



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

Notice of Decision

Decision Date: October 25, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008017

[REDACTED]

Dear [REDACTED],

On September 15, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 30, 2016 enrollment 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(b).

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 25, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008017



Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did New York State of Health (NYSOH) properly determine that the plan enrollment start date of your Essential Plan should have been March 1, 2016?

Procedural History

On October 22, 2015, NYSOH issued a notice that it was time to renew your health insurance for 2016. 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 are currently receiving.

No updates were made to your account by December 15, 2015.

On December 21, 2015 NYSOH issued an eligibility determination notice that you were not eligible for financial assistance and cannot enroll in qualified health plan at full cost because you did not respond to the renewal notice within the required timeframe.

On December 22, 2015, NYSOH issued a disenrollment notice stating that your UnitedHealthcare of New York, Inc. coverage would terminate December 31, 2015.

On January 26, 2016 your NYSOH account was updated.

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On January 27, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan, effective as of March 1, 2016.

On January 29, 2016, NYSOH issued an enrollment notice confirming that as of January 26, 2016, you were enrolled in the Essential Plan 1 Plus Vision and Dental (UnitedHealthcare Community Plan) with a plan enrollment start date of March 1, 2016.

On January 30, 2016, NYSOH issued a cancellation notice stating that you requested to cancel your insurance coverage with UnitedHealthcare Community Plan on January 29, 2016, and the coverage will end March 1, 2016.

Also On January 30, 2016, NYSOH issued an enrollment notice confirming that as of January 26, 2016, you were enrolled in the Essential Plan 2 (UnitedHealthcare Community Plan) with a plan enrollment start date of March 1, 2016.

On March 17, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as the plan enrollment start date of your health insurance coverage through NYSOH.

On September 16, 2016, you had a scheduled telephone hearing with a Hearing Officer from NYSOH Appeals Unit. Testimony was taken during the hearing and record was developed. The record is now complete and closed.

Findings of Fact

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

- 1) On October 24, 2015, NYSOH issued a notice that it was time to renew your health insurance for 2016. That notice stated that you needed to update your account by December 15, 2015 or you might lose the financial assistance that is currently being received [REDACTED].
- 2) You testified that you received a renewal packet in the mail from UnitedHealthcare and submitted the completed application to them in December 2015.
- 3) Your NYSOH account indicates that you receive notices from the NYSOH via electronically.
- 4) You testified that you did not receive a notice from NYSOH requesting that you update the information in your NYSOH account to ensure that your financial assistance and health insurance coverage would continue in 2016.

- 5) You testified that the email address listed in your NYSOH account is your current email address.
- 6) You testified that you found that your health insurance had discontinued after an appointment with your physician in January 2016.
- 7) According to your NYSOH account, the information in your account was updated on January 26, 2016.
- 8) On January 30, 2016, NYSOH issued an enrollment notice confirming that as of January 29, 2016 you were enrolled in Essential Plan 2 UnitedHealthcare Community Plan with a plan enrollment start date of March 1, 2016
[REDACTED].
- 9) You testified that you are seeking to have the start date of your health insurance coverage backdated to cover the months of January and February 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)).

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)).

Electronic Notices

(a) Effective no earlier than October 1, 2013 and no later than January 1, 2015, the agency must provide individuals with a choice to receive notices and information ... in electronic format or by regular mail and must be permitted to change such election.

(b) If the individual elects to receive communications from the agency electronically, the agency must—

(1) Ensure that the individual's election to receive notices electronically is confirmed by regular mail.

(2) Ensure that the individual is informed of his or her right to change such election to receive notices through regular mail.

(3) Post notices to the individual's electronic account within 1 business day of notice generation.

(4) Send an email or other electronic communication alerting the individual that a notice has been posted to his or her account. The agency may not include confidential information in the email or electronic alert.

(5) Send a notice by regular mail within three business days of the date of a failed electronic communication if an electronic communication is undeliverable

(42 CFR § 435.918, (45 CFR § 155.230(d)).

Legal Analysis

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).

The issue under review is whether NYSOH properly determined that your plan enrollment start date in your Essential Health Plan should be March 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 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 account. That notice stated that based on information from federal and state sources, the Marketplace 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.

Your NYSOH account was not updated by December 15, 2015 and your health insurance coverage was terminated December 31, 2015.

However, the record reflects that you elected to receive alerts regarding notices from the NYSOH electronically. You credibly testified that you did not receive an electronic alert that a notice had been uploaded to your account directing you to update your NYSOH account. There is no evidence in your account documenting that any email alert was sent to you regarding any notices uploaded to your account.

Therefore, it is concluded that NYSOH did not give you the proper notice that you needed to update your account.

You first renewed your eligibility for financial assistance on January 26, 2016 and enrolled in health coverage on January 29, 2016. This information would have been used had you been timely informed of the need to update your account, as stated in the renewal notice.

Therefore, the January 30, 2016, notice of enrollment is MODIFIED to state that your enrollment in Essential Plan 2 (Unitedhealthcare Community Plan) will have a plan enrollment start date of January 1, 2016.

Decision

The January 30, 2016, enrollment notice is MODIFIED to state that your Essential Plan 2 (Unitedhealthcare Community Plan) plan enrollment start date is January 1, 2016.

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).

Your case is RETURNED to NYSOH to effectuate your coverage for January and February 2016.

Effective Date of this Decision: October 25, 2016

How this Decision Affects Your Eligibility

The plan enrollment start date of your Essential Plan 2 health plan is January 1, 2016.

Your case has been returned to NYSOH to effectuate your health insurance coverage for January and February 2016.

You may be responsible for any additional health insurance premiums in order to effectuate this coverage.

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 after the date 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 date 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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The plan enrollment start date of your Essential Plan 2 health plan is January 1, 2016.

Your case has been returned to NYSOH to effectuate your health insurance coverage for January and February 2016.

You may be responsible for any additional health insurance premiums in order to effectuate this coverage.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

