



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

Notice of Decision

Decision Date: July 22, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006972

[REDACTED]

Dear [REDACTED]

On July 19, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's January 21, 2016 eligibility determination and February 4, 2016 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 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.

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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 your, your spouse's, and your child's eligibility for and enrollment in an Essential Plan was effective February 1, 2016?

Procedural History

On October 21, 2015, NYSOH issued a disenrollment notice stating that your child's enrollment in silver level qualified health plan was ending effective November 30, 2015 because the plan she was enrolled in was only available to dependents that were 25 years or younger.

On October 24, 2015, NYSOH issued a renewal notice, stating that it was time to renew your, your spouse's and your child's 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, your spouse, or your child would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2015 or you, your spouse, and your child might lose the financial assistance you were currently receiving.

On October 29, 2015, information in your NYSOH account was updated.

On October 30, 2015, NYSOH issued an eligibility determination notice stating that you, your spouse, and your child were eligible to receive up to \$977.00 per

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month in advance premium tax credits and cost-sharing reductions, effective December 1, 2015.

Also on October 30, 2015, NYSOH issued an enrollment confirmation notice stating that you, your spouse, and your child were enrolled in a silver level qualified health plan with advance premium tax credits, effective October 1, 2015.

On December 21, 2015, NYSOH issued an eligibility determination notice stating that you, your spouse, and your child were newly eligible to purchase a qualified health plan, effective January 1, 2016. The notice further stated that you, your spouse, and your child were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance because you had not responded to the renewal notice and had not completed your renewal within the required time frame.

On December 22, 2015, NYSOH issued an enrollment confirmation notice stating that you, your spouse, and your child were enrolled in a silver level qualified health plan without advance premium tax credits, effective January 1, 2016.

On January 20, 2016, NYSOH received your updated application for health insurance.

On January 21, 2016, NYSOH issued an eligibility redetermination notice stating that you, your spouse, and your child were eligible for the Essential Plan, effective March 1, 2016.

Also on January 21, 2016, NYSOH issued a disenrollment notice stating that your, your spouse's and your child's coverage through your qualified health plan would end effective February 29, 2016.

Finally on January 21, 2016, NYSOH issued an enrollment confirmation notice was issued that stated that you, your spouse, and your child had selected an Essential Plan and that the coverage through your plan would begin March 1, 2016.

On February 4, 2016, an enrollment confirmation notice was issued that stated that you, your spouse, and your child had selected an Essential Plan and that the coverage through your plan would begin February 1, 2016.

On February 9, 2016 you spoke to NYSOH's Account Review Unit and appealed the eligibility determination and enrollment confirmation notices insofar as you did not have coverage in an Essential Plan for the month of January 2016.

On July 19, 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 indicates, that your daughter was terminated from her qualified health plan in October 2015 because she was no longer under the age of 25.
- 2) You testified that in October 2015 you called NYSOH to reenroll her into a qualified health plan. You testified that asked if you would have to renew your coverage again for 2016, you were told that everything was taken care of and no further action was needed on your part to update your coverage.
- 3) You testified, and the record reflects, that you receive all of your notices from NYSOH via electronic mail.
- 4) You testified that you received the renewal notice stating that you needed to update your application by December 15, 2015.
- 5) You testified that you called NYSOH in November 2015 and again asked if you had to renew your coverage since you were told in October that everything was taken care of for 2016.
- 6) You testified that you went to pay the bill for your January premium and saw it was higher than what it should be.
- 7) The record indicates that on January 20, 2016, your account was updated. You, your spouse, and your daughter became eligible for the Essential Plan as of March 1, 2016.
- 8) The record indicates that on January 28, 2016, a complaint (Incident [REDACTED]) was filed on your behalf. The description of that complaints states that you attested that you were advised by NYSOH agents that your 2016 enrollments were complete during a call in November. NYSOH shows two calls being placed on November 17, 2015 however the recordings from those calls could not be located.
- 9) The record indicates that as a result of NYSOH being unable to locate the recordings from your November 2015 phone call your, your

spouse's, and your daughter's Essential Plan coverage was backdated to February 1, 2016.

- 10) The record indicates that your, your spouse's, and your child's disenrollment from your qualified health plan was backdated to January 1, 2016.
- 11) You testified that you need your Essential Plan backdated to January 1, 2016 because you have unpaid medical bills from 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 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.

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>).

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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, your spouse's, and your child's eligibility for and enrollment in an Essential Plan was effective February 1, 2016.

NYSOH must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance starting January 1, 2016 annually. NYSOH must issue a renewal notice that contains the individual's projected 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 24, 2015 NYSOH issued a renewal notice stating that there was not enough information to determine whether you, your spouse, and your child were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by December 15, 2015, or your financial assistance might end.

You testified, and the record reflects, that you receive all of your notices from NYSOH via electronic mail. You testified that you received the October 24, 2015 renewal notice stating that you needed to update your application by December 15, 2015.

You testified that in October 2015 you called NYSOH to reenroll your child into a qualified health plan because she was terminated from her previous coverage because she had attained the age of 26. The record indicates that on October 29, 2015 information in your NYSOH account as updated. You testified that you asked if you would have to renew your coverage again for 2016, you were told that everything was taken care of and no further action was needed on your part to update your coverage.

You testified that you called NYSOH in November 2015 and again asked if you had to renew your coverage since you were told in October that everything was taken care of 2016.

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However, on December 21, 2015 NYSOH issued an eligibility determination notice stating that you, your spouse, and your child were not eligible for financial assistance because there was no timely response to the renewal notice.

On January 20, 2016, NYSOH received your updated application for health insurance and you, your spouse, and your child were found eligible for the Essential Plan, effective March 1, 2016.

The record indicates that on January 28, 2016 a complaint (Incident [REDACTED]) was filed on your behalf seeking to have your Essential Plan backdated to January 1, 2016. The description of that complaint states that you attested that you were advised by NYSOH agents that your 2016 enrollments were complete during a call in November. NYSOH shows two calls being placed on November 17, 2015 however the recordings from those calls could not be located. The record indicates that as a result of NYSOH being unable to locate the recordings from your November 2015 phone calls your, your spouse's, and your daughter's Essential Plan coverage was backdated to February 1, 2016.

Since it was reasonable for you to assume that you had already completed your renewal on October 29, 2015 in response to the renewal notice as well as relying on statements made to you by NYSOH; your, your spouse's, and your child's eligibility and enrollment in the Essential Plan should have begun January 1, 2016.

Therefore, the January 21, 2016 eligibility determination notice and February 4, 2016 notice of enrollment confirmation are MODIFIED to state that your, your spouse's, and your child's eligibility for and enrollment in the Essential Plan is effective January 1, 2016.

Decision

The January 21, 2016 eligibility determination notice is MODIFIED to state that you, your spouse, and your child are eligible to enroll in the Essential Plan, effective January 1, 2016.

The February 4, 2016 notice of enrollment confirmation is MODIFIED to state that your, your spouse's, and your child's enrollment in an Essential Plan was effective January 1, 2016.

Your case is RETURNED to NYSOH to facilitate correcting your enrollment in your Essential Plan to the appropriate date.

Effective Date of this Decision: July 22, 2016

How this Decision Affects Your Eligibility

Your, your spouse's, and your child's enrollment in an Essential Plan should have been effective as of January 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.

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

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The January 21, 2016 eligibility determination notice is MODIFIED to state that you, your spouse, and your child are eligible to enroll in the Essential Plan, effective January 1, 2016.

The February 4, 2016 notice of enrollment confirmation is MODIFIED to state that your, your spouse's, and your child's enrollment in an Essential Plan was effective January 1, 2016.

Your case is RETURNED to NYSOH to facilitate correcting your enrollment in your Essential Plan to the appropriate date.

Your, your spouse's, and your child's enrollment in an Essential Plan should have been effective as of January 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:

