



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

Notice of Decision

Decision Date: March 12, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025222

[REDACTED]

Dear [REDACTED]

On March 6, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's October 2, 2017 eligibility determination notice and October 11, 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: March 12, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025222



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 eligibility for and enrollment in the Essential Plan was effective October 1, 2017?

Procedural History

According to your NY State of Health (NYSOH) account, in July 2017, you were determined eligible for the Essential Plan with a \$20.00 monthly premium. You enrolled into an Essential Plan, effective September 1, 2016.

On July 2, 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 make a decision about whether you would qualify for financial help paying for health coverage, and that you needed to update your account by between July 16, 2017 and August 15, 2017, or you might lose the financial assistance you were currently receiving.

No updates were received by August 15, 2017 and NYSOH redetermined your eligibility for financial assistance with health insurance.

On August 17, 2017, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a qualified health plan at full cost through NYSOH, effective September 1, 2017. The notice stated that you were

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not eligible for financial assistance because you did not respond to the renewal notice within the required timeframe.

On August 18, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your Essential Plan was terminated, effective August 31, 2017.

On September 26, 2017, you updated your application for financial assistance with health insurance through NYSOH. That day, a preliminary eligibility determination was prepared stating that you were eligible to enroll in an Essential Plan with a \$20.00 monthly premium, effective November 1, 2017.

On September 27, 2017, NYSOH issued a plan enrollment notice confirming your selection of your Essential Plan, with a plan enrollment start date of November 1, 2017.

On October 2, 2017, NYSOH issued an eligibility determination notice, based on your September 26, 2017 application, stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective November 1, 2017.

On October 11, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in an Essential Plan, effective October 1, 2017.

On December 4, 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 September 1, 2017.

On March 6, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Spanish Interpreter # [REDACTED] assisted with the hearing. 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) You were determined eligible for the Essential Plan on July 26, 2016, with an effective date of September 1, 2016.
- 2) You testified that you receive your notices from NYSOH by regular mail.
- 3) The record indicates that you receive your notices from NYSOH by electronic alert.
- 4) You testified that you did not receive any electronic alerts regarding any notice in your NYSOH account telling you that you needed to update your

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application in order to renew your eligibility. You also did not receive any renewal notice by regular mail.

- 5) You testified that the email on your NYSOH account is your spouse's email address and that you do not check his email.
- 6) You testified that, when you set up your account, you received assistance from your spouse and your spouse is the one who put his email address into your NYSOH account.
- 7) You testified that you did not know that you needed to update your account until you received a letter in the mail stating that your health insurance coverage had ended.
- 8) On September 26, 2017, NYSOH received your completed application for health insurance.
- 9) You re-enrolled into an Essential Plan on September 26, 2017, which was effective November 1, 2017.
- 10) You testified that you started your application on September 8, 2017, but you were unable to complete the application until September 26, 2017, due to technical difficulties.
- 11) The record indicates, and you testified, that NYSOH agreed to change the start date of your Essential Plan coverage to October 1, 2017, due to the technical difficulties you experienced in September 2017.
- 12) You testified that you are seeking your coverage in the Essential Plan to start as of August 1, 2017, because you were billed directly by your medical provider for medical treatment and care you received that month.
- 13) The record indicates that you were still enrolled in your Essential Plan coverage until August 31, 2017 and that there was only a one-month gap in coverage for the month of September 2017.

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

Applicable Law and Regulations

Essential Plan Renewal

In general, NYSOH will review Essential Plan eligibility no more frequently than once every 12 months from the effective date of eligibility as long as enrollees

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are under age 65, not enrolled in minimum essential coverage elsewhere, remain state residents, and do not have any changes in circumstances. 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(a); 42 CFR § 600.320(d); NY Social Services Law § 369-gg(3) and (4)(d)); New York's Basic Health Plan Blueprint, pp. 8 and 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf>).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (42 CFR § 600.340(e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates that may have been provided by the individual (42 CFR § 600.345; NY Social Services Law § 369-gg(4)(c); 45 CFR § 155.335(g); New York's Basic Health Plan Blueprint, p. 17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf>).

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/downloads/ny-blueprint.pdf>).

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)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (42 CFR § 600.330(e); 42 CFR § 435.918(b)(4)).

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Additionally, if an electronic alert regarding a notice in an individual's NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your eligibility for and enrollment in the Essential Plan was effective October 1, 2017.

You were originally found eligible for the Essential Plan on July 26, 2016. Your eligibility and plan enrollment were effective September 1, 2016.

Generally, NYSOH will redetermine a qualified individual's eligibility for the Essential Plan once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's July 2, 2017 renewal notice stated that there was not enough information to determine whether you were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information between July 16, 2017 and August 15, 2017, or your financial assistance might end.

Because there was no timely response to this notice, you were terminated from your Essential Plan effective August 31, 2017.

The record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You testified that you did not receive an electronic alert regarding the renewal notice, which directed you to update your account because there was not enough information to renew your coverage for the upcoming year. However, you further testified that the email address that is listed in your NYSOH account is your spouse's email address and you do not check his email.

As a result, it is concluded that the fact that you did not receive the electronic alert regarding your renewal was not the fault of NYSOH and was because you failed to check the email address that was linked to your NYSOH account. Therefore, the record reflects that NYSOH properly notified you, using the contact information in your NYSOH account, concerning your annual renewal and that the information in your NYSOH account needed to be updated to ensure that your enrollment in your health plan and eligibility for financial assistance would continue.

The record shows that you attempted to update your account on September 8, 2017. However, you were unable to complete your application until September 26, 2017 due to technical difficulties. On September 26, 2017, you were found eligible for the Essential Plan and enrolled into a plan that day.

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Ordinarily, the date on which the 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 after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you selected your Essential Plan on September 26, 2017, it should have taken effect on the first day of the second month following September 2017; that is, on November 1, 2017. However, since your application was not able to be completed on September 8, 2017, through no fault of your own, NYSOH approved a change in the state date of your Essential Plan coverage to October 1, 2017. It is further concluded that since you did not attempt to update your account until September 8, 2017, that your Essential Plan could have started no earlier than October 1, 2017.

Therefore, NYSOH's October 2, 2017 eligibility determination is MODIFIED to reflect that you were eligible to enroll in the Essential Plan as of October 1, 2017 and not November 1, 2017 and the October 11, 2017 plan enrollment notice is AFFIRMED because NYSOH properly began your enrollment in the Essential Plan on October 1, 2017.

During the hearing, you requested an August 1, 2017 start date of your Essential Plan coverage. However, the record indicates that you were enrolled into your Essential Plan coverage until August 31, 2017. Since your testimony differs from the record, your case is RETURNED to Plan Management to investigate why your health care provider is billing you directly for medical treatment and care you received that month and not processing claims through your Essential Plan, and to notify you accordingly.

Decision

The October 2, 2017 eligibility determination notice is MODIFIED to state that your eligibility for the Essential Plan was effective October 1, 2017.

The October 11, 2017 plan enrollment notice, stating that your enrollment in the Essential Plan was effective October 1, 2017, is AFFIRMED.

Your case is RETURNED to Plan Management to investigate why your health care provider is billing you directly for medical treatment and care you received in August 2017, and not processing claims through your Essential Plan, and to notify you accordingly.

Effective Date of this Decision: March 12, 2018

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How this Decision Affects Your Eligibility

This Decision does not change your eligibility.

Your eligibility for and enrollment in the Essential Plan was effective as of October 1, 2017.

Your case is being referred to Plan Management to investigate why your health care provider is billing you directly and not your Essential Plan for medical treatment and care you received in August 2017, and to notify you accordingly.

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

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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):

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- 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 October 2, 2017 eligibility determination notice is MODIFIED to state that your eligibility for the Essential Plan was effective October 1, 2017.

The October 11, 2017 plan enrollment notice, stating that your enrollment in the Essential Plan was effective October 1, 2017, is AFFIRMED.

Your case is RETURNED to Plan Management to investigate why your health care provider is billing you directly for medical treatment and care you received in August 2017, and not processing claims through your Essential Plan, and to notify you accordingly.

This Decision does not change your eligibility.

Your eligibility for and enrollment in the Essential Plan was effective as of October 1, 2017.

Your case is being referred to Plan Management to investigate why your health care provider is billing you directly and not your Essential Plan for medical treatment and care you received in August 2017, and to notify you accordingly.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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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 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.

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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