



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

Notice of Decision

Decision Date: September 1, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007185

[REDACTED]

Dear [REDACTED],

On July 12, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 6, 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007185

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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 enrollment in the Essential Plan was effective February 1, 2016?

Procedural History

On October 22, 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 purchase a qualified health plan at full cost, effective January 1, 2016. You were not eligible for financial assistance because you did not respond to the renewal notice within the required time frame.

On December 22, 2015, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a silver level qualified health plan at full cost, effective January 1, 2016.

On January 5, 2016, NYSOH received your updated application for health insurance.

On January 6, 2016, NYSOH issued a notice of eligibility redetermination stating that you were eligible to enroll in the Essential Plan for a limited time, effective February 1, 2016. The notice further stated that your current coverage would end on January 31, 2016.

Also on January 6, 2016, NYSOH issued a notice of disenrollment stating that your enrollment in your silver level qualified health plan would end effective January 31, 2016.

Finally on January 6, 2016, NYSOH issued a notice confirming your enrollment in an Essential Plan that did not include dental and vision services, effective February 1, 2016.

On January 15, 2016, NYSOH issued a cancellation notice stating that your enrollment in an Essential Plan without dental and vision was cancelled effective February 1, 2016.

Also on January 15, 2016, NYSOH issued a notice confirming your enrollment in an Essential Plan with dental and vision, effective February 1, 2016.

On February 3, 2016, NYSOH issued a notice of disenrollment stating that your enrollment in your Essential Plan with dental and vision would end effective February 29, 2016.

Also on February 3, 2016, NYSOH issued a notice confirming your enrollment in an Essential Plan without dental and vision, effective March 1, 2016.

On February 18, 2016 you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation notices insofar as an agent enrolled you into the incorrect Essential Plan causing the cancellation of the plan for February 2016.

On July 12, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, the appeal was amended because your issue was not the coverage that you had in the month of February 2016 but the coverage you had in January 2016 that was in dispute. 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:

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- 1) Your NYSOH account indicates that you receive notices from NYSOH by regular mail.
- 2) You testified that you did not receive 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. You further testified that you were in the hospital at the end of December 2015 so you were unsure if maybe it was in the stack of mail that you did not open during this time.
- 3) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 4) You testified that you have doctor bills for the month of January 2015.
- 5) You testified that you paid a premium to your qualified health plan for the month of January 2016 but that you do not remember the amount.
- 6) You testified that you do not remember ever being informed that you were cancelled from your qualified health plan for January 2016 for non-payment.
- 7) The events tab in your NYSOH indicates that on January 5, 2016 a NYSOH representative deleted your enrollment in a qualified health plan.
- 8) The enrollment history tab in your NYSOH account indicates that your coverage in your silver level qualified health plan ended as of January 1, 2016.
- 9) You testified that you did not know you needed to renew your application until after you were released from the hospital in January 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

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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 and 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>).

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 enrollment in the 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 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 22, 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 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 was terminated effective December 31, 2015. You were automatically enrolled into your silver level qualified health plan at full cost.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account. You testified, and your NYSOH account confirms, that you elected to receive 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.

The record shows that on January 5, 2016 you updated the information in your NYSOH account. You were subsequently found eligible for the Essential Plan and enrolled into that plan effective February 1, 2016.

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 5, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the first month following January; that is, on February 1, 2016.

Therefore, the January 6, 2016 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective February 1, 2016, is correct and must be AFFIRMED.

According to the December 22, 2015 enrollment confirmation notice you were enrolled in a silver level qualified health plan at full cost, effective January 1, 2016, and the January 6, 2016 notice of disenrollment your enrollment in your silver level qualified health plan would end effective January 31, 2016, it appears that you should have had coverage through your silver level qualified health plan for the month of January 2016. However, the enrollment history tab in your NYSOH account indicates that your coverage in your silver level qualified health

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plan ended as of January 1, 2016. During the hearing you testified that you paid a premium to your qualified health plan for January 2016 but that you do not remember the amount and you do not remember if you were cancelled for non-payment of your premium in January 2016.

Therefore, since the record is unclear as to whether or not you should have had coverage in your silver level qualified health plan for January 2016, your case is RETURNED to NYSOH plan management to investigate whether your premiums were timely paid and whether your disenrollment from that plan as of January 1, 2016 instead of January 31, 2016 was in error.

Decision

The January 6, 2016 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to NYSOH plan management to investigate whether your premiums were timely paid to your silver level qualified health plan for the month of January and whether your disenrollment from that plan as of January 1, 2016 instead of January 31, 2016 was in error.

Effective Date of this Decision: September 1, 2016

How this Decision Affects Your Eligibility

Your enrollment in your Essential Plan properly began as of February 1, 2016.

Your case is being sent back to NYSOH to determine whether you should have had coverage in a full pay qualified health plan for the month of January 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.

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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 January 6, 2016 enrollment confirmation notice is **AFFIRMED**.

Your enrollment in your Essential Plan properly began as of February 1, 2016.

Your case is **RETURNED** to NYSOH plan management to investigate whether your premiums were timely paid to your silver level qualified health plan for the month of January and whether your disenrollment from that plan as of January 1, 2016 instead of January 31, 2016 was in error.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

