

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

Notice of Decision

Decision Date: November 25, 2016

NY State of Health Account ID:

Appeal Identification Number: AP00000009900



On November 16, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's May 13, 2016 disenrollment and May 26, 2016 enrollment confirmation notices.

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.



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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 dis-enroll you from your Essential Plan for non-payment of premium effective March 31, 2016?

Did NYSOH properly determine that your enrollment in an Essential Plan was effective July 1, 2016?

Procedural History

On October 23, 2015, NYSOH issued a notice stating it was time to renew your coverage for 2016. The notice stated that you were being enrolled into an Essential Plan, effective January 1, 2016, because the plan was similar to the previous coverage you had with the insurer. The notice also indicated that the plan had a monthly premium of \$20.00. Finally, the notice stated that you needed to make changes to your account by December 15, 2015 to be effective January 1, 2016.

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

On December 18, 2015, NYSOH issued a notice of enrollment stating that you were enrolled in an Essential Plan, and that your plan would start January 1, 2016.

On May 13, 2016, NYSOH issued a notice of dis-enrollment stating that your Essential Plan coverage was terminated effective March 31, 2016 because premium payments have not been received by the insurer.

On May 25, 2016, you contacted NYSOH and re-enrolled in an Essential Plan wherein you learned that the plan was not effective until July 1, 2016.

Also on May 25, 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 April 1, 2016.

On May 26, 2016, NYSOH issued a notice of enrollment relating to your plan selection on May 25, 2016, stating that you were enrolled in the Essential Plan, effective July 1, 2016.

On November 16, 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 supports the following findings of fact:

- 1) You testified that you do not recall receiving the October 23, 2015 notice from NYSOH stating that you were being enrolled into an Essential Plan for 2016, but you that you were made aware of your updated enrollment and premium responsibility by a NYSOH representative over the telephone.
- 2) The record reflects that you were enrolled in an Essential Plan with a \$20.00 monthly premium, effective January 1, 2016.
- 3) You testified that you made monthly premium payments in January, February and March 2016.
- 4) You testified that you did not make a premium payment in April 2016 because you were dealing with a family illness.
- 5) You testified that you called the insurer at the end of April, after the payment due date, wherein you attempted to make a payment, but was told it was too late and your payment could not be accepted.
- 6) The record reflects that you were dis-enrolled from your Essential Plan effective March 31, 2016.
- 7) The record reflects that you re-enrolled in an Essential Plan on May 25, 2016, with an effective date of July 1, 2016.

- 8) The record establishes that you were without insurance coverage through NYSOH for the months of April, May and June 2016.
- 9) You testified that you have outstanding medical bills from this time.
- 10) You testified that you wanted your enrollment in your Essential Plan to begin on April 1, 2016 because of extenuating circumstances including dealing with a family illness and the fact that you attempted to pay the April premium before the end of the month.

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 dis-enrolled you from your Essential Plan for non-payment of premium, effective March 31, 2016.

The record reflects that you were enrolled in an Essential Plan with a \$20.00 monthly premium, effective January 1, 2016. You testified that you do not recall receiving the October 23, 2015 notice from NYSOH stating that you were being enrolled into an Essential Plan for 2016, but you that you were made aware of your updated enrollment and premium responsibility by a NYSOH representative over the telephone.

You testified that you did not make a premium payment in April 2016 because you were dealing with a family illness. You testified that you called the insurer at the end of April, after the payment due date, wherein you attempted to make a payment, but was told it was too late and your payment could not be accepted.

On May 13, 2016, NYSOH issued a notice of dis-enrollment stating that your Essential Plan coverage was terminated effective March 31, 2016 because premium payments have 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 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 premiums stated in the May 13, 2016 disenrollment notice.

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

You testified, and the record reflects that after being terminated for non-payment of premium, you called NYSOH and re-enrolled in an Essential Plan on May 25, 2016 with a July 1, 2016 effective date.

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.

As discussed above, on May 25, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following May; that is, on July 1, 2016.

Therefore, the May 26, 2016 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective July 1, 2016, is correct and must be AFFIRMED.

Decision

Your appeal on the issue of disenrollment for non-payment of premium as stated in the May 13, 2016 disenrollment notice is DISMISSED.

The May 26, 2016 eligibility determination is AFFIRMED.

Effective Date of this Decision: November 25, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Essential Health Plan is July 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 as stated in the May 13, 2016 disenrollment notice is DISMISSED.

The May 26, 2016 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Health Plan is July 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:

