



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

Notice of Decision

Decision Date: April 23, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027271

[REDACTED]

On March 16, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 30, 2017 disenrollment and January 17, 2018 plan enrollment 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027271

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Issues

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

Did NY State of Health (NYSOH) properly enroll you in a Medicaid Managed Care (MMC) plan with an enrollment start date of March 1, 2018?

Did NYSOH properly determine that your Essential Plan coverage enrollment ended as of January 31, 2018?

Were you eligible to be reimbursed for the premium and copayments that were paid during the months of December 2017 and January 2018?

Procedural History

On January 10, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan, with a \$20.00 premium per month, effective February 1, 2017.

On January 13, 2017, NYSOH issued a plan enrollment notice confirming that on January 12, 2017, you were enrolled in an Essential Plan, with an enrollment start date of February 1, 2017.

On December 2, 2017, NYSOH issued a renewal notice stating that based on the information from federal and state sources, NYSOH was unable to make a decision about whether you qualified for financial assistance paying for your

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health insurance coverage. The notice instructed you to update your NYSOH account by January 18, 2018, so your eligibility could be determined.

On December 29, 2017, your account was updated.

On December 30, 2017, NYSOH issued a notice stating that your application for health insurance was reviewed; however, the income information in your application did not match what NYSOH received from state and federal data sources. The notice directed you to submit income documentation by January 13, 2018, to confirm your eligibility.

Also on December 30, 2017, NYSOH issued a disenrollment notice stating that your Essential Plan would end on January 31, 2018, because you were no longer eligible to enroll in an Essential Plan.

On January 2, 2018, you faxed additional documentation to NYSOH (see Documents [REDACTED]).

On January 4, 2018, NYSOH issued a notice stating that the documentation reviewed did not confirm the information in your application. The notice instructed you to submit additional income documentation by January 28, 2018, to confirm your eligibility.

On January 9, 2018, you faxed additional documentation to NYSOH (see Documents [REDACTED]).

On January 11, 2018, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective as of December 1, 2017.

On January 16, 2018, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as the enrollment start date of your MMC plan began March 1, 2018 and not earlier.

On January 17, 2018, NYSOH issued an enrollment notice confirming that as of January 16, 2018, you were enrolled in a MMC plan with an enrollment start date of March 1, 2018.

On March 16, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you testified that you no longer wanted to appeal the enrollment start date of your MMC plan and withdrew the original basis for your appeal on the record through sworn testimony. You testified that you wanted to modify the issue under appeal to the disenrollment date of your Essential Plan coverage. Testimony was taken during the hearing, and the record was closed at the end of the proceeding.

Findings of Fact

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

- 1) According to your NYSOH account, you were enrolled in an Essential Plan, through UnitedHealthcare, with an enrollment start date of February 1, 2017.
- 2) According to your NYSOH account, on December 29, 2017, you updated your application. Based on that update, you were determined eligible for Medicaid pending the submission of income documentation.
- 3) According to your NYSOH account, your Essential Plan coverage ended as of January 31, 2018.
- 4) According to your NYSOH account, you were determined eligible for Medicaid, effective December 1, 2017.
- 5) You testified that you want your Essential Plan coverage to end as of November 30, 2017. Further, you want to be reimbursed for the copayments and premiums that you paid toward your Essential Plan coverage for the months of December 2017 and January 2018.
- 6) You testified that you want to be awarded monetary damages for not being enrolled in health insurance coverage for the month of February 2018.

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

Applicable Law and Regulations

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 and under 65 years of age, (2) expects to have a household income that exceeds 138% and at or below 200% of the applicable federal poverty level (FPL) (3) who is ineligible for Medicaid or Child Health Plus (4) is not otherwise eligible for minimum essential coverage except through the individual market, (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).

Termination of Essential Plan – Effective Date

For individuals seeking enrollment or termination 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. 18, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

NYSOH must permit an enrollee to terminate their Essential Plan coverage, including when an enrollee obtains minimum essential coverage (45 CFR §155.430(b)(1)(i)).

If an enrollee is newly eligible for Medicaid or Child Health Plus, the last day of enrollment in the Essential Plan is the day before the individual is determined eligible for Medicaid or Child Health Plus (45 CFR §155.430(d)(2)(iv)).

Appealable Issues

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Legal Analysis

The first issue under review is whether NYSOH properly enrolled you in a MMC plan with an enrollment start date of March 1, 2018.

On January 16, 2018, you contacted NYSOH and requested an appeal relative to the enrollment start date of your MMC plan.

During the hearing, you stated that you no longer wanted to pursue your appeal regarding the enrollment start date of your MMC, and you withdrew that basis of your appeal under sworn testimony. However, you testified that you wanted to be awarded monetary damages for not being enrolled in health insurance coverage during the month of February 2018.

Again, you testified that you did not want the NYSOH Appeals Unit to review whether you were eligible to be enrolled in a MMC plan during the month of February 2018. Therefore, the NYSOH Appeals Unit will not review whether you

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should be awarded monetary damages for not being enrolled in health insurance for the month of February 2018. Since you verbally withdrew the issue regarding your health insurance enrollment during the month of February 2018, it is DISMISSED.

The second issue under review is whether NYSOH properly ended your Essential Plan coverage as of January 31, 2018.

The record reflects that you were enrolled in an Essential Plan with an enrollment start date of February 1, 2017. On December 29, 2017, you updated the information in your NYSOH account. Based on the updates, you were determined eligible for Medicaid pending the submission of income documentation.

NYSOH must permit an enrollee to terminate their Essential Plan coverage if the enrollee is newly eligible for Medicaid. The enrollee's Essential Plan coverage ends on the day before they are determined eligible for Medicaid.

The record reflects that on December 29, 2017, you were determined eligible for Medicaid, pending the submission of income documentation. Therefore, your Essential Plan coverage should have ended as of December 28, 2017.

Since NYSOH does not prorate health insurance coverage until the end of a given month, the December 30, 2017, disenrollment notice is MODIFIED to state that your Essential Plan coverage ended as of December 31, 2017.

The third issue under review is whether you are eligible to be reimbursed for the health insurance premium and copayments that were paid during the months of December 2017 and January 2018.

NYSOH Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure to provide timely notice of an eligibility determination and (5) a denial of a special enrollment period.

The Appeals Unit does not have the authority to review whether an individual should be reimbursed for premiums paid to a health plan or copayments paid to medical providers. We cannot reach the merits as to whether you are entitled to be reimbursed for the copayments and premiums. Therefore, your request for reimbursement is DISMISSED as a non-appealable issue.

UnitedHealthcare may be able to help you with your request for reimbursement. If you have not already been assisted by them, please contact 1-866-414-1959.

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In addition, since your issue concerns a health insurer and/or payment, reimbursement, coverage, benefits, rates and premiums, you can contact NY Department of Financial Services at their Consumer Hotline at (800) 342-3736 (Monday through Friday, 8:30 AM to 4:30 PM); or locally to (212) 480-6400; or you can file a complaint at <http://www.dfs.ny.gov/consumer/fileacomplaint.htm>.

Decision

The December 30, 2017 disenrollment notice is MODIFIED to state that your Essential Plan coverage ended on December 31, 2017.

The January 17, 2018 plan enrollment notice remains in full force and effect because you withdrew that basis of your appeal under sworn testimony.

Your request for reimbursement for the amount paid for health insurance premiums and co-payments during the months of December 2017 and January 2018 is DISMISSED as a non-appealable issue.

Effective Date of this Decision: April 23, 2018

How this Decision Affects Your Eligibility

By this Decision, your Essential Plan coverage ended as of December 31, 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:

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 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 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 30, 2017 disenrollment notice is MODIFIED to state that your Essential Plan coverage ended on December 31, 2017.

The January 17, 2018 enrollment notice remains in full force and effect because you withdrew that basis of your appeal under sworn testimony.

Your request for reimbursement for the amount paid for health insurance premiums and co-payments during the months of December 2017 and January 2018 is DISMISSED as a non-appealable issue.

By this Decision, your Essential Plan coverage ended as of December 31, 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).

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&btumi 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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