



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

Notice of Decision

Decision Date: October 31, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008444

[REDACTED]

Dear [REDACTED]

On October 11, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 23, 2016 enrollment confirmation 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).

This page intentionally left blank.



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

Decision

Decision Date: October 31, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008444

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly disenroll you from your Essential Plan for non-payment of premium effective January 31, 2016?

Did NY State of Health properly determine that your enrollment in an Essential Plan was effective May 1, 2016?

Procedural History

On December 6, 2015, NYSOH issued a notice of eligibility determination, based on your December 1, 2015 application, stating that you were eligible to enroll in the Essential Plan, effective January 1, 2016. The determination was based on your attested household income of \$20,000.00.

Also on December 6, 2015, NYSOH issued a notice of enrollment, based on your plan selection on December 1, 2015, stating that you were enrolled in an Essential Plan, and that your plan would start January 1, 2016.

On March 16, 2016, a disenrollment notice was issued terminating your Essential Plan effective January 31, 2016. The notice stated this was because a premium payment was not received.

On March 23, 2016, an enrollment confirmation notice was issued based on your plan selection on March 22, 2016. The notice stated your Essential Plan would begin May 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).

On March 30, 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 February 1, 2016.

On October 11, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and kept open 15 days for you to provide your household gross income for the month of February, 2016. NYSOH did not receive the requested documentation within the time provided, and therefore will not be included as part of the record.

Findings of Fact

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

- 1) You submitted an application to NYSOH for financial assistance on December 1, 2015.
- 2) You testified, and the record reflects, that you enrolled in an Essential Plan on December 1, 2015.
- 3) You testified and the record reflects you were cancelled for non-payment of premium effective January 31, 2016.
- 4) You testified that you did not realize you were disenrolled from your health plan until you had tried to make an appointment with your physical therapy doctor.
- 5) The record supports you explained to a NYSOH representative that you were traveling out of the country and missed your premium payment to your health plan. See Incident # [REDACTED].
- 6) You testified you contacted NYSOH on March 22, 2016, to see if you could re-enroll in the Essential Plan. A NYSOH representative enrolled you in a plan that day.
- 7) You testified that you wanted your enrollment in an Essential Plan to begin on February 1, 2016, because you have outstanding medical bills for the months of February, March, and April 2016.

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

Applicable Law and Regulations

Appealable Issues

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

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 is whether NYSOH properly disenrolled you from your Essential Plan for non-payment of premium effective January 31, 2016.

You testified and the record reflects you were cancelled for non-payment of premium effective January 31, 2016. You explained to a NYSOH representative that you were traveling out of the country and missed your premium payment to your health plan. During your hearing you confirmed this was why you missed your premium payment.

This issue relates to payment of premiums to qualified health plan issuers which is not an issue that the NY State of Health Appeals Unit is authorized to address.

Therefore, we are **DISMISSING** your appeal on the basis of termination from your Essential Plan for non-payment of premium effective January 31, 2016.

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

You testified that you did not realize you were disenrolled from your health plan until you had tried to make an appointment with your physical therapy doctor.

You then updated your NYSOH application on March 22, 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.

Since you selected an Essential Plan and re-enrolled on March 22, 2016, your enrollment properly took effect on the first day of the second month following March; that is, on May 1, 2016.

Therefore, the March 23, 2016, enrollment confirmation notice stating that your enrollment in the Essential Plan was effective May 1, 2016, is correct and must be **AFFIRMED**.

Decision

Your appeal on the issue of disenrollment for non-payment of premium is **DISMISSED**.

The March 23, 2016, enrollment confirmation notice is **AFFIRMED**.

Effective Date of this Decision: October 31, 2016

How this Decision Affects Your Eligibility

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).

This decision does not change your eligibility.

The effective date of your Essential Health Plan is May 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
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

Your appeal on the issue of disenrollment for non-payment of premium is **DISMISSED**.

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).

March 23, 2016, enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Health Plan is May 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:

