



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

Notice of Decision

Decision Date: June 16, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006716

[REDACTED]

Dear [REDACTED],

On June 14, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's December 17, 2015 cancellation notice and January 14, 2016 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 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).

This page intentionally left blank.



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

Decision

Decision Date: June 16, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006716

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

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

Procedural History

On December 4, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination, based on your November 28, 2015 application, stating that you and your spouse were eligible to enroll in the Essential Plan for a limited time and that you must submit documentation to NYSOH to confirm your eligibility, effective January 1, 2016.

Also on December 4, 2015, NYSOH issued a notice of enrollment, based on your plan selection on November 28, 2015, stating that you and your spouse were enrolled in an Essential Plan, and that your plan would start January 1, 2016.

On December 27, 2015, NYSOH issued a notice of eligibility redetermination, based on your December 26, 2015 application, stating that you and your spouse were newly conditionally eligible to receive advance premium tax credits and cost-sharing reductions, effective February 1, 2016.

Also on December 27, 2015, NYSOH issued a cancellation notice stating that your and your spouse's enrollment in an Essential Plan would end effective January 1, 2016.

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).

On January 14, 2016, NYSOH issued a notice of eligibility determination, based on your January 13, 2016 application, stating that you and your spouse were eligible to enroll in the Essential Plan for a limited time and that you must submit documentation to NYSOH to confirm your eligibility, effective February 1, 2016.

Also on January 14, 2016, NYSOH issued a notice of enrollment, based on your plan selection on January 13, 2016, stating that you and your spouse were enrolled in an Essential Plan, and that your plan would start February 1, 2016.

On February 2, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential insofar as it did not begin January 1, 2016.

On June 14, 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 submitted an application to NYSOH for financial assistance on November 28, 2015 and you enrolled into an Essential Plan for you and your spouse that day.
- 2) You testified that in December you paid your premium for the Essential Plan so that you would have coverage as of January 1, 2016.
- 3) The record indicates that on December 26, 2015, a NYSOH representative accessed your account, updated the income information, and deleted your and your spouse's enrollment from the Essential Plan you had selected on November 28, 2015.
- 4) You testified that you broke your arm at the end of December and that you contacted NYSOH to inquire about your insurance. You testified that an NYSOH representative updated your account without your permission and then informed you that you and your spouse would no longer have coverage for the month of January 2016.
- 5) The record indicates that on January 13, 2016, your account was again updated by a NYSOH representative and you and your spouse were placed back into an Essential Plan as of February 1, 2016.

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

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 is whether NYSOH properly determined that you and your spouse's enrollment in the Essential Plan was effective February 1, 2016.

You testified, and the record indicates, that you updated your NYSOH application on November 28, 2015. As a result, you and your spouse were found eligible for and enrolled in an Essential Plan as of January 1, 2016.

You testified that in December you paid your premium for the Essential Plan so that you would have coverage as of January 1, 2016. However, the record indicates that on December 26, 2015, a NYSOH representative accessed your account, updated the income information, and deleted your and your spouse's enrollment from the Essential Plan you had selected on November 28, 2015. You testified that the NYSOH representative updated your account without your permission and then informed you that you and your spouse would no longer have coverage for the month of January 2016.

When an individual changes information in their application after the 15th of any month, NYSOH must make the redetermination that results from the change effective the first day of the next following month.

Notwithstanding the fact that the NYSOH representative submitted an application on your behalf without your permission, when the representative updated your application on December 26, 2015 any changes that resulted from that update should not have taken effect until February 1, 2016 because it was after the 15th of the month.

Therefore, the December 27, 2015 cancellation notice ending you and your spouse's enrollment in an Essential Plan is **RESCINDED**.

The record indicates that on January 13, 2016 your account was again updated by a NYSOH representative and you and your spouse placed back into an Essential Plan as of February 1, 2016.

Since you and your spouse's enrollment in an Essential Plan was improperly deleted for the month of January 2016, the January 14, 2016 enrollment confirmation notice is **MODIFIED** to state that you and your spouse's enrollment in an Essential Plan is effective as of January 1, 2016.

Decision

The December 27, 2015 cancellation notice is **RESCINDED**.

The January 14, 2016 enrollment confirmation notice is **MODIFIED** to state that your and your spouse's enrollment in an Essential Plan is effective as of January 1, 2016.

Your case is **RETURNED** to NYSOH to reinstate you and your spouse into your Essential Plan for the month of January 2016.

Effective Date of this Decision: June 16, 2016

How this Decision Affects Your Eligibility

You and your spouse should have been enrolled into the Essential Plan as of January 1, 2016.

Your case is being sent back to NYSOH to reinstate you and your spouse's coverage for the month of January.

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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

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).

Summary

The December 27, 2015 cancellation notice is RESCINDED.

The January 14, 2016 enrollment confirmation notice is MODIFIED to state that your and your spouse's enrollment in an Essential Plan is effective as of January 1, 2016.

You and your spouse should have been enrolled into the Essential Plan as of January 1, 2016.

Your case is being sent back to NYSOH to reinstate you and your spouse's coverage for the month of January.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

