



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

Notice of Decision

Decision Date: April 22, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006117

[REDACTED]

Dear [REDACTED],

On April 20, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's November 14, 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 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: April 22, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006117

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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 re-enrollment in a qualified health plan became effective as of December 1, 2015?

Procedural History

On October 30, 2015, NY State of Health (NYSOH) issued a letter notifying you that Health Republic Insurance of New York (Health Republic) would no longer be able to offer health care coverage beginning December 1, 2015, and you would need to select a new health plan to maintain health care coverage for the month of December 2015.

On November 4, 2015, NYSOH issued a disenrollment notice that stated your 2015 Health Republic coverage with EssentialCare Silver ST INN Dep25 would end effective November 30, 2015 and, if you selected a new plan, you would be sent a separate notice with your new coverage information shortly.

On November 14, 2015, NYSOH issued an enrollment notice confirming that you were enrolled in CareConnect EPO Silver ST INN Pediatric Dental Dep 25 (Care Connect Silver) with a monthly premium of \$420.00 per month and a plan enrollment start date of December 1, 2015. The notice further stated that “[i]f you have a monthly premium, you will receive an invoice from your health plan. You must pay the monthly premium to start and keep your coverage. You will receive information about benefits and your health plan identification card directly from your health plan.”

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On December 22, 2015, NYSOH issued a cancellation notice that stated your 2015 coverage with Care Connect Silver would end effective December 31, 2015.

On January 11, 2016, you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation notice insofar as you did not elect to have and did not pay for health insurance with Care Connect Silver in December 2015.

On April 20, 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) According to your NYSOH account, you were enrolled in a silver-level qualified health plan with Health Republic from January 1, 2015 to November 30, 2015.
- 2) According to your NYSOH account, a broker accessed your account on November 13, 2015 and selected Care Connect Silver for you with a start date of December 1, 2015.
- 3) According to your testimony, you did not elect to enroll in Care Connect Silver and did not pay the monthly premium for coverage to begin December 1, 2015.
- 4) You testified that you did not receive any welcoming package, insurance identification cards, or an invoice from Care Connect Silver relative to the December 2015 health coverage.
- 5) You testified that you were not aware that you had coverage with Care Connect Silver and, therefore, did not use the health insurance coverage provided under that plan in December 2015.
- 6) You testified that you only received an invoice from Care Connect Silver in late December 2015 or thereafter that stated you owed two month's premium for December 2015 and January 2016, totaling \$840.00.
- 7) You testified and your NYSOH account, reflects that NYSOH cancelled your January 2016 coverage with Care Connect Silver, but said you could not cancel the December 2015 coverage because you had not given reasonable notice.

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

Applicable Law and Regulations

Redetermination During a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that its policy will be that any change made after the 15th of any month will not be effective until the first of the next following month (45 CFR § 155.330 (f)(2)), and it has elected to do so (13 OHIP/ADM-03).

When an eligibility redetermination results in a change in the amount of advance premium tax credit (APTC) for the benefit year, NYSOH must recalculate the amount of APTC in such a manner as to account for any advance payments already made on behalf of the tax filer, such that the recalculated advance payment amount is projected to result in total advance payments for the benefit year that correspond to the tax filer's total projected premium tax credit for the benefit year (45 CFR § 155.330(g)).

Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health 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)). 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 determine that your enrollment in a qualified health plan became effective December 1, 2015, and that you were responsible for the premium that month.

The record shows that on November 13, 2015 a broker made a qualified health plan selection for you for December 2015, since your Health Republic coverage was going to end on November 30, 2015. On November 14, 2015, NYSOH

issued an enrollment confirmation notice stating that your enrollment in your qualified health plan was effective December 1, 2015.

Since Health Republic was no longer authorized to do business in NY State as of December 1, 2015, enrollees in Health Republic plans were afforded a special enrollment period so that they could select another health plan for the month of December 2015. Ordinarily, when an individual changes information in their application before the 15th of any month, such as a change in health plans, 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 between the first day and fifteenth day of a month goes into effect on the first day of the following month.

In your case, the record reflects that a qualified health plan was selected for you on November 13, 2015 before the fifteenth of the month, such that the November 14, 2015 enrollment notice issued by NYSOH properly stated that the start date was effective December 1, 2015. However, as the November 14, 2015 enrollment notice states, in order for coverage to start on December 1, 2015, you had to pay the monthly premium. You credibly testified that you did not make any such payment. Therefore, coverage as of December 1, 2015 with Connect Care Silver never started. As such, reasonable notice of cancellation is not at issue. Since payment was not made to effectuate coverage with Care Connect Silver as of December 1, 2015, you cannot be held responsible for the premium for that month.

Therefore, your case is RETURNED to NYSOH to facilitate the cancellation of your coverage with Care Connect Silver, effective December 1, 2015, if it has not already done so, and to notify you accordingly.

You are not responsible for the December 2015 premium of \$420.00 that you have been invoiced for by Care Connect Silver.

Decision

Your case is RETURNED to NYSOH to facilitate the cancellation of your coverage with Care Connect Silver, effective December 1, 2015, if it has not already done so, and to notify you accordingly.

You are not responsible for the December 2015 premium of \$420.00 that you have been invoiced for by Care Connect Silver.

Effective Date of this Decision: April 22, 2016

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How this Decision Affects Your Eligibility

NYSOH will make your cancellation date of the Care Connect Silver plan the same date of its inception on December 1, 2015, which will cancel out the coverage that month. You will be notified accordingly.

You are not responsible for the December 2015 premium of \$420.00 that you have been invoiced for by Care Connect Silver.

You did not have health insurance coverage for the month of December 2015 through NYSOH or Care Connect Silver.

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.

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

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P.O. Box 11729
Albany, NY 12211

- By fax: 1-855-900-5557

Summary

Your case is RETURNED to NYSOH to facilitate the cancellation of your coverage with Care Connect Silver, effective December 1, 2015, if it has not already done so.

NYSOH will make your cancellation date of the Care Connect Silver plan the same date of its inception on December 1, 2015, which will cancel out the coverage that month. You will be notified accordingly.

You are not responsible for the December 2015 premium of \$420.00 that you have been invoiced for by Care Connect Silver.

You did not have health insurance coverage for the month of December 2015 through NYSOH or Care Connect Silver.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

