



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

Notice of Decision

Decision Date: May 12, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006291



Dear [REDACTED],

On May 9, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 17, 2016 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 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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NY State of Health Account ID: [REDACTED]
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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 eligibility for and enrollment in an Essential Plan was effective March 1, 2016?

Procedural History

On June 17, 2015, NY State of Health (NYSOH) issued an enrollment confirmation notice stating that you were enrolled in a qualified health plan with a \$215.00 maximum advance premium tax credit (APTC) per month, effective August 1, 2015.

On October 25, 2015 NYSOH 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, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2015 or you might lose the financial assistance you were currently receiving.

No updates were made to your account by December 15, 2015.

On December 21, 2015 NYSOH issued a notice of eligibility determination stating that you were newly eligible to purchase a qualified health at full cost through NYSOH, effective January 1, 2016. The notice further stated that you did not qualify for Medicaid, Child Health Plus, the Essential Plan or to receive APTC to

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help pay for the cost of your insurance because you did not respond to the renewal notice and did not complete your renewal in the required time frame.

On December 24, 2015, NYSOH issued a notice of enrollment stating that you were enrolled in your qualified health plan at full cost, effective January 1, 2016.

On January 16, 2016, NYSOH received your updated application for health insurance.

On January 17, 2016, NYSOH issued a notice of eligibility redetermination stating that you were eligible to enroll in the Essential Plan effective March 1, 2016.

Also on January 17, 2016, NYSOH issued a disenrollment notice stating that your coverage in your qualified health plan would end effective February 29, 2016 because you were no longer eligible to remain enrolled in that plan.

Finally on January 17, 2016, NYSOH issued an enrollment confirmation notice stating that your coverage in an Essential Plan would start March 1, 2016.

On January 19, 2016, your Authorized Representative spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as it began your enrollment in the Essential Plan on March 1, 2016 and not January 1, 2016.

On May 9, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you and your authorized representative provided testimony. 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) Your NYSOH account indicates that you receive notices from NYSOH via regular mail.
- 2) Your Authorized Representative testified that you have a learning disability that causes you to have difficulty reading.
- 3) Your Authorized Representative testified that you did receive the October 25, 2015 renewal notice but you did not open it because of your disorder.

- 4) Your Authorized Representative testified that at that time she was not listed on your account as a Representative and thus did not open your mail from NYSOH.
- 5) You testified that you paid the full cost of your qualified health plan premiums for the months of January and February.
- 6) The record indicates that you submitted an updated application for health insurance on January 16, 2016.
- 7) Your Authorized Representative testified that you had out of pocket costs in January and February from being enrolled in your qualified health plan without any financial assistance.

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.

Redetermination During a Benefit Year

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When an eligibility redetermination results in a change in the amount of 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 (or not 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)).

Any change resulting from redeterminations during a benefit year should be made effective the first day of the month following the date of the notice of redetermination, except that redeterminations resulting from changes made after a date specified by the state, which can be no earlier than the 15th of the month, may not be made effective until the first day of the month after the month following the date of the notice of redetermination. (45 CFR § 155.330(f)(1) and (2). New York has specified that changes made after the 15th of a given month will take effect the month after the following month.

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 eligibility for and enrollment in an Essential Plan was effective March 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.

On October 25, 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. You were asked to update the information in your account by December 15, 2015 or the financial help you were receiving might end.

Because there was no timely response to this notice, your eligibility for financial assistance was terminated effective December 31, 2015 and you were enrolled into a qualified health plan at full cost.

Your Authorized Representative testified that you did receive the October 25, 2015 renewal notice but you did not open it because you have a learning disability that causes you to have difficulty reading. Your Authorized Representative testified that at that time she was not listed on your account as a Representative and thus did not open your mail from NYSOH.

The record reflects that NYSOH mailed you the renewal notice and you acknowledge receiving that notice. Therefore, NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated in order to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

The record shows that on January 16, 2016, you updated the information in your NYSOH account. As a result you were found eligible for the Essential Plan and selected a plan that day for enrollment.

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 January 16, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following January; that is, on March 1, 2016.

Therefore, the January 17, 2016 eligibility determination and enrollment confirmation notice stating that your enrollment in the Essential Plan was effective March 1, 2016, is correct and must be **AFFIRMED**.

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Decision

The January 17, 2016 eligibility determination notice is AFFIRMED.

The January 17, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: May 12, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You were enrolled in a full pay qualified health plan for January and February 2016.

Your eligibility for and enrollment in the Essential Plan is effective as of March 1, 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 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:

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- By fax: 1-855-900-5557

Summary

The January 17, 2016 eligibility determination notice is AFFIRMED.

The January 17, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

You were enrolled in a full pay qualified health plan for January and February 2016.

Your eligibility for and enrollment in the Essential Plan is effective as of March 1, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

