



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

Notice of Decision

Decision Date: June 23, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006531

[REDACTED]

Dear [REDACTED],

On June 6, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 20, 2016 eligibility determination 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 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 (NYSOH) properly determine that you were eligible to enroll in a full cost qualified health plan, effective January 1, 2016?

Did NYSOH properly determine that your eligibility for and enrollment in an Essential Plan was effective March 1, 2016?

Procedural History

On October 24, 2015, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. 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 an eligibility determination notice stating that you were newly eligible to enroll in a qualified health plan at full cost, effective January 1, 2016. The notice also stated that you were not eligible for Medicaid, Child Health Plus, the Essential Plan, or to receive tax credits because you had not responded to the renewal notice and had not completed your renewal within the required time frame.

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On December 22, 2015, NYSOH issued a notice of disenrollment, stating that you were disenrolled from your qualified health plan (QHP) effective December 31, 2015 because you were no longer eligible for your current coverage.

Also on December 22, 2015, NYSOH issued an enrollment confirmation notice confirming your re-enrollment in a QHP with a \$368.71 per month premium, effective January 1, 2016.

On January 19, 2016, NYSOH received your updated application for health insurance.

On January 20, 2016, NYSOH issued a notice of eligibility determination, based on your January 19, 2016 application, stating that you were eligible to enroll in the Essential Plan, effective March 1, 2016.

Also on January 20, 2016, NYSOH issued a notice of enrollment, based on your plan selection on January 19, 2016, stating that you were enrolled in an Essential Plan, and that your plan would start on March 1, 2016.

On January 27, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan, insofar as it did not begin January 1, 2016.

On June 6, 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 testified, and the record reflects, that you receive all of your notices from NYSOH by electronic mail.
- 2) The record reflects that NYSOH issued a renewal notice on October 24, 2015 stating that you needed to update your account by December 15, 2015 in order to determine your eligibility for 2016.
- 3) You testified that when you applied for insurance with NYSOH for 2015, you requested auto-enrollment, and did not understand that this did not mean you would automatically get the same financial assistance for 2016.
- 4) You testified that you do receive electronic alerts from NYSOH, though sometimes they are filtered out of your inbox.

- 5) You testified that you did receive the email regarding the October 24, 2015 renewal notice, but that you were traveling at the time it was sent, and did not see it until some point after the renewal deadline.
- 6) You testified that you first saw the December 22, 2015 disenrollment notice sometime around the end of January 2016. You testified that, when you saw the notice, you contacted NYSOH and you then logged into your NYSOH account and updated your application.
- 7) The record reflects that you updated your NYSOH account and applied for financial assistance on January 19, 2016. The record reflects that you were enrolled into an Essential Plan that same day, with an enrollment start date of March 1, 2016.
- 8) You testified that you do not have any outstanding medical bills from January or February 2016.
- 9) You testified that you did not pay premiums for the months of January or February 2016.
- 10) You testified that you have not been billed for the January or February 2016 premiums since late January or early February 2016, and have not been contacted for payment of those premiums since then.
- 11) You testified that you wanted your enrollment in an Essential Plan to begin on January 1, 2016, or to receive tax credits for the month of January and February 2016, when you were enrolled in a full cost health plan.

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 projected 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 projected eligibility 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.

Electronic Notices

Applicants may choose to receive notices and information from NYSOH by either electronic or regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

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 first issue under review is whether NYSOH properly determined that you were eligible to enroll in a full cost QHP, effective 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 projected eligibility. If

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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 24, 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 and your enrollment in a QHP was terminated, effective December 31, 2015. You were found eligible to enroll in a QHP, and were automatically re-enrolled in one effective January 1, 2016, but at full cost, as NYSOH could not determine what financial assistance, if any, you were eligible for.

You testified that you did receive the email regarding the October 2015 renewal notice, but that you did not see it right away because you were traveling. You also testified that you mistakenly thought you would be auto-enrolled into the same coverage with the same financial assistance for 2016.

Since you acknowledge that you received an email regarding the renewal notice, there is no basis to disturb NYSOH's determination that you did not timely renew your application for financial assistance. Therefore, the December 21, 2015 eligibility determination finding you eligible to purchase a QHP at full cost, effective January 1, 2016, was correct and is AFFIRMED.

The second issue is whether NYSOH properly determined that your eligibility for and enrollment in the Essential Plan was effective March 1, 2016.

That record indicates that you updated your NYSOH application on January 19, 2016. As a result, you were found eligible for the Essential Plan as of March 1, 2016, and enrolled into a plan that day.

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 19, 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.

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Therefore, the January 20, 2015 eligibility determination and January 20, 2016 enrollment confirmation notices, stating that your eligibility for and enrollment in the Essential Plan was effective March 1, 2016, was correct and must be AFFIRMED.

Decision

The December 21, 2015 eligibility determination is AFFIRMED.

The January 20, 2016 eligibility determination is AFFIRMED.

The January 20, 2016 enrollment confirmation is AFFIRMED.

Effective Date of this Decision: June 23, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You were eligible for a full cost QHP in January and February 2016.

You were eligible for coverage in the Essential Plan 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)).

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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:
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- By fax: 1-855-900-5557

Summary

The December 21, 2015 eligibility determination is AFFIRMED.

The January 20, 2016 eligibility determination is AFFIRMED.

The January 20, 2016 enrollment confirmation is AFFIRMED.

This decision does not change your eligibility.

You were eligible for a full cost QHP in January and February 2016.

You were eligible for coverage in the Essential Plan 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:

