



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

Notice of Decision

Decision Date: June 3, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006535

[REDACTED]

Dear [REDACTED],

On May 31, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's November 25, 2015 disenrollment 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation (CFR) 45 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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Decision

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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 enrolled into a qualified health plan for the month of December 2015?

Procedural History

On December 10, 2014, NYSOH issued an enrollment notice stating that you were enrolled in a platinum level health plan that could start as early as January 1, 2015 if you paid your first month's premium.

On October 23, 2015, NYSOH issued a renewal notice stating that based on federal and state data sources, a decision could not be made about whether or not you qualify for financial help paying for health coverage in 2016. You were asked to update your account before December 15, 2015.

On November 16, 2015, NYSOH received two applications from you in response to the October 23, 2015 renewal notice.

On November 22, 2015, NYSOH issued a notice based on the second application that was filed on November 16, 2015, stating that you were eligible to purchase a qualified health plan at full cost, effective January 1, 2016.

On November 25, 2015, NYSOH issued an eligibility determination notice based on the first application that was filed on November 16, 2015 stating that you were eligible for Medicaid effective November 1, 2015.

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Also on November 25, 2015, NYSOH issued a disenrollment notice stating that your 2015 coverage in your platinum level qualified health plan would end effective November 30, 2015 because you were no longer eligible to remain enrolled in your current health plan.

On December 2, 2015, a complaint was filed with NYSOH requesting that you be reinstated into your qualified health plan for the month of December 2015.

On December 15, 2015, you were reinstated into your qualified health plan for the month of December 2015.

On January 27, 2016, you spoke to the NYSOH Account Review Unit and appealed your reinstatement into your qualified health plan for the month of December 2015 because NYSOH's failed to properly notify you.

On May 31, 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 supports the following findings of fact:

- 1) You testified that when you contacted NYSOH to update your account for 2016 coverage an NYSOH representative informed you that you were eligible for Medicaid and that you would no longer have your qualified health plan as of December 1, 2015.
- 2) You testified that you told the NYSOH representative that you did not want Medicaid and that you wanted to be reenrolled into you platinum level qualified health plan for the remainder of 2015 as well as for 2016 coverage.
- 3) You testified that you were informed by an NYSOH representative that someone would get back to you in regards to whether or not you could be put back into your qualified health plan for the month of December 2015.
- 4) The record indicates that on December 2, 2015 a complaint was filed (Tracking #: [REDACTED] stating that you were seeking enrollment into your qualified health plan for the month of December and according to that complaint on December 15, 2015 you were reinstated into your qualified health plan for December 2015.

- 5) Complaint # [REDACTED] contains an entry dated December 18, 2015 stating that a representative tried to call you one time to inform you of your reinstatement but was unable to reach you or leave a voicemail.
- 6) The record does not contain any notices that informed you of your reinstatement into your qualified health plan for December coverage.
- 7) You testified that you were under the impression that you would not have coverage for December 2015 so you cancelled your medical appointments.
- 8) You testified that you were not informed until January that you had coverage in December 2015 and that you needed to pay the full premium for that month.

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 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.

Timely Notice

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When an individual applies for insurance through the Marketplace, the Marketplace must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1)).

To assess whether an eligibility determination was untimely, the Marketplace must base the time period from the date of application to the date the Marketplace notifies the applicant of its decision (45 CFR § 155.310(e)(2)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were enrolled into a qualified health plan for the month of December 2015.

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 for the upcoming year if able to do so.

On October 23, 2015, NYSOH issued a renewal notice for the 2016 coverage year stating that based on federal and state data sources, a decision could not be made about whether or not you qualify for financial help paying for health coverage in 2016.

The record indicates that on November 16, 2015 you contacted NYSOH to update your account in response to the renewal notice. That day, two applications were submitted. The first application found you eligible for Medicaid coverage and as a result you were disenrolled from your platinum level qualified health plan as of November 30, 2015.

You testified that you did not want Medicaid and that you wanted to be reenrolled into your platinum level qualified health plan for the month of December 2015.

Since you updated your NYSOH account in November 2015 in response to the annual renewal notice, any eligibility that resulted from that update should have been effective as of January 1, 2016. Therefore, you should not have been disenrolled from your qualified health plan for the month of December 2015.

The record indicates that on December 15, 2015 you were reinstated into your qualified health plan for December coverage. However, you testified that you were not informed until January that you had coverage in December 2015 and that you needed to pay the full premium for that month.

When an individual applies for insurance through NYSOH, NYSOH must notify the individual timely and without undue delay of their eligibility for and enrollment in health insurance programs.

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The record does not contain any notices that informed you of your reinstatement into your qualified health plan for December 2015. The only evidence that NYSOH attempted to inform you of your reenrollment is from Complaint # [REDACTED] which contains an entry dated December 18, 2015 stating that a representative tried to call you one time to inform you of your reinstatement but was unable to reach you or leave a voicemail.

Therefore, it is concluded that NYSOH did not provide you with sufficient notice that your eligibility for and enrollment in a platinum level qualified health plan for the month of December 2015 had been reinstated.

Your case is RETURNED to NYSOH to disenroll you from your platinum qualified health plan for the month of December 2015 as a result of NYSOH's failure to provide you with proper notice.

Decision

NYSOH did not provide you with sufficient notice that your eligibility for and enrollment in a platinum level qualified health plan for the month of December 2015 had been reinstated.

Your case is RETURNED to NYSOH to disenroll you from your platinum qualified health plan for the month of December 2015 as a result of NYSOH's failure to provide you with proper notice.

Effective Date of this Decision: June 3, 2016

How this Decision Affects Your Eligibility

Your 2015 coverage through your qualified health plan ended effective November 30, 2015.

This decision has no effective on your eligibility for or enrollment in your qualified health plan for 2016 coverage.

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.

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).

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

NYSOH did not provide you with sufficient notice that your eligibility for and enrollment in a platinum level qualified health plan for the month of December 2015 had been reinstated.

Your case is RETURNED to NYSOH to disenroll you from your platinum qualified health plan for the month of December 2015 as a result of NYSOH's failure to provide you with proper notice.

Your 2015 coverage through your qualified health plan ended effective November 30, 2015.

This decision has no effective on your eligibility for or enrollment in your qualified health plan for 2016 coverage.

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A Copy of this Decision Has Been Provided To:

