



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

Notice of Decision

Decision Date: October 14, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008090

[REDACTED]

Dear [REDACTED],

On September 30, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's April 8, 2016 eligibility determination 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: October 14, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008090

[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 eligibility for, and enrollment in, an Essential Plan was effective May 1, 2016?

Procedural History

The following refer to events that occurred in NYSOH account number [REDACTED], unless otherwise noted.

On December 1, 2015, NYSOH received your updated application for health insurance.

On December 6, 2015, NYSOH issued a notice of eligibility determination, based on your December 1, 2015 application, stating that you were eligible to receive up to \$237.00 per month in advance payments of the premium tax credit, and eligible for cost-sharing reductions, effective January 1, 2016.

Also on December 6, 2015, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in a silver level qualified health plan, effective January 1, 2016.

On March 15, 2016, your NYSOH application was updated and changed to state that you did not need health insurance.

On March 16, 2016, NYSOH issued a disenrollment notice stating that your coverage in your silver level QHP was terminated effective March 31, 2016.

On March 21, 2016, you spoke to NYSOH's Account Review Unit and appealed the March 16, 2016 disenrollment notice, insofar as it stated that your health insurance coverage was ending.

On March 30, 2016, your NYSOH account was updated, and your account status was changed to "active."

Also on March 30, 2016, a second NYSOH account in your name, account number [REDACTED] was updated, and the account status was changed to "inactive."

On March 31, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to receive up to \$237.00 per month in advance payments of the premium tax credit, and eligible for cost-sharing reductions, effective May 1, 2016.

Also on March 31, 2016, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in a silver level qualified health plan, effective April 1, 2016, with your tax credit to be applied as of April 1, 2016.

On April 7, 2016, your NYSOH account was updated.

On April 8, 2016, NYSOH issued an eligibility determination stating that you were eligible to enroll in the Essential Plan, with a \$20.00 monthly premium, effective May 1, 2016.

Also on April 8, 2016, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an Essential Plan, effective May 1, 2016.

On September 30, 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 continued with this appeal after your coverage was reinstated because you are now appealing the start date of your Essential Plan eligibility, insofar as it began on May 1, 2016 and not January 1, 2016.

- 2) You testified that, in early January 2016, you found out that your expected annual income was going to be approximately \$5,000.00 less than you had anticipated because you would no longer be working a part-time job.
- 3) You testified that you tried to contact NYSOH on January 11, 2016 to update the income amount in your NYSOH account.
- 4) You testified that the NYSOH representative that you spoke with on January 11, 2016 informed you that you had two NYSOH accounts and, because of this, they could not update the income in your account.
- 5) You testified that you do not know why there was a second account in your name. You further testified that you do not ever go online, and that you have only ever updated your NYSOH application over the phone with a NYSOH representative.
- 6) You testified that you kept calling NYSOH to update the income information in your NYSOH account, but continued to be told that your account could not be updated because there were two active accounts.
- 7) The record reflects that, on March 15, 2016, someone from NYSOH made updates to your account that included changing your application to state that you did not need health insurance. The “Events” tab in your NYSOH account indicates that this update was initiated by a NYSOH representative, and that it was done without your presence on the phone.
- 8) The record reflects that NYSOH account number [REDACTED] was made inactive by a NYSOH representative on March 30, 2016.
- 9) The record reflects that, on that same day, someone from NYSOH updated your NYSOH account, using the same income information that you provided in your December 1, 2015 application. The “Events” tab in your NYSOH account indicates that this update was initiated by a NYSOH representative, and that it was done without your presence on the phone.
- 10) The record reflects that NYSOH recorded complaints regarding the fact that you had two accounts, and that one needed to be made inactive, on the following dates:
 - a. December 10, 2015; [REDACTED]; “Bad account active;”
 - b. January 7, 2016; [REDACTED]; “The wrong account was made active;”
 - c. March 15, 2016; [REDACTED]; “Wrong Account Made Inactive.”

