



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: AP000000030275

[REDACTED]

Dear [REDACTED],

On May 15, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's March 17, 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: May 24, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030275



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, an Essential Plan was effective May 1, 2018?

Procedural History

On May 20, 2017, NYSOH issued a notice of eligibility determination stating you were eligible to enroll in the Essential Plan with no monthly premium, effective July 1, 2017.

That same day, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an Essential Plan with a monthly premium of \$31.97 per month, beginning July 1, 2017.

On January 11, 2018, NYSOH issued a disenrollment notice stating your enrollment in your Essential Plan ended, effective December 31, 2017, because you did not pay your insurance bill by the payment deadline.

On March 4, 2018, NYSOH issued a renewal notice, stating it was time to renew your health insurance coverage. The notice stated you were eligible for Medicaid, effective May 1, 2018, based on information available from state and federal data sources. The notice directed you to select a health plan between March 16, 2018 and April 15, 2018.

On March 15, 2018, you updated your NYSOH account and requested your eligibility be determined based on current monthly income.

On March 16, 2018, NYSOH issued a notice stating the income information in your application did not match the information NYSOH received from federal and state data sources. The notice directed you to submit documentation of your income by March 30, 2018 so that your eligibility could be determined.

Also on March 16, 2018, NYSOH issued a renewal notice stating it was time to renew your application for financial assistance with health insurance through NYSOH. The notice advised you to update your application by April 15, 2018.

That same day, you updated your application again. After you updated your application, NYSOH prepared a preliminary eligibility determination stating you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium for a limited time, effective May 1, 2018.

Also on March 16, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your eligibility for, and enrollment in, the Essential Plan, insofar as it did not begin April 1, 2018.

On March 17, 2018, NYSOH issued a notice of eligibility determination, based on your March 16, 2018 application, stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium for a limited time, effective May 1, 2018. The notice further directed you to submit documentation of your income by June 14, 2018, to confirm your eligibility.

Also on March 17, 2018, NYSOH issued a notice of enrollment, based on your plan selection on March 16, 2018, stating that you were enrolled in an Essential Plan, and that your enrollment would begin on May 1, 2018.

On May 15, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. 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 submitted an updated application to NYSOH for financial assistance on March 15, 2018.
- 2) Your NYSOH account reflects you were previously enrolled in Essential Plan coverage in 2017, but this coverage ended as of December 31, 2017 due to nonpayment of premiums.

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- 3) Your NYSOH account further reflects a renewal notice was issued for you and your child on March 4, 2018, advising you that you were eligible for Medicaid effective May 1, 2018, and no longer eligible for the Essential Plan.
- 4) You testified you updated your account in March 2018 in order to renew your coverage.
- 5) You testified you called in late February or early March 2018 and were told your Essential Plan coverage had ended as of December 31, 2017.
- 6) You testified you asked whether you could reinstate your coverage, and were advised you had to wait until it was time to renew. You testified you think the person you spoke with offered to update your application, but still advised you that you would need to call back to renew.
- 7) You testified you spoke to someone from Healthfirst on the phone on March 15, 2018, and this person updated your application.
- 8) Your NYSOH account reflects your application was updated on March 15, 2018 by someone with the username, "[REDACTED]"
- 9) The application that was submitted on March 15, 2018 requested your eligibility be determined based on monthly income, and listed a monthly income of \$1,300.00.
- 10) You testified the person you spoke with from Healthfirst told you that you would need to submit proof of your income, and that you needed to wait until the next day to update your application again.
- 11) You testified the person from Healthfirst informed you that you would find out your eligibility once you submitted income documentation.
- 12) You testified you updated your application again the next day, March 16, 2018, and your NYSOH account reflects your application was updated that day by the username "[REDACTED]"
- 13) Your NYSOH account reflects the application was changed on March 16, 2018 to request your eligibility be based on annual income instead of monthly.
- 14) You testified you were found eligible for coverage as of May 1, 2018, so you called NYSOH to find out why your coverage did not begin as of April 1, 2018.

- 15) You testified the person you spoke with at NYSOH told you that you would have needed to apply by March 15, 2018 to have your coverage start as of April 1, 2018.
- 16) You testified, and the record reflects, that you enrolled in an Essential Plan, and your coverage began on May 1, 2018.
- 17) You testified you have a medical bill from the month of April 2018 for between [REDACTED] and [REDACTED] that you are looking to have paid.
- 18) You testified any calls you have made to NYSOH were made on the cell phone number listed in your account.
- 19) After the hearing, the Hearing Officer requested a list of any calls you had with NYSOH between January 1, 2018 and March 15, 2018.
- 20) NYSOH's records indicate the only two calls that occurred between January 1, 2018 and March 15, 2018 were both made on March 15, 2018.

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

Applicable Law and Regulations

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)).

Legal Analysis

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

You testified, and the record indicates, that you updated your NYSOH application on March 16, 2018. As a result, you were found eligible for the Essential Plan as of May 1, 2018 and you selected a plan that day.

The date on which enrollment in an Essential 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 goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

On March 16, 2018, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following March: that is, on May 1, 2018.

Though your NYSOH account reflects your application was updated on March 15, 2018, and you confirmed in your testimony this was done by someone from Healthfirst, that application requested an eligibility determination based on monthly income. As a result, you were placed “pending Medicaid” status, based on the monthly income listed, and you were required to submit income documentation to confirm your eligibility. Since you did not change your application to request an eligibility determination based on annual income until March 16, 2018, NYSOH’s determination that your eligibility began on May 1, 2018 was proper.

Additionally, though you testified you called in late February or early March 2018 to inquire about re-enrolling in coverage, after you were disenrolled from your previous Essential Plan coverage for nonpayment of the premium effective December 31, 2017, there is no record of any phone calls in 2018 between you and NYSOH until the calls from March 15, 2018, when your application was updated.

For these reasons, the March 17, 2018 eligibility determination and enrollment confirmation notices, insofar as they begin your eligibility for, and enrollment in the Essential Plan on May 1, 2018, are correct and are AFFIRMED.

Decision

The March 17, 2018 eligibility determination is AFFIRMED, insofar as it states your eligibility for the Essential Plan began effective May 1, 2018.

The March 17, 2018 enrollment confirmation notice is AFFIRMED.

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 Health Plan eligibility and coverage is May 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 March 17, 2018 eligibility determination is **AFFIRMED**, insofar as it states your eligibility for the Essential Plan began effective May 1, 2018.

The March 17, 2018 enrollment confirmation notice is **AFFIRMED**.

This decision does not change your eligibility.

The effective date of your Essential Health Plan eligibility and coverage is May 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 مجانًا.

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&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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