eligible for the Essential Plan with a \$20.00 monthly premium, effective August 1, 2017.

Also on June 16, 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 July 1, 2017, and the fact that you were disenrolled from your qualified health plan for the months of May 2017 and June 2017.

On June 18, 2017, NYSOH issued an eligibility determination, based on your June 16, 2017 application, stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, for a limited time, effective August 1, 2017. This notice further directed you to submit income documentation by August 23, 2017.

On June 20, 2017, NYSOH issued a plan enrollment notice, based on your plan selection on June 19, 2017, confirming that you were enrolled in the Essential Plan, effective August 1, 2017.

On September 15, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open for the Hearing Officer to listen to NYSOH's Call Center recording from March 27, 2017.

The Hearing Officer listened to the available recording from March 27, 2017, after which the record was closed.

Findings of Fact

A review of the record support the following findings of fact:

- 1) You testified, and the record reflects, that you receive all of your notices from NYSOH by electronic mail.
- 2) The record indicates that you were enrolled into a full pay qualified health plan, effective January 1, 2017.
- 3) You testified that in November 2016, you experienced [REDACTED] at your residence.
- 4) You testified that when you created your NYSOH account, in December 2016, you used your work address because you were between housing.
- 5) You testified, and the record reflects, the mailing and residential address you used when setting up your NYSOH account was:

[REDACTED]

- 6) The record reflects that this address is in Bronx County.
- 7) You testified that, in February 2017, you moved to a permanent address.
- 8) You testified, and the record reflects, that on March 27, 2017, you contacted NYSOH an updated your mailing and residential address in your NYSOH account to:

[REDACTED]

- 9) The record reflects that this address is in Westchester County.
- 10) The record reflects that you were disenrolled from your qualified health plan, effective April 30, 2017, because you had moved counties.
- 11) You confirmed the email address that is listed in your NYSOH account, and you testified that you check your email regularly.
- 12) You testified that you did not receive any electronic alerts regarding any notices in your NYSOH account telling you that you were disenrolled from your qualified health plan, or that you had to reenroll into a qualified health plan due to your address change.

- 13) You testified that you were never informed by the NYSOH representative that you needed to enroll into a new plan because you had moved counties.
- 14) NYSOH's Appeals Unit reviewed the phone call you made to NYSOH on March 27, 2017 and determined that:
 - a. You stated that you were calling NYSOH to update your address that was on file.
 - b. You stated that you wanted this address to be used for both your mailing address, along with your residential address.
 - c. You stated to the NYSOH representative that the previous address that was on file was your work address.
 - d. The NYSOH representative informed you that your address had been updated successfully.
 - e. You asked the NYSOH representative if this address update would automatically transfer to your qualified health plan, and he informed you that it would in fact transfer automatically.
 - f. You asked the NYSOH representative if there was anything else you had to do, and the NYSOH representative informed you that "you were all set."
- 15) You testified that you never received any notice that you were disenrolled from your qualified health plan, nor did you know that you had to pick a qualified health plan to stay enrolled.
- 16) You testified that you would like to be reenrolled into your qualified health plan for the months of May 2017 and June 2017.
- 17) You testified that you do not have any unpaid medical bills from those months, but that you are concerned with the penalties associated with being uninsured.
- 18) You testified, and the record reflects, that you submitted an application to NYSOH for financial assistance on May 25, 2017, and you were found eligible for the Essential plan, effective July 1, 2017.
- 19) You testified that you did not enroll into a plan that day because you were at the airport and had to disconnect the call to [REDACTED], but that you were told that day that you were eligible for the Essential Plan, effective July 1, 2017.
- 20) You testified, and the record reflects, that you enrolled into an Essential Plan on June 19, 2017 and that your coverage was effective August 1, 2017.

21) You testified that you wanted your enrollment in an Essential Plan to begin on July 1, 2017.

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

Applicable Law and Regulations

Qualified Health Plans

The service area of a qualified health plan must cover a minimum geographical area that is at least the entire geographic area of a county. (45 CFR § 155.1055(a)).

Redetermination During a Benefit Year

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)).

Termination of a Qualified Health Plan

NYSOH permits a qualified health plan to terminate an individual's coverage if (1) the enrollee is no longer eligible for coverage or (2) non-payment of the premiums by the enrollee (45 CFR § 155.430(b)(2)(i)-(ii)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH by either electronic or regular mail. If the individual elects electronic communications, NYSOH must send an email or other electronic communication alerting the individual when a notice has been posted to his or her account and send a notice by regular mail within three business days if the electronic communication cannot be delivered (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4), (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

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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 first issue is whether NYSOH properly terminated your enrollment in your qualified health plan, effective April 30, 2017.

On December 16, NYSOH issued an eligibility determination stating that you were eligible to purchase a qualified health plan at full cost, effective February 1, 2017. You subsequently enrolled into a plan.

You testified, and the record reflects, that on March 27, 2017 you contacted NYSOH in order to update your mailing and residential address on your NYSOH account. On March 28, 2017, NYSOH issued a plan disenrollment notice stating that your coverage with your qualified health plan had ended, effective April 30, 2017. This notice further stated that this was because you told NYSOH that you moved to another county.

You testified that you are seeking to be reenrolled into your qualified health plan for the months of May 2017 and June 2017 because you were not informed that your enrollment in your qualified health plan had terminated due to your address being changed in the system.

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.

However, you testified that you elected to receive alerts regarding notices from NYSOH electronically. You credibly testified that you did not receive any electronic alert regarding the eligibility determination notice, which directed you that you to enroll into a new qualified health plan. You further testified that you did not receive the plan disenrollment notice stating that your enrollment in your qualified health plan ended because you had moved counties. There is also no evidence in your account documenting that any email alert was sent to you

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regarding the need to submit documentation, or that the notice was later sent to you by regular mail. A review of the telephone call placed on March 27, 2017 also indicates that the NYSOH representative that assisted you in updated your address in the system informed you that you were all set, and that your new address would automatically transfer to your qualified health plan.

Therefore, it is concluded that NYSOH did not give you the proper notice that you needed to reenroll into a qualified health plan due to your address change.

Since NYSOH did not give you the proper notice that you were disenrolled from your qualified health plan, and needed to reenroll into a qualified health plan, the March 28, 2017 plan disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reenroll you into your qualified health plan for the months of May 2017 and June 2017, and to notify you accordingly. You will be responsible for any premium payments due for the months you are enrolled into coverage.

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

You testified, and the record indicates, that you updated your NYSOH application on May 25, 2017. As a result, you were found eligible for the Essential Plan, effective July 1, 2017. However, you testified that did not enroll into a plan because you were at the airport and had to disconnect the call [REDACTED]. You further testified, and the record reflects, that you enrolled in an Essential Plan on June 19, 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.

Since on June 19, 2017, you selected an Essential Plan for enrollment; therefore, your enrollment properly took effect on the first day of the second month following June 2017; that is, on August 1, 2017.

Therefore, the June 20, 2017 plan enrollment notice stating that your enrollment in the Essential Plan was effective August 1, 2017, is correct and must be **AFFIRMED**.

Decision

The March 28, 2017 plan disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reenroll you into your qualified health plan for the months of May 2017 and June 2017, and to notify you accordingly.

The June 20, 2017 plan enrollment notice is AFFIRMED.

This decision has no effect on any subsequent eligibility determinations issued by NYSOH.

Effective Date of this Decision: October 17, 2017

How this Decision Affects Your Eligibility

Your case is being sent back to reenroll you into your qualified health plan for the months of May 2017 and June 2017.

You will be responsible for any premiums for months that you are enrolled into coverage.

This decision does not change your current eligibility.

The effective date of your Essential Health Plan is August 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)).

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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 March 28, 2017 plan disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reenroll you into your qualified health plan for the months of May 2017 and June 2017, and to notify you accordingly.

The June 20, 2017 plan enrollment notice is **AFFIRMED**.

This decision has no effect on any subsequent eligibility determinations issued by NYSOH.

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 reenroll you into your qualified health plan for the months of May 2017 and June 2017.

You will be responsible for any premiums for months that you are enrolled into coverage.

This decision does not change your current eligibility.

The effective date of your Essential Health Plan is August 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.

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(Bengali)

1-855-355-5777

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.

Twí (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 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.

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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.