



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

Notice of Decision

Decision Date: January 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008489

[REDACTED]

[REDACTED]

On December 6, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 19, 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).

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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

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 November 24, 2015, NYSOH issued a notice of eligibility determination, based on your November 18, 2015 application, stating that you were eligible to enroll in the Essential Plan, effective January 1, 2016.

On November 25, 2015, NYSOH issued a notice of enrollment, based on your plan selection on November 18, 2015, stating that you were enrolled in an Essential Plan with a \$20.00 premium, and that your plan would start January 1, 2016.

On March 16, 2016, a disenrollment notice was issued terminating your enrollment in your Essential Plan effective January 31, 2016. The notice stated this was because a premium payment had not been received by your health plan.

On March 19, 2016, NYSOH issued a notice of enrollment, based on your plan selection on March 18, 2016, stating that you were enrolled in an Essential Plan, and that your plan would start May 1, 2016.

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On March 30, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential insofar as it did not begin February 1, 2016.

On December 6, 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 provide e-mails which were sent to you by your health plan stating your enrollment was completed and that you could backdate your coverage. On December 20, 2016, NYSOH received three uploaded documents consisting of a billing statements, and a letter from your health insurance provider stating they had not received your premium payment. The documents were incorporated into the record and marked as [REDACTED]

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 November 18, 2015.
- 2) The record supports you were disenrolled from your Essential Plan effective January 31, 2016, for nonpayment of premium to your health plan.
- 3) You testified, and the record reflects, that you enrolled in an Essential Plan on March 19, 2016.
- 4) You testified that you wanted your enrollment in an Essential Plan to begin on February 1, 2016, because you had medical costs not covered during your gap in coverage in February, March, and April, 2016.
- 5) You testified that you paid \$40.00 toward your premium responsibility to your health plan in January, 2016.
- 6) You testified you did not receive a bill from your health plan for February, 2016.
- 7) You testified you do remember receiving a bill for \$40.00 from your health plan in March, 2016.
- 8) You contacted NYSOH on March 18, 2016 to reenroll into the Essential Plan.

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

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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 Disenrollment Procedures for Non-Payment of Premium

NYSOH assures that it is providing a minimum grace period of 30 days for the payment of any required premium prior to disenrollment and that it complies with reenrollment standards. (New York's Basic Health Plan Blueprint, p.32, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

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

The record reflects that you were enrolled in an Essential Plan with a \$20.00 premium effective January 1, 2016

On March 16, 2016, a notice of dis-enrollment was issued stating that your coverage was terminated effective January 31, 2016. The notice explained this was because premium payments had not been received by the insurer.

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

Therefore, we are **DISMISSING** your appeal on the basis of termination of your Essential Plan for non-payment of premiums as stated in the March 16, 2016 disenrollment notice.

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

The record indicates, that you updated your NYSOH application on March 18, 2016 and reenrolled into an Essential Plan.

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 March 18, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following March; that is, on May 1, 2016.

Therefore, the March 19, 2016, enrollment confirmation notice stating that your enrollment in the Essential Plan was effective May 1, 2016, is correct and must be **AFFIRMED**.

Decision

The March 19, 2016 enrollment confirmation notice is **AFFIRMED**.

Effective Date of this Decision: January 6, 2017

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).

How this Decision Affects 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:
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P.O. Box 11729
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- By fax: 1-855-900-5557

Summary

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The March 19, 2016 enrollment confirmation notice is AFFIRMED.

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:

