



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

Notice of Decision

Decision Date: February 15, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010258

[REDACTED]

Dear [REDACTED],

On January 3, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 15, 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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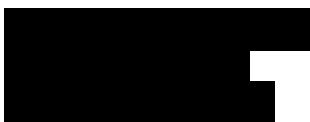


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Decision

Decision Date: February 15, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010258



Issue

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

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

Procedural History

According to your NYSOH account, you were enrolled in an Essential Plan 1 with MVP Health Care as of February 1, 2016.

On June 9, 2016, NYSOH issued a disenrollment notice that stated your insurance with MVP Health Care was termination, effective April 30, 2016, because premium payments had not been received by the health plan. The notice further stated that you must pay your premium responsibility within the required timeframe in order to maintain coverage.

On June 14, 2016, you spoke to NYSOH's Account Review Unit and appealed being disenrolled from your Essential Plan.

On June 15, 2016, NYSOH issued an enrollment notice confirming your plan selection on June 14, 2016 and your enrollment in the Essential Plan 1 with MVP Health Care, with a plan enrollment start date of February 1, 2016.

On July 21, 2016, NYSOH issued an enrollment notice confirming your enrollment selection on July 20, 2016 and your enrollment in the Essential Plan 1 with MVP Care, with a plan enrollment start date of September 1, 2016.

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On January 3, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open up to January 18, 2017 for you to submit documentary evidence to support your testimony.

Prior to this Decision being issued, your NYSOH account reflected that, on January 20, 2017, you faxed certain of the documents as directed, with a cover letter indicating that you had difficulty faxing your documents to the Appeals Unit so you were sending the documents in to NYSOH's facsimile line. These documents were viewable in your NYSOH account on January 31, 2017, and were made part of the record as "Appellant's Exhibit A." The record was closed that same day.

Findings of Fact

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

- 1) According to your NYSOH account, you were disenrolled from your Essential Plan, effective April 30, 2017, for nonpayment of premium.
- 2) You testified that your payment was late because you received the invoice, dated April 5, 2016, on April 12, 2016 with a due date of April 14, 2016.
- 3) You testified that the health plan would not accept payment of the April 2016 premium by the April 14, 2016 due date over the telephone, so you mailed it in.
- 4) You testified that you paid your May 2016 premium payment and possibly your June 2016 premium payment, too.
- 5) According to your documentary submissions and your testimony, you received treatment on June 3, 2016, as part of a regimen that had been pre-authorized on May 19, 2015, and for which you are now being held responsible to pay (see Appellant's Exhibit A, pp. 2-3).
- 6) You testified that, sometime later in June 2016, your May 2016 premium payment was returned by the health plan because you did not have a valid account number.
- 7) You testified that this was the first you heard that you had been disenrolled.
- 8) You testified that you talked to NYSOH on June 14, 2016, and they were willing to reinstate your coverage, but the health plan was not willing to go back to June 1, 2016.

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- 9) According to your NYSOH account, since you had updated your account and re-enrolled on June 14, 2016 for a July 1, 2016 start date, NYSOH honored that start date and overrode your September 1, 2016 enrollment start date to make it effective July 1, 2016.
- 10) You testified that you wanted your enrollment in an Essential Plan to begin on June 1, 2016 because you received treatment on June 3, 2016 that you need covered by insurance.

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 July 1, 2016 and not June 1, 2016.

You testified, and the record indicates, that you updated your NYSOH application on June 14, 2016. As a result, you should have been found eligible for the Essential Plan as of July 1, 2016. However, the June 15, 2016 enrollment notice incorrectly stated that you were enrolled as of February 1, 2016. This notice was inaccurate and a result of computer error, as the June 9, 2016 disenrollment

notice stated clearly that you were terminated for nonpayment of premiums as of April 1, 2016.

Also on June 14, 2016, you re-enrolled 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 June 14, 2016, you selected an Essential Plan, so your enrollment was properly corrected to take effect on the first day of the first month following June 2016; that is, on July 1, 2016.

Therefore, the June 15, 2016 enrollment notice confirming that your enrollment in the Essential Plan was effective February 1, 2016 is MODIFIED to state your enrollment star date is July 1, 2016.

Further, the July 21, 2016 enrollment notice confirming your enrollment started September 1, 2016 is rendered moot by the above-noted modification.

Lastly, since the issue of timely receipt of invoices from the health plan raised on appeal is not one that the Appeals Unit is authorized to address and, in part, concerns a health insurer and/or payment, reimbursement, coverage, benefits, rates and/or premiums, you can contact NY Department of Financial Services at their Consumer Hotline at (800) 342-3736 (Monday through Friday, 8:30 AM to 4:30 PM); or locally to (212) 480-6400; or you can file a complaint at <http://www.dfs.ny.gov/consumer/fileacomplaint.htm>

Decision

The June 15, 2016 enrollment notice confirming that your enrollment in the Essential Plan was effective February 1, 2016 is MODIFIED to state your enrollment star date is July 1, 2016.

The July 21, 2016 enrollment notice confirming your enrollment started September 1, 2016 is rendered moot by the above-noted modification.

Effective Date of this Decision: February 15, 2017

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 re-enrollment into the Essential Health Plan you selected on June 14, 2016 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
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Summary

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The June 15, 2016 enrollment notice confirming that your enrollment in the Essential Plan was effective February 1, 2016 is MODIFIED to state your enrollment start date is July 1, 2016.

The July 21, 2016 enrollment notice confirming your enrollment started September 1, 2016 is rendered moot by the above-noted modification.

This decision does not change your eligibility.

The effective date of your re-enrollment into the Essential Health Plan you selected on June 14, 2016 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:

