



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

Notice of Decision

Decision Date: May 10, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030111

[REDACTED]

Dear [REDACTED]

On May 4, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's March 13, 2018 eligibility determination and 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: May 10, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030111



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 children's eligibility for and enrollment in the Essential Plan was effective April 1, 2018?

Procedural History

On February 15, 2017, NYSOH issued an eligibility determination notice stating that you and your children were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective March 1, 2017.

On March 10, 2017, NYSOH issued a plan enrollment notice confirming your and your children's enrollment in an Essential Plan, beginning April 1, 2017.

On January 2, 2018, NYSOH issued a renewal notice stated that you and your children were no longer eligible for the Essential Plan, effective February 28, 2018, and that beginning March 1, 2018, you and your children would share an advance premium tax credit (APTC) of \$302.00. That notice further directed you and your children to contact NYSOH to choose a health plan for enrollment between January 16, 2018 and February 15, 2018, in order for your coverage to begin.

On January 17, 2018, NYSOH sent you a disenrollment notice stating that your and your children's enrollment in the Essential Plan would end on February 28,

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2018. That notice further directed you and your children to pick a health plan for enrollment for the upcoming policy period.

No plan selections were received by February 15, 2018.

On March 9, 2018, March 10, 2018 and March 12, 2018, NYSOH received your and your children's applications for health insurance and selections for plan enrollment.

On March 10, 2018, March 11, 2018 and March 13, 2018, NYSOH issued eligibility determination notices stating that, for a limited time, your children were eligible for the Essential Plan with a \$20.00 monthly premium, beginning April 1, 2018.

Also on March 10, 2018, March 11, 2018 and March 13, 2018, NYSOH issued plan enrollment notices confirming your children's enrollment in an Essential Plan beginning April 1, 2018.

On March 13, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's enrollment in their Essential Plan because it did not begin on March 1, 2018, which resulted in a gap in coverage for that month.

On May 4, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed after the one telephone recording was reviewed.

Findings of Fact

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

- 1) Your children were originally determined eligible for the Essential Plan on March 1, 2017 and enrolled into an Essential Plan effective April 1, 2017.
- 2) You testified that you did not receive the January 2, 2018 or January 17, 2018 notices stating that your children's enrollment in their Essential Plan ended on February 28, 2018.
- 3) According to your NYSOH account and your testimony, you receive your notices from NYSOH by regular mail.
- 4) You testified that you and your children reside at the mailing address listed on your NYSOH account and as noted on the address line above, and that you have received mail from NYSOH at this address in the past.

- 5) According to your NYSOH account, no notices mailed to you or your children at this address have been returned to NYSOH as undeliverable.
- 6) Your NYSOH account indicates that you updated your and your children's application for health insurance was on March 9, 2018, March 10, 2018 and March 12, 2018.
- 7) You testified that you are appealing your children's start date in their Essential Plan because they have a gap in health insurance coverage for the month of March 2018.

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

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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)).

Legal Analysis

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

Your children were originally determined eligible for the Essential Plan on March 1, 2017, and enrolled into an Essential Plan effective April 1, 2017.

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.

On January 2, 2018, NYSOH issued a renewal notice stating that your children were no longer eligible for the Essential Plan, effective February 28, 2018, and that beginning March 1, 2018, you and your children would share an APTC of \$302.00 per month. On January 17, 2018, NYSOH sent you a notice stating that your and your children's enrollment in the Essential Plan would end on February 28, 2018. You testified that you did not receive either of these notices.

The record reflects that you receive your notices from NYSOH by regular mail. You testified that you and your children reside at the mailing address listed on your NYSOH account and as noted in the address line above, and you have received mail from NYSOH at this address in the past. According to your NYSOH account, none of the notices mailed from NYSOH to this address were returned as undeliverable.

Therefore, the record reflects that NYSOH properly notified you that your children's eligibility and enrollment in the Essential Plan ended February 28, 2018.

The record shows that you first submitted an application on behalf of your children and selected a plan for their enrollment on March 9, 2018, and again on March 10, 2018, and March 12, 2018.

The date on which the Essential Plan takes 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 an Essential Plan for your children on March 9, 2018, March 10, 2018 and March 12, 2018, their Essential Plan properly took effect on the first day of the following after March 2018; that is, on April 1, 2018.

Therefore, NYSOH's March 13, 2018 eligibility determination and plan enrollment notices are AFFIRMED because they properly began your children's eligibility for and enrollment in the Essential Plan on April 1, 2018.

Decision

The March 13, 2018 eligibility determination notice is AFFIRMED.

The March 13, 2018 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: May 10, 2018

How this Decision Affects Your Eligibility

This decision does not change your children's eligibility for or enrollment in the Essential Plan.

The effective date of your children's Essential Plan is April 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

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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):

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 March 13, 2018 eligibility determination notice is **AFFIRMED**.

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The March 13, 2018 plan enrollment notice is AFFIRMED.

This decision does not change your children's eligibility for or enrollment in the Essential Plan.

The effective date of your children's Essential Plan is April 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. y&b&tumi ama wo obi a okyer& 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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