



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

Notice of Decision

Decision Date: May 17, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030249



Dear [REDACTED]

On May 1, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 28, 2018 enrollment confirmation 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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Decision

Decision Date: May 17, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030249



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 a qualified health plan, as well as the application of advance premium tax credits, was effective February 1, 2018?

Procedural History

On February 16, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective February 1, 2017.

Also on February 16, 2017, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a Medicaid Managed Care plan, with a start date of March 1, 2017.

On December 2, 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 sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by January 18, 2018 or you might lose the financial assistance you were then receiving.

On January 2, 2018, NYSOH received your updated application for health insurance.

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On January 3, 2018, NYSOH issued an eligibility determination notice stating that you were eligible to receive an advance premium tax credit of up to \$378.00 per month, as well as cost-sharing reductions, effective February 1, 2018. It further stated that you no longer qualified for Medicaid as of January 31, 2018.

Also on January 3, 2018, NYSOH issued a disenrollment notice stating that your coverage with your Medicaid Managed Care plan would end on January 31, 2018.

On February 27, 2018, NYSOH received your updated application for health insurance. That day, you also selected a qualified health plan for enrollment.

On February 28, 2018, NYSOH issued an eligibility determination notice stating that you were eligible to receive an advance premium tax credit of up to \$132.00 per month, effective April 1, 2018.

Also on February 28, 2018, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a qualified health plan with a start date of February 1, 2018. The notice also stated that your advance premium tax credit would be applied to your monthly premium starting on February 1, 2018.

On March 15, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your qualified health plan insofar as it started February 1, 2018 and not March 1, 2018.

On April 10, 2018, NYSOH issued a disenrollment notice stating that your enrollment with your qualified health plan would end effective February 1, 2018, because you did not pay your monthly premium.

On May 1, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and, you gave the Hearing Officer permission to listen to recordings of your telephone calls with NYSOH. The record is now closed.

Findings of Fact

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

- 1) You testified that you contacted NYSOH in January 2018 to enroll in coverage for the 2018 year. You testified that you were informed your income was higher than it was in 2017, and that a NYSOH representative informed you that because your income had increased, you would have to choose a different insurance plan. You testified that you were not sure of your new income at that time, and were not sure what insurance you wanted to enroll in, and therefore did not enroll in a plan.

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- 2) You contacted NYSOH on January 2, 2018 and January 3, 2018, during those calls you did not select a qualified health plan.
- 3) You testified that you contacted NYSOH again on February 27, 2018, and provided NYSOH with updated income information, and enrolled in a qualified health plan. You testified that you were not informed when your enrollment would be made effective, and that your insurance company would contact you to discuss your start date.
- 4) During the February 27, 2018 phone call, a NYSOH representative explained your coverage options. The NYSOH representative noted that your coverage was originally due to start on February 1, 2018, and so she stated that once you pay your premium, "you should be good to start." You asked when your insurance premium would be due, and were informed that your health plan would inform you.
- 5) You testified that you received a bill from your qualified health plan for three months of coverage, February, March, and April 2018.
- 6) You testified that you did not pay for any of these three months. You testified that you did not pay, because you were not informed that your insurance would begin on February 1, 2018.
- 7) You testified that you have been without health insurance coverage for February, March, and April 2018, and were not currently enrolled in any health insurance plan.
- 8) You contacted NYSOH on March 12, 2018. During that phone call, you stated that you had received a letter stating that you were eligible for coverage in February 2018, but wanted coverage in March 2018, and wanted to discuss your start date. You stated you spoke with your insurance company, who informed you they would only send out your insurance card after they received a payment. You were informed that when you had originally updated your application in January 2018, you were within the window for a February 1, 2018 start date. You were also informed that when you updated your account on February 27, 2018, you should have received an April 1, 2018 start date.
- 9) You testified that you are seeking a March 1, 2018 enrollment start date for your qualified health plan.

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

Applicable Law and Regulations

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.).

Annual Eligibility Redetermination

Generally, NYSOH must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

NYSOH must send an annual renewal notice that contains the information by which NYSOH will use to redetermine a qualified individual's projected eligibility for that year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the information and projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

Enrollment in a Qualified Health Plan

NYSOH must provide annual open enrollment periods during which time qualified individuals may enroll in a qualified health plan and enrollees may change qualified health plans (45 CFR § 155.410(a)(1)).

For the benefit year beginning on January 1, 2017, the annual open enrollment period began on November 1, 2016, and extended through January 31, 2017 (45 CFR § 155.410(e)(2)).

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Special Enrollment Periods

After each open enrollment period ends, NYSOH provides special enrollment periods to qualified individuals. During a special enrollment period, a qualified individual may enroll in a qualified health plan, and an enrollee may change their enrollment to another plan. This is generally permitted when a triggering event occur.

Generally, if a triggering life event occurs, the qualified individual or enrollee has 60 days from the date of a triggering event to select a qualified health plan (45 CFR § 155.420(c)(1)). If the qualified individual or enrollee selects a health plan on or before the day of the triggering event, NYSOH must ensure that the coverage effective date is on the first day of the month following the date of the triggering event (45 CFR § 155.420(b)(2)(iv)). If the qualified individual or enrollee selects a health plan after the date of the triggering event, the exchange has the option to provide either an effective date that follows regular effective date rules, or an effective date of the first day of the month following the triggering event (45 CFR § 155.420(b)(1), (2)(iv)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in a qualified health plan as well as your eligibility for advance premium tax credits was effective February 1, 2018.

On December 2, 2017, NYSOH issued an annual renewal notice in your case. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether or not you would qualify for financial help with paying for your health coverage. You were asked to update the information in your account by January 18, 2018, or the financial help you were receiving might end.

You called NYSOH on January 2, 2018 and on January 3, 2018 and updated your application for health insurance.

As a result of those applications, you were found eligible for advance premium tax credits to apply towards enrollment in a qualified health plan, effective February 1, 2018. However, you did not select a plan for enrollment on either January 2, 2018 or January 3, 2018.

You called NYSOH on February 27, 2018, and again updated your application for health insurance. During that application, you provided NYSOH with updated income information.

As a result, you were eligible to receive an advance premium tax credit of up to \$132.00 per month, effective April 1, 2018. You subsequently enrolled into a qualified health plan.

On February 28, 2018, NYSOH issued an enrollment confirmation notice, stating you were enrolled in your qualified health plan with an enrollment start date of February 1, 2018.

You testified that you are seeking a March 1, 2018 enrollment start date for your qualified health plan.

Typically, when an individual changes information in their application on or before the 15th of any month, NYSOH must make the redetermination that results from the change effective the first day of the following month. Additionally, the date on which a qualified health 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 an including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month through the end of that month goes into effect on the first day of the second following month.

Special effective dates for qualified health plans can be granted when an individual selects a health plan on or before the day the individual loses other minimum essential coverage.

Prior to enrolling in a qualified health plan, you were enrolled in Medicaid coverage through NYSOH. However, your Medicaid coverage ended as of January 31, 2018. Since you selected a qualified health plan after the date you lost Medicaid coverage, there was no basis for NYSOH to provide you with a special effective date for your qualified health plan.

Since you selected a qualified health plan on February 27, 2018, the enrollment in that plan should have begun on the first day of the second following month after February; that is on April 1, 2018.

Therefore, the February 28, 2018 enrollment confirmation notice providing you with a start date of February 1, 2018 was incorrect and is MODIFIED to reflect an enrollment start date of April 1, 2018.

Your case is RETURNED to NYSOH to update your enrollment start date and reinstate you in your selected qualified health plan as of April 1, 2018.

Decision

The February 28, 2018 enrollment confirmation notice is MODIFIED to reflect an enrollment start date of April 1, 2018.

Your case is RETURNED to NYSOH to update your enrollment start date and reinstate you in your qualified health plan, effective April 1, 2018.

Effective Date of this Decision: May 17, 2018

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to reinstate you into your qualified health plan as of April 1, 2018.

You will be responsible for any premium payments for any months you are enrolled into coverage.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the 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 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 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 February 28, 2018 enrollment confirmation notice is MODIFIED to reflect an enrollment start date of April 1, 2018.

Your case is RETURNED to NYSOH to update your enrollment start date and reinstate you in your qualified health plan, effective April 1, 2018.

You will be responsible for any premium payments for any months you are enrolled into coverage.

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.

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. 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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