



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

Notice of Decision

Decision Date: March 5, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025535

[REDACTED]

Dear [REDACTED],

On February 21, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 8, 2017 disenrollment 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: March 1, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025535

[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 ended effective November 30, 2017?

Procedural History

On June 14, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to for the Essential Plan with a \$20.00 monthly premium for a limited time effective July 1, 2017.

On June 16, 2017, NYSOH issued an enrollment notice confirming your enrollment in an Essential Plan, plus dental and vision coverage, effective July 1, 2017.

On November 29, 2017, income information in your NYSOH account was updated.

On November 30, 2017, NYSOH issued a notice stating that the income information in your application did not match the information NYSOH obtained from state and federal data sources. The notice further stated that you needed to provide documentation of your income by December 14, 2017.

Also on November 30, 2017, NYSOH issued a disenrollment notice, stating that your enrollment in your Essential Plan was ending, effective December 31, 2017,

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because you were no longer eligible to remain enrolled in your Essential Plan coverage.

Also on November 30, 2017, you updated your application and uploaded documentation to your NYSOH account.

On December 1, 2017, NYSOH issued a notice stating that the income information in your application did not match the information NYSOH obtained from state and federal data sources. The notice further stated that you needed to provide documentation of your income by December 14, 2017.

Also on December 1, 2017, NYSOH verified the income documentation you submitted.

On December 4, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective November 1, 2017.

On December 5, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in a Medicaid Managed Care (MMC) plan, beginning January 1, 2018.

On December 8, 2017, NYSOH issued a notice modifying the date of your disenrollment from your Essential Plan to November 30, 2017.

Also on December 8, 2017, you contacted the NYSOH Account Review Unit and appealed the date you were disenrolled from your Essential Plan, requesting the disenrollment be made effective October 31, 2017.

On February 21, 2018, you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the proceeding.

Findings of Fact

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

- 1) The record reflects that you were enrolled in an Essential Plan through NYSOH, and that your coverage was effective as of July 1, 2017.
- 2) You testified that you paid premiums to your health plan for the months you had coverage, and that you paid the premium for the month of November 2017 as well.
- 3) The record indicates that you updated your application on November 29, 2017, and you were subsequently found eligible for Medicaid.

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- 4) You testified that you updated your application because your Unemployment Insurance Benefits had expired, so you updated the income information in your NYSOH account.
- 5) You testified that you do not think you used your Essential Plan coverage in the month of November 2017.
- 6) You testified that you are seeking an earlier disenrollment date because you had Medicaid coverage in November 2017 when you were still enrolled in your Essential Plan, and you do not feel that you need two different health insurance coverages in the same month.

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

Applicable Law and Regulations

Medicaid

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

Redetermination During a Benefit Year

When a redetermination is issued because 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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in your Essential Plan ended effective November 30, 2017.

On June 14, 2017, NYSOH issued an eligibility determination notice 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. You subsequently enrolled into an Essential Plan, with dental and vision coverage, beginning July 1, 2017.

On November 29, 2017, you updated your NYSOH account. You testified that your Unemployment Insurance Benefits had lapsed, and so you wanted to update the income information in your account. NYSOH requested further income documentation after the update, and, upon review of that documentation, found you eligible for Medicaid.

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month. As your eligibility was based on the information in your November 29, 2017 application, NYSOH determined that your eligibility for fee-for-service Medicaid began the first day of that month: November 1, 2017.

After you updated your application on November 29, 2017, NYSOH also issued a disenrollment notice on November 30, 2017, stating that your enrollment in your Essential Plan was ending, effective December 31, 2017.

When a redetermination is issued because 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, 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.

Since you updated your application on November 29, 2017, which was after the 15th of month, you were not disenrolled from your Essential Plan until December 31, 2017.

However, the record reflects that NYSOH decided to retroactively disenroll you from your Essential Plan for the month of December 2017, and issued a modified disenrollment notice dated December 8, 2017 containing the new disenrollment date of November 30, 2017.

NYSOH has already backdated your disenrollment beyond what is required, and there is no basis for further backdating of your coverage under the law.

Therefore, the December 8, 2017 disenrollment notice, stating that your enrollment in your Essential Plan ended as of November 30, 2017, is **AFFIRMED**.

Decision

The December 8, 2017 disenrollment notice is **AFFIRMED**.

Effective Date of this Decision: March 5, 2018

How this Decision Affects Your Eligibility

This decision does not change your disenrollment date. Your enrollment in your Essential Plan ended as of November 30, 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

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 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 December 8, 2017 disenrollment notice is AFFIRMED.

This decision does not change your disenrollment date. Your enrollment in your Essential Plan ended as of November 30, 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 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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