



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

Notice of Decision

Decision Date: May 4, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005840

[REDACTED]

Dear [REDACTED],

On April 14, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 25, 2015 disenrollment and December 30, 2015 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(b).

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 4, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005840



Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did the Marketplace properly terminate your qualified health plan (BlueCross BlueShield of Western New York) effective December 31, 2015?

Did the Marketplace properly determine that your plan enrollment start date of coverage in the Essential Plan (Unitedhealthcare Community Plan) should be February 1, 2016?

Procedural History

On November 17, 2015, the Marketplace issued a notice that it was time to renew your health insurance for 2016. That notice stated that based on information from federal and state sources, you qualified for health care coverage under Medicaid and you cannot enroll you your current health plan for the next coverage year. The notice instructed you to make changes to your account between November 16, 2015 and December 15, 2015 if anything has changed that would affect how you are covered and what you pay for health insurance.

On November 18, 2015 your Marketplace account was updated.

On November 24, 2015 the Marketplace issued an eligibility determination notice that you are eligible to enroll in the Essential Plan effective as of January 1, 2016. The notice directed you choose a health plan in order for your coverage to start.

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On November 25, 2015 the Marketplace issued a disenrollment notice that your 2000, Silver, NS, INN, Dep25 tiered benefit (BlueCross BlueShield of Western New York) will end effective December 31, 2015.

On December 30, 2015, the Marketplace issued three notices:

- (1) An eligibility determination notice that you are eligible to enroll in the Essential Plan effective as of February 1, 2016;
- (2) An enrollment notice confirming that as of December 29, 2015 you enrolled in the Essential Plan 1 Plus Vision and Dental (Unitedhealthcare Community Plan) with a plan enrollment start date of February 1, 2016;
- (3) A notice confirming that on December 29, 2015 you requested a telephone hearing “to reinstate [your] current coverage for January 2016.”

On April 14, 2016, you had a telephone hearing with a Hearing Officer from the Marketplace’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) On November 17, 2015 the Marketplace issued a notice that it was time to renew your health insurance for 2016. That notice stated you qualified for health care coverage under Medicaid and cannot enroll in your current health plan for the next coverage year. The notice instructed you to make changes to your account between November 16, 2015 and December 15, 2015 if anything has changed that would affect how you are covered and what you pay for health insurance.
- (2) You testified that you received an email from the NYSOH to renew your health insurance coverage for 2016.
- (3) On November 18, 2015, an application was submitted through your Marketplace account.
- (4) You are applying for health insurance through NYSOH for yourself.
- (5) According to your November 18, 2015 application, you plan on filing a 2016 federal income tax return with the tax status of single and will not be claiming any dependents on that return.
- (6) According to your November 18, 2015 application, your 2016 expected annual household income is \$22,880.00.

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- (7) On November 25, 2015 the Marketplace issued a disenrollment notice that your 2000, Silver, NS, INN, Dep25 tiered benefit (BlueCross BlueShield of Western New York) will end effective December 31, 2015.
- (8) You testified that you attempted to contact your navigator during NY State of Health's extension of the enrollment deadline for January 1, 2016 coverage, but was unable to reach them.
- (9) According to your Marketplace account, you were enrolled in an Essential Health Plan (Unitedhealthcare Community Plan) with a plan enrollment start date of February 1, 2016.
- (10) You testified that you want your health insurance coverage through your Essential Plan to start on January 1, 2016, not February 1, 2016.

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

Applicable Law and Regulations

Annual Eligibility Redetermination

Generally, the Marketplace must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance upcoming year, such as tax credits and cost-sharing reductions, Essential Plan, Medicaid, or Child Health Plus. In such cases, the Marketplace is affordability programs for the 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)).

Essential Plan

The Marketplace must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), N.Y. Soc. Serv. Law § 369-gg(3), 42 USC § 18051).

An individual who is eligible to enroll in an Essential Health Plan is prohibited from enrolling in a qualified health plan through the Marketplace (42 CFR § 600.300(a)).

Essential Health Plan Effective Date

Generally, if the individual enrolls in an Essential Plan between the first and fifteenth day of any month, the Marketplace must ensure a coverage effective date of the first day of the following month.

If an individual enrolls between the sixteenth and last day of the month for any month, the Marketplace must ensure a coverage effective date of the first day of the second following month (N.Y. Social Services Law § 369-gg(4)(c)); 45 CFR § 155.420(b)(i-ii).

Legal Analysis

The first issue under review is whether the NYSOH properly terminated your qualified health plan (BlueCross BlueShield of Western New York) effective December 31, 2015.

The Marketplace must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually.

On November 17, 2015, the Marketplace issued an annual renewal notice. That notice stated that based on information from federal and state sources, you qualified for health care coverage under Medicaid and you cannot enroll your current health plan for the next coverage year. The notice instructed you to make changes to your account between November 16, 2015 and December 15, 2015 if anything has changed that would affect how you are covered and what you pay for health insurance.

On November 18, 2015 your Marketplace account was updated.

According to your November 18, 2015 Marketplace application, you are the only member of your tax household. You expect to file as single on your 2016 federal income tax return and claim no dependents on that return. Therefore, you are household of one.

A one-person household may qualify for coverage in an Essential Health Plan if their annual household income is below \$23,540.00 (200% 2015 FPL).

According to your November 16, 2015 Marketplace application, your 2016 expected income is \$22,800.00. Therefore, your 2016 expected yearly income was below the income threshold and was properly found eligible for coverage in an Essential Health Plan.

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An individual who is eligible to enroll in an Essential Health Plan is prohibited from enrolling in a qualified health plan through the Marketplace. Therefore, the Marketplace properly disenrolled you from your qualified health plan effective December 31, 2015.

The November 25, 2015 disenrollment notice is AFFIRMED.

The second issue under review is whether the Marketplace properly determined that your enrollment in the Essential Health Plan should begin February 1, 2016.

According to your Marketplace account, you contacted the NYSOH on December 29, 2015 and enrolled into an Essential Plan through UnitedHealthcare.

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

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.

On December 29, 2015, you selected an Essential Plan through UnitedHealthcare, so it must take effect on the first day of the next following month after December; that is, on February 1, 2016.

Therefore, the December 30, 2015 enrollment confirmation notice stating that your enrollment in the Essential Plan 1 (Unitedhealthcare Community Plan) was effective February 1, 2016, is correct and must be AFFIRMED.

Decision

The November 25, 2015 disenrollment notice is AFFIRMED.

The December 30, 2015 enrollment confirmation is AFFIRMED.

Effective Date of this Decision: May 4, 2016

How this Decision Affects Your Eligibility

Your qualified health plan (BlueCross BlueShield of Western New York) was terminated effective December 31, 2015.

You remain enrolled in the Essential Plan 1 (Unitedhealthcare Community Plan) effective February 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).

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 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 November 25, 2015 disenrollment notice is **AFFIRMED**.

Therefore, the December 30, 2015 enrollment confirmation notice stating that your enrollment in the Essential Plan 1 (Unitedhealthcare Community Plan) was effective February 1, 2016, is correct and must be **AFFIRMED**.

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).

Your qualified health plan (BlueCross BlueShield of Western New York) was terminated effective December 31, 2015.

You remain enrolled in the Essential Plan 1 (Unitedhealthcare Community Plan) effective February 1, 2016.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

