



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

Notice of Decision

Decision Date: October 3, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007389

[REDACTED]

Dear [REDACTED]

On August 30, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's November 23, 2015 disenrollment notice and December 8, 2015 notice of enrollment.

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: October 3, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007389

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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 you and your spouse were covered under a UnitedHealthcare silver-level plan during December 2015, rather than a CareConnect platinum-level plan?

Procedural History

On November 9, 2015, NYSOH received your initial application for health insurance.

On November 10, 2015, NYSOH issued an eligibility determination based on the information contained in your November 9, 2015 application. The notice stated, in pertinent part, that you and your spouse were eligible to receive up to \$345.00 per month in advance payments of the premium tax credit, effective December 1, 2015.

On November 11, 2015, NYSOH issued a notice of enrollment confirming your selection of CareConnect EPO Platinum NS INN Pediatric Dental Dep 25 Acupuncture Low Rx (CareConnect) on November 10, 2015. The notice confirmed that coverage for you and your spouse would begin effective December 1, 2015. The notice further stated that you must pay the monthly premium to start and keep your coverage.

On November 23, 2015, NYSOH issued a disenrollment notice confirming that 2015 coverage for you and your spouse with CareConnect would end effective December 31, 2015.

On November 26, 2015, NYSOH issued a notice stating that enrollment in CareConnect for you and your spouse would begin effective January 1, 2016, instead of December 1, 2015.

On December 8, 2015, NYSOH issued a notice of enrollment confirming your selection of UnitedHealthcare Compass Silver ST INN Pediatric Dental Dep 29 (UnitedHealthcare). The notice confirmed that coverage for you and your spouse would begin effective December 1, 2015. The notice further stated that you must pay the monthly premium to start and keep your coverage.

Also on December 8, 2015, NYSOH issued a disenrollment notice confirming that 2015 coverage for you and your spouse with UnitedHealthcare would end effective December 31, 2015.

On February 24, 2016, you spoke with NYSOH's Account Review Unit and appealed that you and your spouse were enrolled in UnitedHealthcare, rather than CareConnect, during the month of December 2015.

On August 30, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and remained open as the Hearing Officer directed you to provide as additional evidence to corroborate your testimony: (1) a money order receipt reflecting that you paid the premium CareConnect for coverage during the month of December 2015, and/or (2) a screenshot or printout generated by CareConnect reflecting receipt of payments made in November 2015 for coverage during December 2015. The record was to be closed 15 days after the hearing date, or upon the receipt of the above referenced documents, whichever occurred earlier.

That same day, you provided a printout generated by CareConnect reflecting receipt of payments made in November 2015 for coverage during December 2015 to the Appeals Unit through facsimile.

Accordingly, the record was closed on August 30, 2016.

Findings of Fact

A review of the record support the following findings of fact:

- 1) You testified that you selected CareConnect for you and your spouse's coverage during the month of December 2015 when you were informed

that you would be disenrolled from Health Republic effective November 31, 2015.

- 2) You testified, and the record reflects, that you selected CareConnect for you and your spouse's coverage on November 10, 2015.
- 3) You testified that you paid the \$753.00 premium payment to CareConnect prior to the due date for you and your spouse to have coverage during the month of December 2015.
- 4) On August 30, 2016, you sent to NYSOH Appeals Unit a printout generated by CareConnect reflecting their receipt of a payment of \$753.00 on November 24, 2015 for coverage through December 31, 2015.
- 5) On December 8, 2015, NYSOH issued a notice confirming the enrollment of you and your spouse in UnitedHealthcare as of December 7, 2015.
- 6) You testified that you did not pay any premium amounts to UnitedHealthcare for coverage for you and your spouse during the month of December 2015, nor did you consent to this change.
- 7) You testified that as a result of having not been enrolled in CareConnect during December 2015, you have incurred a bill in connection with a December 7, 2015 doctor's visit.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health 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)). 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)).

Termination from a Qualified Health Plan

NYSOH may initiate termination of an enrollee's enrollment in a qualified health plan through the NYSOH, and must permit a QHP issuer to terminate such

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coverage or enrollment: (1) when the enrollee is no longer eligible for coverage in a qualified health plan through NYSOH, and (2) upon non-payment of premium for coverage of the enrollee. (45 CFR § 155.430(b)(2)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you and your spouse were covered under UnitedHealthcare during December 2015, rather CareConnect.

The record reflects that you selected CareConnect for the enrollment of both you and your spouse as of November 10, 2015. The record also reflects that you timely remitted the premium of \$753.00 due for coverage during the month of December 2015.

When an individual changes information in their application on or before the 15th of any month, NYSOH must make the redetermination that results from the change effective the first day of the following month. Additionally, the date on which a qualified health 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 15th day of a month goes into effect on the first day of the following month.

Therefore, since the credible evidence of record reflects that the enrollment of you and your spouse in CareConnect as of November 10, 2015, and you timely paid your premium amount, your coverage with CareConnect should have remained in effect beginning December 1, 2015.

Furthermore, since there is nothing in the record to reflect you selected UnitedHealthcare as the health plan for you and your spouse during the month of December, and you testified that you never made a premium payment to UnitedHealthcare for coverage during December 2015, the November 23, 2015 disenrollment notice and December 8, 2015 notice of enrollment are hereby **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate coverage for you and your spouse with CareConnect during the month of December 2015.

Decision

The November 23, 2015 disenrollment notice is **RESCINDED**.

The December 8, 2015 notice of enrollment is **RESCINDED**.

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Your case is RETURNED to NYSOH to reinstate coverage for you and your spouse with CareConnect during the month of December 2015.

Effective Date of this Decision: October 3, 2016

How this Decision Affects Your Eligibility

Coverage for you and your spouse with CareConnect is reinstated during the month of December 2015.

Coverage for you and your spouse with UnitedHealthcare is cancelled effective December 1, 2015.

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

Summary

The November 23, 2015 disenrollment notice is RESCINDED.

The December 8, 2015 notice of enrollment is RESCINDED.

Your case is RETURNED to NYSOH to reinstate coverage for you and your spouse with CareConnect during the month of December 2015.

Coverage for you and your spouse with CareConnect is reinstated during the month of December 2015.

Coverage for you and your spouse with UnitedHealthcare is cancelled effective December 1, 2015.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

