



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

Notice of Decision

Decision Date: September 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019946

[REDACTED]

Dear [REDACTED],

On September 15, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 23, 2017 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: September 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019946

[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 disenrolled from your Essential Plan, effective July 31, 2017?

Procedural History

On May 7, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective May 1, 2016.

Also on May 7, 2016, NYSOH issued an enrollment notice confirming your selection of a Medicaid Managed Care (MMC) plan for enrollment as of May 6, 2016, with such coverage to begin effective June 1, 2016.

On March 3, 2017, NYSOH issued a renewal and eligibility determination notice based on the information about you from state and federal data sources obtained as of March 2, 2017. The notice stated that you were eligible for coverage under the Essential Plan, effective May 1, 2017. The notice also stated that NYSOH took steps to enroll you in an Essential Plan on March 16, 2017, with such coverage to begin as of May 1, 2017.

On March 23, 2017, NYSOH issued an enrollment notice confirming your selection of an Essential Plan as of March 19, 2017. This notice stated that your Essential Plan coverage would begin effective May 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).

On June 18, 2017, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that based on information from federal and state sources, NYSOH could not determine whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by July 15, 2017 or you might lose the financial assistance you were currently receiving.

On June 22, 2017, you updated your application for financial assistance with health insurance through NYSOH. In response to this application, NYSOH prepared a preliminary eligibility determination stating that you were eligible for an advance premium tax credit (APTC) of up to \$315.00 per month and, if you selected a silver-level plan, eligible for cost-sharing reductions (CSR), effective August 1, 2017.

Also on June 22, 2017, you spoke to NYSOH's Account Review Unit and appealed the termination of your Essential Plan coverage, and to have such coverage reinstated as of August 1, 2017.

On June 23, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for an APTC of up to \$315.00 per month and, if you selected a silver-level plan, eligible for CSR, effective August 1, 2017. The notice also stated that you were not eligible for the Essential Plan because your household income exceeded the income limit for that program.

Also on June 23, 2017, NYSOH issued a disenrollment notice stating that your Essential Plan coverage would end on July 31, 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 closed at the end of the hearing.

Findings of Fact

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

- 1) On March 3, 2017, NYSOH issued a renewal and eligibility determination notice finding you eligible for the Essential Plan on May 2, 2017, with an effective date of May 1, 2017. This redetermination of coverage was based on state and federal data sources obtained as of March 2, 2017.
- 2) You enrolled in an Essential Plan on March 19, 2017, with such coverage beginning effective May 1, 2017.

- 3) On June 18, 2017, NYSOH issued an additional renewal notice, this time indicating that you needed to update your NYSOH account by July 15, 2017 to continue your financial assistance.
- 4) You testified, and the record indicates, that you updated your NYSOH application on June 22, 2017, in which you attested to an annual household income of \$24,960.00 based solely on income you anticipate receiving from your employment with [REDACTED]. You testified that this anticipated income figure was correct at the time your June 22, 2017 application was submitted, and remains accurate.
- 5) You were disenrolled from your Essential Plan coverage effective July 31, 2017.
- 6) You testified that you were seeking to have your Essential Plan coverage reinstated as of August 1, 2017, and to have such coverage in place for a full 12-month period since you believe the June 18, 2017 renewal notice was issued in error.

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)).

Essential Plan: Renewal

New York State has elected to adopt the Medicaid policy regarding continuous enrollment throughout the year (42 CFR § 600.320(d); New York's Basic Health Plan Blueprint, pp. 8 and 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

This means that an individual may apply and enroll for coverage at any point in time throughout the year, including outside the open enrollment period and without needing a special enrollment period (NY Social Services Law § 369-gg(4)(d)).

New York State has also elected to redetermine Essential Plan enrollees every 12 months from the effective date of eligibility as long as enrollees are under age 65, are not enrolled in minimum essential coverage, and remain state residents. An individual enrolled in the Essential Plan shall have his or her coverage continued until the end of the 12-month period, provided he or she does not lose eligibility by reason of citizenship status, lack of state residence, failure to provide a valid social security number, providing inaccurate information that would affect eligibility when requesting or renewing health coverage, failure to make the applicable premium payment, or changes in circumstances (42 CFR § 600.340(f); NY Social Services Law § 369-gg(3) and (4)(d)). Enrollees are required to report changes in circumstances within 30 days, which NYSOH will assess and act upon accordingly (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>).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were disenrolled from your Essential Plan, effective July 31, 2017.

On March 3, 2017, NYSOH issued a renewal and eligibility determination notice based on the information about you from state and federal data sources obtained as of March 2, 2017. The notice stated that you were eligible for coverage under the Essential Plan, effective May 1, 2017. You subsequently enrolled in an Essential Plan with such coverage to begin effective May 1, 2017.

On June 18, 2017, NYSOH issued a renewal notice stating that based on information from federal and state sources, NYSOH could not determine whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by July 15, 2017 or you might lose the financial assistance you were currently receiving.

You updated your account on June 22, 2017, and were found eligible for an APTC of up to \$315.00 per month and, if you selected a silver-level plan for enrollment, eligible for CSR, both effective August 1, 2017. You were disenrolled from the Essential Plan because your updated annual household income of \$24,960.00 was above the income limit for that program.

New York State has elected to redetermine Essential Plan enrollees only every 12 months from the effective date of eligibility as long as enrollees are under age 65, are not enrolled in minimum essential coverage, remain state residents. An individual enrolled in the Essential Plan shall have his or her coverage continued until the end of the 12-month period, provided he or she does not lose eligibility because of citizenship status, lack of state residence, failure to provide a valid Social Security number, providing inaccurate information that would affect eligibility when requesting or renewing health coverage, failure to make the applicable premium payment, or relevant changes in circumstances.

Since you were found eligible for and enrolled in the Essential Plan as of May 1, 2017, your coverage should have continued for 12 months; that is, until April 30, 2018, barring any of the disqualifying events stated above.

In the present case, NYSOH issued an eligibility determination notice stating that you were no longer eligible for financial assistance your updated income of \$24,960.00 was over the allowable income limit for that program. However, the record does not reflect that you provided inaccurate information that led to the original determination finding you eligible for the Essential Plan, effective May 1, 2017, or that any other of the other events referenced above occurred. Indeed, the record reflects that you were found eligible for the Essential Plan based on information about you from state and federal data sources obtained as of March 2, 2017. Therefore, the record does not contain one of the disqualifying events that would have ended your coverage in the Essential Plan prior to the end of the 12-month period.

As NYSOH improperly redetermined your eligibility on July 31, 2017, prior to the expiration of the 12-month period of eligibility, the June 23, 2017 eligibility determination and disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reenroll you in your Essential Plan, effective August 1, 2017.

Decision

The June 23, 2017 eligibility determination notice is RESCINDED.

The June 23, 2017 disenrollment notice is RESCINDED.

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 RETURNED to NYSOH to reenroll you in your Essential Plan, effective August 1, 2017.

Effective Date of this Decision: September 27, 2017

How this Decision Affects Your Eligibility

You should not have been disenrolled from your Essential Plan as of July 31, 2017.

Your case is being sent back to NYSOH to reenroll you in your Essential Plan as of 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)).

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 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).

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 June 23, 2017 eligibility determination notice is RESCINDED.

The June 23, 2017 disenrollment notice is RESCINDED.

You should not have been disenrolled from your Essential Plan as of July 31, 2017.

Your case is being sent back to NYSOH to reenroll you in your Essential Plan as of 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।

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).

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 okyer& 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.

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).