



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

Notice of Decision

Decision Date: July 21, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007101

[REDACTED]

Dear [REDACTED]

On July 14, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's February 17, 2016 eligibility determination notice and the February 17, 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).

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Decision

Decision Date: July 21, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007101



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 enrollment in an Essential Plan was effective April 1, 2016?

Procedural History

On December 24, 2015, NY State of Health (NYSOH) issued a renewal notice stating that it was time to renew your health insurance for 2016. That notice also 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 January 15, 2016 or you might lose the financial assistance you were currently receiving.

No updates were made to your account by January 15, 2016.

On January 17, 2016, NYSOH issued an eligibility determination notice stating that you were no longer eligible for Medicaid, Child Health Plus, Essential Plan or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. Your eligibility would end effective January 31, 2016.

Also on January 17, 2016, NYSOH issued a disenrollment notice stating that your Medicaid Managed Care (MMC) plan coverage would end effective January 31, 2016 because you did not renew your health insurance coverage.

On February 16, 2016, NYSOH received your updated application for health insurance. That day, a preliminary eligibility determination was prepared stating that you were eligible for the Essential Plan and you selected a plan for enrollment.

Also on February 16, 2016, you spoke to NYSOH's Account Review Unit and appealed the preliminary eligibility determination insofar as you were not enrolled in a plan beginning February 1, 2016.

On February 17, 2016, NYSOH issued an eligibility determination notice based on the February 16, 2016 application stating that you were eligible to enroll in the Essential Plan with a \$20.00 per month premium, effective April 1, 2016.

Also on February 17, 2016 NYSOH issued a notice of enrollment, based on your plan selection on February 16, 2016, stating that you were enrolled in an Essential Plan, and that your plan would start April 1, 2016.

On July 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 testified that for the time period involved, you were receiving notices from NYSOH by regular mail. You confirmed the mailing address that is listed in your NYSOH account. You testified the mailing address was your parent and you received your mail there.
- 2) You testified that you did not recall receiving any notices from NYSOH telling you that you needed to update the information in your NYSOH account to ensure that your coverage would not be interrupted and that your financial assistance would continue.
- 3) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 4) You testified that you did not know you needed to renew your application until sometime in February 2016 when you tried to fill a prescription and were told there was an issue with your health insurance coverage.

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- 5) The record reflects that on February 16, 2016, NYSOH received your updated application for health insurance.
- 6) You testified, and the record reflects, that you enrolled in an Essential Plan on February 16, 2016 and this plan's enrollment start date was April 1, 2016.
- 7) You testified that you wanted your enrollment in an Essential Plan to begin on February 1, 2016 because you had medical bills for the months of February and March 2016.

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.

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 is whether NYSOH properly determined that your enrollment in the Essential Plan was effective April 1, 2016.

On December 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 would qualify for financial help with paying for your health coverage. You were asked to update the information in your account by January 15, 2016 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 qualified health plan was terminated effective January 31, 2016.

You testified that you do not recall receiving any notice from NYSOH telling you that you needed to update the information in your NYSOH account. You testified, that during the time frame in question, you received notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, the record reflects that 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.

You testified, and the record indicates, that you updated your NYSOH application on February 16, 2016. As a result, you were found eligible for the Essential Plan as of April 1, 2016 and you 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 February 16, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following February; that is, on April 1, 2016.

Therefore, the February 17, 2016 eligibility determination that you were eligible to enroll in the Essential Plan effective April 1, 2016 is correct and must be AFFIRMED.

Also, the February 17, 2016 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective April 1, 2016, is correct and must be AFFIRMED.

Decision

The February 17, 2016 eligibility determination is AFFIRMED.

The February 17, 2016 enrollment confirmation notice is AFFIRMED

Effective Date of this Decision: July 21, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Essential Health Plan is April 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.

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).

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

Summary

The February 17, 2016 eligibility determination is AFFIRMED.

The February 17, 2016 enrollment confirmation notice is AFFIRMED

This decision does not change your eligibility.

The effective date of your Essential Health Plan is April 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:

