



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

Notice of Decision

Decision Date: November 4, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008946

[REDACTED]

Dear [REDACTED]

On November 1, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's April 13, 2016 disenrollment notice and April 19, 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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NY State of Health Account ID: [REDACTED]
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Issues

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

Does NY State of Health (NYSOH) have the authority to review your disenrollment from the Essential Plan due to non-payment of premiums?

Did NYSOH properly determine that your enrollment in an Essential Plan was effective June 1, 2016, rather than April 1, 2016?

Procedural History

On January 1, 2016, NYSOH issued an eligibility determination notice based on the information contained in the December 31, 2015 application. The notice stated that that you and your spouse were eligible to enroll in the Essential Plan with a monthly premium of \$20.00 each, effective February 1, 2016.

Also on January 1, 2016, NYSOH issued a notice of enrollment confirming your selection of an Essential Plan with both dental and vision coverage as of December 31, 2015 for a monthly premium of \$46.43. The notice further stated that your coverage could begin as soon as February 1, 2016, provided that you premium payment was timely received.

On April 13, 2016, NYSOH issued a disenrollment notice stating that your Essential Plan coverage was terminated effective March 31, 2016 due to non-payment of premiums.

On April 19, 2016, NYSOH issued a notice of enrollment confirming your selection of an Essential Plan with both dental and vision coverage as of April 18, 2016 for a monthly premium of \$46.43. The notice further stated that your coverage could begin as soon as June 1, 2016. You spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential insofar as it began effective June 1, 2016, rather than April 1, 2016.

On November 1, 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 and your spouse enrolled in an Essential Plan with both dental and vision coverage on December 31, 2015. The monthly premium for such coverage was \$46.43 for each person. Your Essential Plan coverage began as of February 1, 2016.
- 2) You testified that the insurance carrier for your Essential Plan erroneously applied a payment you made for yourself to your spouse's account.
- 3) You were disenrolled from your Essential Plan effective March 31, 2016 for non-payment of premiums.
- 4) You testified, and the record reflects, that you reenrolled in an Essential Plan with vision and dental coverage on April 18, 2016.
- 5) You testified that you wanted your enrollment in the Essential Plan to begin on April 1, 2016, rather than June 1, 2016, because you had incurred out-of-pocket costs associated with your medical care between April 1, 2016 and May 31, 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: (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

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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, and (5) a denial of a request to vacate dismissal made by the NYSOH Appeals Unit (45 CFR § 155.505).

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 under review is whether the NYSOH has the authority to review your disenrollment from the Essential Plan due to non-payment of premiums.

On April 13, 2016, NYSOH issued a disenrollment notice stating that your coverage in your Essential Plan was terminated effective March 31, 2016 because of non-payment of premiums.

You testified that the insurance carrier for your Essential Plan erroneously applied a payment you made for yourself to your spouse's account. You further testified that as a result of this misapplication of your premium payment, you were disenrolled from your Essential Plan as of March 31, 2016. You testified that as a result of your disenrollment, you incurred out-of-pocket costs associated with your medical care between April 1, 2016 and May 31, 2016.

The NYSOH Appeals Unit only has the authority to review issues related to the following: (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

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notice of an eligibility determination, and (5) a denial of a request to vacate dismissal made by the NYSOH Appeals Unit.

Since the Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums, we cannot reach the merits as to whether or not you were properly terminated from your Essential Plan for non-payment of premiums. Therefore, your appeal of the April 13, 2016 disenrollment notice is **DISMISSED** as a non-appealable issue.

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

You testified, and the record indicates, that after having been disenrolled from the Essential Plan as of March 31, 2016, you reenrolled in the Essential Plan on April 18, 2016.

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

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

Decision

Your appeal of the April 13, 2016 disenrollment notice is **DISMISSED** as a non-appealable issue.

The April 19, 2016 notice of enrollment is **AFFIRMED**.

Effective Date of this Decision: November 4, 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 Plan as June 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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Summary

Your appeal of the April 13, 2016 disenrollment notice is **DISMISSED** as a non-appealable issue.

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The April 19, 2016 notice of enrollment is AFFIRMED.

This Decision does not change your eligibility.

The effective date of your Essential Plan as June 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:

