



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

## Notice of Decision

Decision Date: August 1, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007253

[REDACTED]

Dear [REDACTED],

On July 21, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 21, 2015 eligibility determination and February 19, 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.

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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## Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly determine that you were newly eligible to purchase a qualified health plan at full cost effective January 1, 2016?

Did NYSOH properly determine that your eligibility for and enrollment in an Essential Plan was effective April 1, 2016?

## Procedural History

On October 22, 2015, NY State of Health (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 20, 2015.

On December 21, 2015, an eligibility redetermination notice was issued stating 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 and did not complete your renewal within the required timeframe.

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On December 24, 2015, an enrollment confirmation notice was issued confirming your enrollment in a Bronze level qualified health plan with a premium responsibility of \$368.71 per month starting January 1, 2016.

On February 18, 2016, NYSOH received your updated application for health insurance.

On February 19, 2016, NYSOH issued a notice of eligibility determination, based on your February 18, 2016, application stating that you were eligible to enroll in the Essential Plan, effective April 1, 2016. You no longer qualified for a qualified health plan effective March 31, 2016.

Also on February 19, 2016, NYSOH issued a notice of enrollment, based on your plan selection on February 18, 2016, stating that you were enrolled in an Essential Plan, and that your plan would start April 1, 2016.

On February 20, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan insofar as it did not begin January 1, 2016 in place of your bronze level qualified health plan.

On July 21, 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 reflects, that you receive all of your notices from NYSOH by electronic mail.
- 2) You testified and confirmed that your e-mail address that you provided NYSOH has not changed since initially applying for financial assistance.
- 3) You testified that you did receive an electronic alert to go into your account and update your information in October, 2015. However, when you attempted to log in, you were unable to find the section of the website where you could view your documents.
- 4) You testified that you did not know that you needed to update your account until February 18, 2016 when you had been charged full price for your Bronze level qualified health plan.

- 5) You testified that you did pay the premium for your health plan for the months you were enrolled with your Bronze level health plan.
- 6) The record reflects that on February 18, 2016, NYSOH received your updated application for health insurance.
- 7) You testified that you are seeking a start date of January 1, 2016 for your Essential Plan coverage in place of the full cost Bronze level qualified health plan.
- 8) The record shows on your April 10, 2014 application you elected to be automatically renewed for five years.
- 9) You testified, and the record reflects, that you enrolled in an Essential Plan on February 19, 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 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.

### Electronic Notices

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).

If the individual elects electronic communications, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to his or her account and send a notice by regular mail within three business days if the electronic communication cannot be delivered (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4), (5)).

### 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 first issue under review is whether NY State of Health (NYSOH) properly determined that you were newly eligible to purchase a qualified health plan at full cost effective January 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 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.

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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 December 31, 2015.

You testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You testified that you did receive an electronic alert to go into your account and update your information in October, 2015. When you attempted to log in, you were unable to find the section of the website where you could view your documents. The record reflects that you believe this prohibited you from renewing your application and accessing the documentation in your online account. There is no indication in the record that you contacted NYSOH for assistance in this matter or tried to make any other attempts to determine what the alert was referring to.

Since you testified that you received the electronic alert notifying you that there was a notice in your account it is concluded that NYSOH did give you the proper notice that you needed to update your account.

Therefore, the December 21, 2015, notice of eligibility redetermination is AFFIRMED.

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

You first renewed your eligibility for financial assistance through NYSOH for 2016 on February 18, 2016. You testified that you did not know that you needed to update your account until February 18, 2016 when you had been charged full price for your Bronze level qualified health plan.

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 18, 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 19, 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 December 21, 2015, notice of eligibility redetermination is AFFIRMED.

The February 19, 2016, enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** August 1, 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.

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

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- By mail at:  
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## **Summary**

The December 21, 2015, notice of eligibility redetermination is AFFIRMED.

The February 19, 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:**

