



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

Notice of Decision

Decision Date: May 24, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029615

[REDACTED]

Dear [REDACTED]

On May 15, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 15, 2018 eligibility determination 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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Decision

Decision Date: May 24, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029615



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 eligibility for and enrollment in your Essential Plan was effective February 1, 2018?

Procedural History

On October 29, 2016, NYSOH issued a notice of eligibility determination, stating you were eligible to enroll in the Essential Plan with no monthly premium, effective October 1, 2016.

Also on October 29, 2016, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an Essential Plan 4, beginning October 1, 2016.

On August 3, 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 data sources, NYSOH could not determine whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by September 15, 2017, or you might lose your coverage and any financial assistance you were currently receiving.

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

On September 17, 2017, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a qualified health plan at full cost

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through NYSOH, effective November 1, 2017. The notice stated that you were not eligible for financial assistance because you did not respond to the renewal notice.

Also on September 17, 2017, NYSOH issued a disenrollment notice, stating your enrollment in your Essential Plan was terminated, effective October 31, 2017.

On February 14, 2018, you updated your application for financial assistance with health insurance through NYSOH. In that application, you requested help paying for medical bills in the months of November and December 2017, and January 2018.

On February 15, 2018, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan with no monthly premium, effective February 1, 2018.

Also on February 15, 2018, NYSOH issued an enrollment notice confirming your selection of your Essential Plan, with a plan enrollment start date of February 1, 2018.

On March 1, 2018, 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 January 1, 2018.

On May 15, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, a [REDACTED] provided interpretation services. 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 October 29, 2016, with an effective date of October 1, 2016.
- 2) You testified that you receive your notices from NYSOH by regular mail, and your NYSOH account confirms this.
- 3) You testified that you received a notice from NYSOH at some point in 2017, but it was in English, so you were unable to read it.
- 4) You testified you do not know whether the notice you received was the August 3, 2017 renewal notice.

- 5) You testified you sometimes ask other people to read you the notices you receive from NYSOH, but you did not ask anyone to read this notice.
- 6) The September 17, 2017 eligibility determination was returned to NYSOH as undeliverable mail, but the August 3, 2017 renewal notice and September 17, 2017 disenrollment notice were not.
- 7) Your NYSOH account reflects the August 3, 2017 and September 17, 2017 notices each contained a two-page attachment at the end entitled "Getting Help in a Language Other than English." The attachment contains the following phrase translated into 18 languages, including French, "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."
- 8) You testified that you did not know that your coverage ended until you were in [REDACTED] in January 2018 and found out your coverage had expired.
- 9) You testified someone from [REDACTED] helped you reapply in February 2018, after you gave birth to your child on [REDACTED].
- 10) The record reflects that on February 14, 2018, NYSOH received your updated application for health insurance.
- 11) You reenrolled into an Essential Plan on February 14, 2018.
- 12) You testified that you are seeking to have coverage in the Essential Plan for January 1, 2018 because you have unpaid medical bills from that month.

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

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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>).

Essential Plan Effective Date

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)).

However, it is NYS policy that, for individuals who would be eligible for Medicaid, but are placed in the Essential Plan 4 for immigration reasons, the period of eligibility and enrollment begins on the first day of the month in which the individual is found eligible, "mirroring" eligibility start dates from Medicaid.

Legal Analysis

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

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You were originally found eligible for the Essential Plan effective October 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 August 3, 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 September 15, 2017, or your insurance coverage and financial assistance might end.

Because there was no timely response to this notice, your Essential Plan coverage ended, effective October 31, 2017.

You testified you received a notice at some point from NYSOH, but were not sure whether it was the August 3, 2017 renewal notice, or some other notice. You testified you do not read English so you sometimes ask other people to read your NYSOH notices for you, but you did not have anyone read this particular notice. Your NYSOH account reflects three notices were sent to you regarding your coverage in 2017: the August 3, 2017 renewal notice, a September 17, 2017 eligibility determination, and a September 17, 2017 disenrollment notice. All three notices contained an attachment with a phrase translated into French advising you what number to call if you needed someone to help you understand the notice. Though your NYSOH account reflects the September 17, 2017 eligibility determination was returned to NYSOH as undeliverable (for reasons that are unclear) the August 3, 2017 renewal notice and September 17, 2017 disenrollment notice were not returned.

Therefore, the record reflects that NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated to ensure your enrollment in your health plan and eligibility for financial assistance would continue. Moreover, NYSOH properly provided you with the information necessary for you to receive a translation of this notice.

The record shows that on February 14, 2018, you updated the information in your NYSOH account and submitted a request to enroll in an Essential Plan.

The date on which the Essential Plan can take effect depends on the day a person selects the plan for enrollment.

It is NYS policy that, for individuals who would be eligible for Medicaid, but are placed in the Essential Plan 4 for immigration reasons, the period of eligibility and enrollment begins on the first day of the month in which the individual is found eligible, "mirroring" eligibility start dates from Medicaid.

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Since you updated your application on February 14, 2018 and selected your Essential Plan for enrollment that same day, your coverage must take effect on the first day February 2018.

Therefore, NYSOH's February 15, 2018 eligibility determination and enrollment confirmation notices are AFFIRMED because they properly began your eligibility for and enrollment in the Essential Plan on February 1, 2018.

However: It is noted you requested assistance with medical bills in the three-month period prior to your February 14, 2018 application, and NYSOH failed to consider this request, or to issue any notice of eligibility determination.

Therefore, your case is RETURNED to NYSOH to consider your request for retroactive coverage for the months of November and December 2017, and January 2018, and to issue an eligibility determination notice promptly.

Decision

The February 15, 2018 eligibility determination notice is AFFIRMED.

The February 15, 2018 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to NYSOH to process your February 14, 2018 application for retroactive Medicaid in the months of November and December 2017 and January 2018, and to promptly issue an eligibility determination notice in writing on that application.

Effective Date of this Decision: May 24, 2018

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Essential Plan eligibility and enrollment is February 1, 2018.

Your case is being sent back to NYSOH to consider your request for retroactive Medicaid coverage in the months of November and December 2017, and January 2018.

NYSOH will send you a written eligibility determination regarding your eligibility for retroactive Medicaid.

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).

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 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

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The February 15, 2018 eligibility determination notice is **AFFIRMED**.

The February 15, 2018 enrollment confirmation notice is **AFFIRMED**.

Your case is **RETURNED** to NYSOH to process your February 14, 2018 application for retroactive Medicaid in the months of November and December 2017 and January 2018, and to promptly issue an eligibility determination notice in writing on that application.

This decision does not change your eligibility.

The effective date of your Essential Plan eligibility and enrollment is February 1, 2018.

Your case is being sent back to NYSOH to consider your request for retroactive Medicaid coverage in the months of November and December 2017, and January 2018.

NYSOH will send you a written eligibility determination regarding your eligibility for retroactive Medicaid.

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 मदद 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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