



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

Notice of Decision

Decision Date: April 25, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005635

[REDACTED]

Dear [REDACTED],

On March 16, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 22, 2015 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 NY State of Health number 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).

This page intentionally left blank.



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

Decision

Decision Date: April 25, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005635

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health properly determine that your enrollment in the Essential Plan was effective February 1, 2016?

Procedural History

On October 22, 2015, NY State of Health (NYSOH) issued a renewal notice indicating it was time to renew coverage for 2016. That notice further explained you were re-enrolled in the same Empire Blue Cross Blue Shield silver-level qualified health plan with a start date of January 1, 2016.

On November 22, 2015, a disenrollment notice was issued terminating your 2015 coverage under your silver-level health plan effective December 31, 2015. The notice explained that you had been automatically renewed in the same plan for 2016 and would receive confirmation by separate notice.

On November 25, 2015, an enrollment confirmation notice was issued confirming your enrollment in the silver-level qualified health plan with a premium responsibility of \$516.34 per month and a start date of January 1, 2016.

On December 18, 2015, you accessed your account and updated your NYSOH application and listed your annual household income as \$20,000.00.

On December 19, 2015, an eligibility determination notice was issued finding you eligible to enroll in the Essential Plan, effective January 1, 2016, and informing you that you needed to pick a plan.

Also on December 19, 2015, a cancellation notice was issued for your re-enrollment in your silver-level health plan, effective January 1, 2016, because you had been redetermined eligible for the Essential Plan as of that date.

On December 21, 2015, you spoke to NYSOH's Account Review Unit and selected an Essential Plan with a February 1, 2016 enrollment start date. During that telephone conversation, you also appealed the start date of your enrollment in the Essential Plan insofar as it did not begin January 1, 2016.

On December 22, 2015, notices of eligibility redetermination and enrollment confirmation were issued confirming your eligibility for the Essential Plan as of February 1, 2016, and your enrollment in the Essential Plan 1, with a premium responsibility of \$20.00 per month and a start date of February 1, 2016.

On March 16, 2016, 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 support the following findings of fact:

- 1) You submitted an updated application to NYSOH for financial assistance on December 18, 2015 via your online account and were not able to pick a plan that date.
- 2) The December 19, 2015 eligibility redetermination notice did not inform you that there was a deadline within which to select and confirm your enrollment for a January 1, 2016 start date.
- 3) The record reflects and your testimony supports that you contacted NYSOH by telephone on December 21, 2015, in order to discuss your eligibility and select a health plan.
- 4) You testified, and the record reflects that, with the assistance of the first NYSOH representative your eligibility was rerun with a February 1, 2016 effective date and, with the assistance of the second NYSOH representative, you enrolled in an Essential Plan on December 21, 2015, with a February 1, 2016 start date.

- 5) You testified that you need your Essential Plan to begin on January 1, 2016 because you incurred medical costs for the month of January 2016 during which you were without coverage.

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

Applicable Law and Regulations

Enrollment Periods

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

For the benefit year beginning on January 1, 2016, the annual open enrollment period began on November 1, 2015, and extended through January 31, 2016 (45 CFR § 155.410(e)(2)). NYSOH must ensure that coverage is effective as of January 1, 2016, for qualified health plan selections received by on or before December 19, 2015 (45 CFR § 155.410(f)(2)(i), Press Release: NY State of Health Extends Enrollment Deadline for January 1 Coverage, <http://info.nystateofhealth.ny.gov/news/press-release-ny-state-health-extends-enrollment-deadline-january-1-coverage>

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 (N.Y. 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/basic-health-program.html>).

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); 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 is whether NYSOH properly determined that your eligibility for and enrollment in the Essential Plan was effective February 1, 2016.

The record reflects that you updated your NYSOH account on December 18, 2015 and were redetermined eligible to enroll in the Essential Plan, effective January 1, 2016.

The record further reflects that you contacted NYSOH on December 21, 2015 and selected and enrolled into an Essential Plan, effective February 1, 2016.

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

Ordinarily, a plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month. However, during December 2015, NYSOH elected to extend the deadline for qualified health plan selections for a January 1, 2016 start date to December 19, 2015.

The record reflects that you accessed your NYSOH account on December 18, 2015, and were redetermined eligible for the Essential Plan as of January 1, 2016. Because of your change in eligibility as of January 1, 2016, NYSOH properly cancelled your January 1, 2016 effective date of re-enrollment in the silver-level qualified health plan. The record further reflects that you had not received any notice of the December 19, 2015 deadline and the system did not allow you to select a health plan through your online account on December 18, 2015. You were unable to select and confirm your Essential Plan selection until December 21, 2015, after the deadline for a January 1, 2016 effective start date. On that date, your eligibility was rerun and your eligibility for the Essential Plan and enrollment start date in the Essential Plan you selected became effective February 1, 2016, leaving you without health insurance during January 2016.

Therefore, it is reasonable to conclude that you would have selected an Essential Plan on December 18, 2015, before the December 19, 2015 deadline for a January 1, 2016 start date had you known you needed to make a selection before the deadline and had you been allowed to make and confirm that selection on December 18, 2015.

For these reasons, the December 22, 2015 notices of eligibility redetermination stating that you are eligible to enroll in the Essential Plan effective February 1, 2016 and enrollment confirmation notice stating that your enrollment in the Essential Plan was effective February 1, 2016, are MODIFIED to reflect a

January 1, 2016 eligibility effective date and enrollment start date for your Essential Plan coverage.

Your case is RETURNED to NYSOH to effectuate these changes and to notify you accordingly.

You will be responsible for your monthly premium responsibility for the month of January 2016.

Decision

The December 22, 2015 notice of eligibility redetermination is MODIFIED to reflect a January 1, 2016 effective date.

The December 22, 2015 enrollment confirmation notice is MODIFIED to reflect a January 1, 2016 enrollment start date in the Essential Plan you selected.

Your case is RETURNED to NYSOH to effectuate these changes and to notify you accordingly.

You will be responsible for your monthly premium responsibility for the month of January 2016.

Effective Date of this Decision: April 25, 2016

How this Decision Affects Your Eligibility

The effective date of your eligibility for the Essential Plan and enrollment in the Essential Plan you selected is January 1, 2016.

You will be responsible for your monthly premium responsibility for the month of January 2016.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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

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).

must be done within four months after the date 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 U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

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 22, 2015 notice of eligibility redetermination is MODIFIED to reflect a January 1, 2016 effective date.

The December 22, 2015 enrollment confirmation notice is MODIFIED to reflect a January 1, 2016 enrollment start date in the Essential Plan you selected.

Your case is returned to NYSOH to effectuate these changes and to notify you accordingly.

You will be responsible for your monthly premium responsibility for the month of January 2016.

The effective date of your eligibility for the Essential Plan and enrollment in the Essential Plan you selected is January 1, 2016.

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:

