



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

## Notice of Decision

Decision Date: August 24, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007741

[REDACTED]

Dear [REDACTED],

On August 19, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 8, 2016 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: August 24, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007741

[REDACTED]

## 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 an Essential Plan was effective April 1, 2016?

## Procedural History

On January 15, 2016, 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 between January 16, 2016 and February 15, 2016 or you might lose the financial assistance you were currently receiving.

On January 28, 2016, NYSOH received a revised application. In response to this application, NYSOH issued a notice on January 29, 2016 stating that you might be eligible for health insurance through NYSOH; however, more information was needed to make a determination. The notice requested that you provide income documentation for your household, including you and your spouse, by February 13, 2016, to confirm that the information you provided in your application was accurate.

On January 29, 2016, NYSOH issued a disenrollment notice stating that your coverage with Fidelis Care, as your Medicaid Managed Care (MMC) plan, would end effective February 29, 2016.

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On February 22, 2016, NYSOH received a form 1099-R issued by [REDACTED], [REDACTED] to you, reflecting your [REDACTED], etc. for 2015.

On March 3, 2016, March 5, 2016, and March 7, 2016, NYSOH received revised applications, each with different expected annual incomes listed. In response to the first, NYSOH prepared a preliminary eligibility determination that found you were found eligible to enroll in a qualified health plan and to receive advance payments of the premium tax credit. In response to the last application, NYSOH prepared a preliminary eligibility determination stating that you were eligible to enroll in the Essential Plan with a \$0.00 premium per month, effective April 1, 2016.

Also on March 7, 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 March 1, 2016.

On March 8, 2016, NYSOH issued a notice of eligibility determination, based on your March 7, 2016 application, stating that you were eligible to enroll in the Essential Plan at monthly premium of \$0.00, effective April 1, 2016.

Also on March 8, 2016, NYSOH issued a notice of enrollment, based on your plan selection on March 7, 2016, stating that you were enrolled in an Essential Plan, and that your plan coverage would start April 1, 2016.

On August 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) The record reflects, that you receive all of your notices from NYSOH by electronic mail. The record also reflects that you elected to have electronic notices sent to "[REDACTED]."
- 2) You testified that you did not receive any electronic alerts regarding any renewal notice in your NYSOH account telling you that you needed to update your application in order to renew your eligibility; however, the record reflects that you updated your account on January 28, 2016. You testified that you may have done this in response to a request to update your security questions. You also testified that you have received other e-

mail notifications alerting you to notices being posted to your account, just not for the renewal notice issued on January 15, 2016.

- 3) You testified that you have been enrolled in a Fidelis Care MMC plan for about 1 ½ to 2 years.
- 4) You testified that as a result of your MMC plan having been terminated effective February 29, 2016, you were forced to pay for four weeks of office visits, [REDACTED] from [REDACTED] you incurred during March 2016.
- 5) The record reflects that on January 28, 2016, NYSOH received an updated application for health insurance. In response to this application, you were requested to provide income documentation for both you and your spouse to confirm the information contained in your account was accurate. You were requested to provide this documentation by February 13, 2016.
- 6) On February 22, 2016, you provided a copy of your 1099-R reflecting your receipt of \$17,700.00 in taxable IRA distributions from [REDACTED] however, no documentation was received with respect to your spouse's income.
- 7) The record reflects that as a result of an application submitted on March 7, 2016, you were found eligible for the Essential Plan, effective April 1, 2016. You selected an Essential Plan for enrollment on March 7, 2016. Coverage under your Essential Plan began effective April 1, 2016.
- 8) You are seeking to backdate your Essential Plan start date to March 1, 2016 in order to cover out-of-pocket expenses incurred during the month of 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)).

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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 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 sole issue under review is whether NYSOH properly determined that your enrollment in the Essential Plan was effective April 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

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determination for the upcoming coverage year based on the information contained in the renewal notice.

On January 15, 2016, 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 for the upcoming coverage year. You were asked to update the information in your account by February 15, 2016 or the financial help you were receiving might end.

While you testified that you did not receive an e-mail notification reflecting that a renewal notice had been posted to your account, the record reflects that you updated your account on January 28, 2016. You testified that you believed you updated the account in response to a request to update your security questions, but did not receive any notice that you would have needed to update your account. Since you updated your account between January 16, 2016 and February 15, 2016, and testified that you have received e-mail from NYSOH alerting you to other notices being posted to your account, we do not find such testimony credible.

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.

While you provided an update to your account on January 28, 2016, NYSOH requested that you provide income documentation for both you and your spouse prior to February 13, 2016 in order to confirm the information contained in your account was accurate. The record reflects that you provided NYSOH with a copy of your 1099-R issued by ██████ reflecting your receipt of \$17,700.00 in taxable IRA distributions during 2015; however, no documentation was received with respect to your spouse's income from her employer, ██████ after March 9, 2015.

Since you did not provide any income documentation proving your spouse's by February 13, 2016, the NYSOH had no basis to find that you should have remained enrolled in your MMC after February 29, 2016. Therefore, you were properly disenrolled your MMC plan, effective February 29, 2016.

You testified, and the record reflects, that you submitted a revised application on March 7, 2016. Based on the information contained in that application, you were found eligible to enroll in the Essential Plan on March 7, 2016, and you selected a plan on 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.

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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 March 7, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the first month following March 2016; that is, on April 1, 2016.

Therefore, the March 8, 2016 notice of enrollment stating that your enrollment in the Essential Plan was effective April 1, 2016, is correct and must be AFFIRMED.

## **Decision**

The March 8, 2016 notice of enrollment is AFFIRMED.

**Effective Date of this Decision:** August 24, 2016

## **How this Decision Affects Your Eligibility**

This decision does not change your eligibility.

The effective date of your Essential 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)).

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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**

The March 8, 2016 notice of enrollment is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential 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:**

