



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

Notice of Decision

Decision Date: February 27, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025264

[REDACTED]

[REDACTED]

On February 6, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 22, 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: February 27, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025264

[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 your Essential Plan was effective January 1, 2018?

Procedural History

On November 21, 2016, NYSOH received your application for financial assistance with health insurance.

On November 22, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan, effective January 1, 2017.

Also on November 22, 2016, NYSOH issued a plan enrollment notice confirming your selection of an Essential Plan, with an enrollment start date of December 1, 2016.

On September 21, 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 your health coverage, and that you needed to update your account by November 15, 2017 or you might lose the financial assistance you were currently receiving.

On October 26, 2017, NYSOH issued an eligibility determination notice, based on an application received October 25, 2017, stating you were eligible for

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advance payments of the premium tax credit up to \$324.00 per month, as well as cost-sharing reductions if you enrolled in a silver-level qualified health plan, both effective December 1, 2017.

On October 26, 2017, NYSOH issued a disenrollment notice stating your coverage in your Essential Plan would end on November 30, 2017.

On November 16, 2017, NYSOH issued an eligibility determination notice, based on an application received November 15, 2017, stating you were eligible for advance payments of the premium tax credit up to \$324.00 per month, as well as cost-sharing reductions if you enrolled in a silver-level qualified health plan, both effective December 1, 2017.

On November 22, 2017, NYSOH issued an eligibility determination notice, based on your November 21, 2017 application, stating you were eligible to enroll in the Essential Plan with a \$20.00 per month premium, effective January 1, 2018.

On November 22, 2017, NYSOH issued a plan enrollment notice confirming your plan selection on November 21, 2017, and your enrollment in an Essential Plan, effective January 1, 2018.

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 December 1, 2017.

On February 6, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Your [REDACTED] appeared as a witness at your hearing. The record was developed during the hearing and held open to February 21, 2018, to allow you to submit supporting documents.

On February 6, 2018, NYSOH's Appeals Unit received a two-page fax with your supporting documentation, which was made part of the record as Appellant's Exhibit 1.

The Hearing Officer listened to two telephone call recordings between NYSOH representatives, you, and [REDACTED], dated October 25, 2017 and November 15, 2017, after which the record was closed.

Findings of Fact

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

- 1) You testified you would like your Essential Plan backdated one month to December 1, 2017.

- 2) According to your NYSOH account, NYSOH received your updated applications for financial assistance on October 25, 2017 and November 15, 2017. The result of these applications was that you were determined eligible for advance payments of the premium tax credit and cost sharing reductions, effective December 1, 2017, and ineligible for the Essential Plan.
- 3) According to your NYSOH account, a decision was made that your enrollment in the Essential Plan started December 1, 2016, based on a prior appeal (AP000000013112).
- 4) ██████████ testified that he assisted you in submitting your applications on your behalf on October 25, 2017, November 15, 2017, and November 21, 2017.
- 5) You provided a copy of an "Overview" screen with a print date of October 25, 2017 from NYSOH, which states "Congratulations! We've re-enrolled everyone in their health plan for another year and you don't have to do anything more" (see Appellant's Exhibit 1, p. 2).
- 6) The call placed to NYSOH on Oct. 25, 2017, indicates a NYSOH representative told ██████████ they were having technical difficulties with your account and could not move forward with the application at that time. ██████████ asked that, since your coverage was ending November 30, 2017, was there anything else that was needed to do and if you were enrolled for another year as the overview screen indicated to him. The NYSOH representative stated that there was nothing else you needed to do and the Overview screen was correct you were all set for another year.
- 7) The call placed to NYSOH on November 15, 2017, indicates you called NYSOH directly and asked what plan was comparable to your Essential Plan because it was ending November 30, 2017. The NYSOH representative stated you made it and all you needed to do was to renew on that day. The result of the application you submitted was that you were now eligible for advance payments of the premium tax credit and cost sharing reductions and to enroll in a qualified health plan, effective December 1, 2017. The NYSOH representative told you that you could pick a plan that day for a December 1, 2017 start date. ██████████ came on the line with you and stated that he had a solution. The call was then ended when you stated you were going to work with ██████████. No plan was selected during the call.
- 8) You were determined eligible for the Essential Plan as result of your application on November 21, 2017.

- 9) You selected an Essential Plan on November 21, 2017, with a January 1, 2018 start date.

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 are under age 65, not enrolled in minimum essential coverage, 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

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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 under review is whether NYSOH properly determined that your eligibility for and enrollment in your Essential Plan was effective January 1, 2018.

You were originally found eligible for the Essential Plan, effective January 1, 2017, but were enrolled effective December 1, 2016, because of a prior appeal decision regarding AP000000013112.

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 September 21, 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 by November 15, 2017, or your financial assistance might end.

NYSOH received one call from [REDACTED] on October 25, 2017, and one call from yourself and [REDACTED] and November 15, 2017.

The record shows that you submitted an application on October 25, 2017. Based on your attested household income, you were determined eligible to enroll in a qualified health plan with advance payments of the premium tax credit and cost sharing reductions, effective December 1, 2017. As a result, your eligibility for EP ended as of November 30, 2017, as stated in the October 26, 2017 disenrollment notice.

However, a new enrollment did not take place on this date. A review of the call placed to NYSOH from [REDACTED] shows that the application was unable to be processed at that time due to technical difficulties on your account. The NYSOH representative stated to [REDACTED] that there was nothing else you needed to do and the Overview screen was correct in stating that "Congratulations! We've re-enrolled everyone in their health plan for another year and you don't have to do anything more," meaning you were all set for another year (see Appellant's Exhibit 1, p. 2).

The record further shows you contacted NYSOH directly yourself on November 15, 2017, the last day you could renew your coverage for a December 1, 2017 start date, and went through the application again for renewal. The result of the

application on November 15, 2017, was that you were once again eligible for advance payments of the premium tax credit and cost sharing reductions and could enroll in a qualified health plan, effective December 1, 2017. You were also determined ineligible to enroll in the Essential Plan. According to the telephone call recording, the NYSOH representative stated that you would need to pick a plan and enroll, which you could do that day on the telephone with him or on your own. He did explain that it was the last day for the renewal period deadline for you to enroll for a December 1, 2017 start date. With [REDACTED] on the line, you ended the call without making a plan selection and stated you would be working with him.

Although [REDACTED] could not enroll you in a health plan as of October 25, 2017, and the Overview page stated to the contrary that you were all set, the record reflects that you and [REDACTED] spoke to a NYSOH representative again on November 15, 2017. Based on the credible evidence of record, it is concluded that you were informed by the NYSOH representative of the need to enroll in a plan by the end of that day for enrollment to begin December 1, 2017; however, you and [REDACTED] ended the call without making a plan selection. Therefore, it is further concluded that NYSOH provided you with correct information and you elected to work with [REDACTED], instead of selecting a health plan during that call. As such, no action or inaction on the part of NYSOH prevented you from enrolling in a qualified health plan by the November 15, 2017 deadline for renewal.

The record shows that, on November 21, 2017, you updated the information in your NYSOH account and were determined eligible for the Essential Plan. You selected an Essential Plan that day.

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 November 21, 2017, it must take effect on the first day of the second month following November 2017; that is, on January 1, 2018.

Therefore, NYSOH's November 22, 2017 plan enrollment notice is AFFIRMED because it properly began your enrollment in the Essential Plan on January 1, 2018.

Decision

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The November 22, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: February 27, 2018

How this Decision Affects Your Eligibility

The effective date of your Essential Plan is January 1, 2018.

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):

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 November 22, 2017 plan enrollment notice is AFFIRMED.

The effective date of your Essential Plan is January 1, 2018.

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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