



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

Notice of Decision

Decision Date: April 20, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005980

[REDACTED]

Dear [REDACTED],

On April 13, 2016, you both appeared by telephone at a hearing on your appeal of NY State of Health's December 22, 2015 and January 6, 2016 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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Issues

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

Did NY State of Health properly determine that your enrollment in a qualified health plan at full cost was effective January 1, 2016?

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

Procedural History

According to your NY State of Health (NYSOH) account, on April 10, 2015, a notice of eligibility redetermination was issued stating that you were eligible to receive advance payments of the premium tax credit of up to \$196.00 per month and eligible for cost-sharing reductions, effective May 1, 2015. You were enrolled in a Healthfirst gold-level qualified health plan as of that date.

On November 8, 2015, NYSOH issued a renewal notice informing you that, based on federal and state data sources, a decision about your eligibility for financial assistance in the upcoming year could not be made. You were instructed to updated information in your NYSOH account before December 15, 2015 so your eligibility for financial assistance in 2016 could be redetermined and, if you missed the deadline, the financial assistance you were currently getting might end.

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On December 22, 2015, NYSOH issued a notice of eligibility redetermination that stated, as of December 20, 2015, you were only eligible to enroll in a qualified health plan at full cost, effective January 1, 2016. The notice further stated that:

You are eligible to purchase a qualified health plan because you do not qualify for Medicaid, Child Health Plus, the Essential Plan or to receive Advance Premium Tax Credits to help pay for the cost of your insurance. This is because you did not respond to the renewal notice and did not complete your renewal within the required timeframe. As a result, you no longer qualify to receive financial assistance to help pay for your health coverage.

On December 24, 2015, NYSOH issued a disenrollment notice informing you that your 2015 coverage in Healthfirst Gold Leaf ST INN Dep25 will end effective December 31, 2015.

Also on December 24, 2015, NYSOH issued an enrollment notice confirming your enrollment beginning January 1, 2016 in Healthfirst Gold Leaf, Gold, ST, INN, Pediatric Dental, Dep25 (Healthfirst Gold Leaf) with a monthly premium at full cost of \$496.31.

On January 5, 2016, NYSOH prepared a preliminary eligibility redetermination based on your updated application of that date and found you eligible to enroll in the Essential Plan, effective February 1, 2016.

Also on January 5, 2016, you spoke with a representative of NYSOH's Account Review Unit and appealed the February 1, 2016 eligibility and enrollment start date of the Essential Plan insofar as it was not backdated to January 1, 2016, as requested.

On January 6, 2016, NYSOH issued a notice of eligibility redetermination that was consistent with the January 5, 2016 preliminary redetermination. That notice and a disenrollment notice issued that same day stated that you are no longer eligible to enroll in a qualified health plan as of January 31, 2016 and your enrollment in your current qualified health plan will end January 31, 2016.


Also on January 6, 2016, NYSOH issued an enrollment notice confirming your enrollment in Healthfirst's Essential Plan 1 Plus Vision and Dental with a monthly premium of \$46.45 per month and a plan enrollment start date of February 1, 2016.

On April 13, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open for up to fifteen days to allow you to submit supporting documentation.

On April 18, 2016, the Appeals Unit received a nine-page facsimile form you that consisted of medical billings and invoices and explanations of benefits (EOBs) relative to your treatment and medications in January 2016. Collectively, on April 18, 2016, this nine-page facsimile was made part of the record as “Appellant’s Exhibit A” and the record was closed.

Findings of Fact

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

- 1) You are appealing the 2016 start dates of your eligibility for and enrollment in the Essential Plan for only yourself.
- 2) Your authorized representative testified that she had personal knowledge that your annual income in 2015 was on average \$28,000.00, and would be comparable in 2016.
- 3) According to your NYSOH application, you expected to file your 2015 and 2016 federal income tax return as Head of Household and would be claiming your son as a dependent on those returns. You testified that this information was correct.
- 4) According to your authorized representative’s testimony, your NYSOH application for financial assistance was accessed and updated online on December 12, 2015.
- 5) Also on December 12, 2015, a copy of your December 11, 2015 earnings statement from employment was uploaded to your NYSOH account, which showed you get paid every two weeks and had 2015 year-to-date gross earnings of \$27,716.00 up to December 5, 2015 (see, Document 
- 6) According to your NYSOH account, your December 12, 2015 uploaded earnings statement was not verified by NYSOH within five business days, which ended on December 18, 2015.
- 7) According to your NYSOH account, your December 12, 2015 uploaded earnings statement was not verified by NYSOH when you were redetermined ineligible for financial assistance on December 20, 2015.
- 8) According to your NYSOH account on December 20, 2015, information regarding your annual household income, tax filing status, and household size was not listed on your application.

- 9) According to your NYSOH account, you were automatically re-enrolled in the same qualified health plan that you had in 2015, but at full cost of the monthly premium as of January 1, 2016.
- 10) Your authorized representative testified that you paid the January 2016 premium and had coverage through Healthfirst Gold Leaf that month. You also testified that you paid approximately \$428.00 in medical expenses you incurred that month, which amount went toward your annual deductible of \$600.00. Documentation to support your testimony had been made part of the record (Appellant's Exhibit A).
- 11) You testified, and your NYSOH account reflects, that you enrolled in an Essential Plan on February 1, 2016.
- 12) You are seeking to have your enrollment in the Essential Plan you selected begin as of January 1, 2016 because you had updated your NYSOH account and your income information on December 12, 2015 before the December 15, 2015 deadline and believe should have been found eligible for the Essential Plan as of January 1, 2016 and 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, 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 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 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.

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/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); 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 enrollment in a qualified health plan was at full cost as of January 1, 2016.

NYSOH must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. NYSOH must issue a renewal notice that contains the individual's eligibility. If an individual does not respond to this notice, NYSOH must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice, including when there is not enough information to determine that individual's eligibility for financial assistance.

On November 8, 2015, 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 qualify for financial help with paying for your health coverage in 2016. You were asked to update the information in your account by December 15, 2015 or the financial help you were receiving might end.

Because on December 20, 2015, the NYSOH system did not see any updated information in your NYSOH application as to income and household size and NYSOH had not verified your income document by that date, the system determined you had not timely responded to the November 8, 2015 renewal

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notice and determined you eligible to enroll in only a qualified health plan at full cost. Therefore, you were automatically re-enrolled in the same or similar Healthfirst Gold Leaf plan at full cost for January 1, 2016 and your then current eligibility for financial assistance and your enrollment in a qualified health plan were terminated effective December 31, 2015.

However, your authorized representative credibly testified and the record reflects that your second to last earnings statement for 2015 was uploaded to your NYSOH account on December 12, 2015 and there is no evidence in your NYSOH that your income was verified within five business days or by December 20, 2015, when your eligibility was redetermined for the 2016 policy year. Therefore, it is concluded that NYSOH did not timely verify your income before redetermining your eligibility for financial assistance as of January 1, 2016.

The record reflects that your NYSOH application was next updated on January 5, 2016 and your household income size was listed as it had been in your application of April 10, 2015 and your income reflected an approximate annual income of \$28,000.00, which was approximately what was stated on your December 5, 2015 income statement that was uploaded on December 12, 2015. Therefore, it is reasonable to assume that had this information been used by NYSOH on December 20, 2015, you would have been redetermined eligible for the Essential Plan as of January 1, 2016.

Therefore, the January 6, 2016 notice of eligibility redetermination is MODIFIED to state that, effective January 1, 2016, you are newly eligible to enroll in the Essential Plan, and the January 6, 2016 notice of enrollment is MODIFIED to state that your enrollment in the Healthfirst Essential Plan 1 that you selected is effective January 1, 2016.

Your case is RETURNED to NYSOH to facilitate the change in your effective date of eligibility to enroll in the Essential Plan and coverage in the Healthfirst Essential Plan 1 from February 1, 2016 to January 1, 2016, and to notify you accordingly.

You will be responsible for the monthly premium for that month and will need to work out any credits or refunds with Healthfirst directly.

Decision

The January 6, 2016 notice of eligibility redetermination is MODIFIED to state that, effective January 1, 2016, you are newly eligible to enroll in the Essential Plan.

The January 6, 2016 notice of enrollment is MODIFIED to state that your enrollment in the Healthfirst Essential Plan 1 that you selected is effective January 1, 2016.

Your case is RETURNED to NYSOH to facilitate the change in your effective date of eligibility to enroll in the Essential Plan and coverage in in the Healthfirst Essential Plan 1 from February 1, 2016 to January 1, 2016, and to notify you accordingly.

Effective Date of this Decision: April 20, 2016

How this Decision Affects Your Eligibility

NYSOH will facilitate the change of your eligibility effective date and enrollment start date of your Essential Health Plan to January 1, 2016. NYSOH will notify you once this change has been made.

You will be responsible for the monthly premium for that month and will need to work out any credits or refunds with Healthfirst directly.

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 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 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.

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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
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- By fax: 1-855-900-5557

Summary

The January 6, 2016 notice of eligibility redetermination is MODIFIED to state that, effective January 1, 2016, you are newly eligible to enroll in the Essential Plan.

The January 6, 2016 notice of enrollment is MODIFIED to state that your enrollment in the Healthfirst Essential Plan 1 that you selected is effective January 1, 2016.

Your case is returned to NYSOH to facilitate the change in your effective date of eligibility to enroll in the Essential Plan and coverage in in the Healthfirst Essential Plan 1 from February 1, 2016 to January 1, 2016, and to notify you accordingly.

NYSOH will facilitate the change of your eligibility effective date and enrollment start date of your Essential Health Plan to January 1, 2016. NYSOH will notify you once this change has been made.

You will be responsible for the monthly premium for that month and will need to work out any credits or refunds with Healthfirst directly.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