- 11) The record reflects that you updated your NYSOH application on April 7, 2016, and that you changed your expected annual income from \$24,000.00 to \$20,000.00 on that day, which resulted in a finding that you were eligible for coverage through the Essential Plan, effective May 1, 2016.
- 12) The record reflects that, on April 7, 2016, in an incident with [REDACTED], a NYSOH representative indicated that you were no longer appealing the March 31, 2016 disenrollment, but that you were now appealing because you wanted your Essential Plan eligibility and coverage to be backdated to February 1, 2016.
- 13) During the hearing, you requested that your eligibility for January 2016 also be reviewed.
- 14) You testified that you paid premiums for your silver level qualified health plan for January, February, March, and April of 2016, but that you never used the coverage.

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

Applicable Law and Regulations

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 is whether NYSOH properly determined that your enrollment in the Essential Plan was effective May 1, 2016.

You testified, and the record indicates, that you were able to update the income in your NYSOH application on April 7, 2016. As a result, you were found eligible for the Essential Plan as of May 1, 2016, and enrolled into a plan 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.

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

However, you credibly testified that you contacted NYSOH on January 11, 2016 because you realized that your annual income would be lower than you had anticipated when you updated your account in December 2015. You also credibly testified that the NYSOH representative that you spoke with on January 11, 2016 informed you that your account could not be updated because you had two active accounts with NYSOH. The record contains several complaints between the months of December 2015 and March 2016, as noted above, regarding the fact that you had two active NYSOH accounts, and that one needed to be made inactive.

Moreover, the record indicates that NYSOH mistakenly made your primary account inactive on March 15, 2016, which caused the March 16, 2016 disenrollment notice to be issued, and which further delayed your ability to update the information in your NYSOH account. NYSOH also updated your application on March 30, 2016 without your input, using the income information from your December 2015 application, which caused you to again be found eligible for tax credits and cost-sharing reductions.

You were first able to update the income in your NYSOH account on April 7, 2016, therefore, based on your testimony, we must assume that this is the information you would have used if you had been able to update your account on January 11, 2016. Therefore, you would have been eligible for Essential Plan coverage effective February 1, 2016. You would not have been eligible for the Essential Plan in January 2016 because, by your own admission, you did not

contact NYSOH to update your income information until January 11, 2016. This is past the December 15, 2015 deadline for a January 1, 2016 effective date.

Therefore, the April 8, 2016 eligibility determination and enrollment confirmation notices are MODIFIED to state that your eligibility for, and enrollment in, your Essential Plan coverage began on February 1, 2016.

You are responsible for any premium payments due.

Your case is RETURNED to NYSOH to facilitate your enrollment in your Essential Plan coverage as of February 1, 2016.

Decision

The April 8, 2016 eligibility determination is MODIFIED to state that you were eligible for the Essential Plan, effective February 1, 2016.

The April 8, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Essential Plan coverage began on February 1, 2016.

Your case is RETURNED to NYSOH to facilitate your enrollment in your Essential Plan coverage as of February 1, 2016.

Effective Date of this Decision: October 14, 2016

How this Decision Affects Your Eligibility

Your eligibility for, and enrollment in, Essential Plan coverage should have been started on February 1, 2016.

Your case is being returned to NYSOH to facilitate your enrollment in your Essential Plan coverage beginning February 1, 2016.

You are responsible for any premium payments due for your Essential Plan 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.

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).

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 April 8, 2016 eligibility determination is MODIFIED to state that you were eligible for the Essential Plan, effective February 1, 2016.

The April 8, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Essential Plan coverage began on February 1, 2016.

Your case is RETURNED to NYSOH to facilitate your enrollment in your Essential Plan coverage as of February 1, 2016.

Your eligibility for, and enrollment in, Essential Plan coverage should have been started on February 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 being returned to NYSOH to facilitate your enrollment in your Essential Plan coverage beginning February 1, 2016.

You are responsible for any premium payments due for your Essential Plan coverage.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

