



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

Notice of Decision

Decision Date: March 7, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026189

[REDACTED]

Dear [REDACTED]

On February 27, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 22, 2017 eligibility and enrollment confirmation 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
Albany, NY 12211

Decision

Decision Date: March 7, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026189

[REDACTED]

Issue

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

Did NY State of Health properly determine that your enrollment in the Essential Plan was effective February 1, 2018?

Procedural History

On December 2, 2017, NY State of Health (NYSOH) issued an eligibility determination notice stating you do not qualify for health coverage through NYSOH. The notice stated that you do not qualify for the Essential Plan because the system showed you had Medicare.

On December 8, 2017, you uploaded a letter from the Social Security Administration stating that you were not entitled to or eligible for Medicare.

On December 21, 2017, NYSOH issued another eligibility determination notice stating that you do not qualify for the Essential Plan because the system showed you had Medicare.

On December 21, 2017, NYSOH issued a preliminary determination stating you are eligible for the Essential Plan for a limited time, effective February 1, 2018. You enrolled in a plan on that very same day.

Also on December 21, 2017 you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your Essential Plan, insofar as your enrollment did not begin January 1, 2018.

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On December 22, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for the Essential Plan for a limited time, effective February 1, 2018.

Also on December 22, 2017, NYSOH issued an enrollment confirmation notice stating that your enrollment in an Essential plan would begin February 1, 2018.

On February 22, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and the record was closed that same day.

Findings of Fact

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

- 1) You testified, and your account confirms, that you received a notice dated December 2, 2017 stating that you did not qualify for the Essential Plan because the system determined that you had Medicare.
- 2) You testified that you contacted NYSOH regarding the notice you received dated December 2, 2018 and were advised to submit a letter from the Social Security Administration to show that you did not have Medicare.
- 3) On December 8, 2017 you submitted a letter from the Social Security Administration confirming that you did not have nor were you eligible for Medicare.
- 4) The record indicates that the Medicare was removed from the system on December 21, 2017 (complaint [REDACTED]).
- 5) You testified that you were without coverage during January 2018 and incurred medical bills.
- 6) The record does not contain any information from NYSOH regarding where they obtained the information that you were enrolled in Medicare.
- 7) The record indicates that you were enrolled into a plan on December 21, 2017 with a February 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

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Verification of Eligibility for the Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

NYSOH must verify the eligibility of an applicant for the Essential Plan consistent with the standards set in 45 CFR § 155.315 and § 155.320 (New York's Basic Health Plan Blueprint, pgs. 16-17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>; 42 CFR § 600.345(a)(2)).

NYSOH must provide the applicant with notice of the inconsistency in their account and 90 days to provide satisfactory documentary evidence to resolve the inconsistency (45 CFR § 155.315 (f)(2)). If NYSOH remains unable to verify the attestation of the applicant, NYSOH must re-determine the applicant's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation (45 CFR § 155.315(f)(2), (g)).

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any updates in eligibility to the Essential Plan effective the first day of the following month for changes received by NYSOH from the first to the fifteenth of any month (45 CFR § 155.420(b)(1)(i); see also 42 CFR § 600.320(c)). For updates 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 § 155.420(b)(1)(ii); see also 42 CFR § 600.320(c)).

Minimum Essential Coverage

Minimum essential coverage includes most government-sponsored insurance plans such as Medicaid, Medicare, CHIP, Tricare, Veterans' Health Coverage, and eligible employer-sponsored insurance (26 USC §§ 36B(c)(2)(B) and 5000A(f)).

According to 26 USC § 5000A, which is part of the Internal Revenue Code, various government-sponsored plans provide minimum essential coverage,

including the Medicare program under part A of title XVIII of the Social Security Act (26 USC § 5000A(f)(1)(A)(i), 42 USCS §§ 1395c et seq.)).

Legal Analysis

The issue for review is whether NYSOH properly determined that your enrollment in the Essential Plan was effective February 1, 2018.

On December 2, 2017, NYSOH issued an eligibility determination notice stating you do not qualify for the Essential Plan because the system showed you had Medicare.

You testified that you contacted NYSOH regarding the notice you received dated December 2, 2017 and were advised to submit a letter from the Social Security Administration to show that you did not have Medicare. As requested, on December 8, 2017 you submitted supporting documentation from the Social Security Administration confirming that you did not have nor were you eligible for Medicare.

The reference to the Medicare coverage was subsequently removed from NYSOH's system on December 21, 2017 and you were able to select a plan as of that date.

Generally, the date on which a 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 will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

As noted above, you were unable to enroll into a plan prior to December 21, 2017 due to there being Medicare information on your account. However, NYSOH's data showing you were enrolled in Medicare was not supported by the record. As of December 8, 2017, you provided a letter from the Social Security Administration showing that you did not have Medicare. Had you been able to select a health plan as of December 8, 2017, your enrollment would have been effective January 1, 2018.

Therefore, the December 22, 2017 eligibility and enrollment confirmation notices are MODIFIED to state that your enrollment in your Essential plan is effective as of January 1, 2018.

Decision

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).

The December 22, 2017 eligibility and enrollment confirmation notices are MODIFIED to state that your enrollment in your Essential plan is effective as of January 1, 2018.

Your case is RETURNED to NYSOH to backdate your Essential Plan to January 1, 2018.

Effective Date of this Decision: March 7, 2018

How this Decision Affects Your Eligibility

Your enrollment in the Essential Plan will start January 1, 2018.

If applicable, you will be responsible to pay the monthly insurance premiums directly to the health plan for coverage to begin as of 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

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 22, 2017 eligibility and enrollment confirmation notices are MODIFIED to state that your enrollment in your Essential plan is effective as of January 1, 2018.

Your case is being sent back to NYSOH to backdate your coverage through your Essential plan as of January 1, 2018.

If applicable, you will be responsible to pay the monthly insurance premiums directly to the health plan for coverage to begin as of 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.

繁體中文 (Traditional Chinese)

這是一個重要的文件。如果您需要幫助理解此文件，請打電話至 1-855-355-5777。我們可以為您免費提供相應語種的口譯服務。

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)

이것은 중요한 문서입니다. 이 문서를 이해하는 데 도움이 필요하다면 1-855-355-5777에 전화하십시오. 저희가 무료로 해당 언어의 통역 서비스를 제공합니다.

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 مجانًا.

বাংলা (Bengali)

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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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.

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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。

□□□□□ (Nepali)

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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&btumi 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.

שְׂוֹיִשׁ (Yiddish)

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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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