



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

Notice of Decision

Decision Date: January 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010370

[REDACTED]

[REDACTED],

On January 4, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 17, 2016 eligibility determination and June 19, 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.

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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Decision

Decision Date: January 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010370

[REDACTED]

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 eligibility for, and enrollment in, an Essential Plan was effective August 1, 2016?

Procedural History

On March 21, 2016, you updated your NYSOH account.

On March 22, 2016, NYSOH issued a notice stating that your March 21, 2016 application was reviewed, but that more information was needed to make a determination regarding your eligibility for health insurance. The notice further directed you to submit documentation of your income by April 6, 2016.

On May 11, 2016, you updated your NYSOH account.

On May 12, 2016, NYSOH issued a notice stating that your May 11, 2016 application had been reviewed, but that more information was needed to make a determination regarding your eligibility for health insurance. The notice further directed you to submit documentation of your income by May 27, 2016.

On May 13, 2016, you uploaded documentation to your NYSOH account.

On May 17, 2016, NYSOH issued a notice stating that the documentation you submitted had been reviewed, but that it was not sufficient to resolve the request

for proof of your income. The notice directed you to submit documentation of your income.

On May 27, 2016, you uploaded documentation to your NYSOH account.

On June 16, 2016, NYSOH verified your documentation and redetermined your eligibility.

On June 17, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective August 1, 2016.

On June 19, 2016, NYSOH issued a notice of enrollment confirmation confirming your June 18, 2016 plan selection, and informing you that your Essential Plan enrollment would begin on August 1, 2016.

On June 20, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your eligibility for, and enrollment in, the Essential Plan, insofar as they did not begin February 1, 2016.

On January 4, 2017 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 were previously enrolled in a qualified health plan, and that enrollment was cancelled effective February 1, 2016 for nonpayment of premiums, per a March 9, 2016 notice issued by NYSOH.
- 2) After you were disenrolled from your qualified health plan, you updated your NYSOH application on March 21, 2016 and requested financial assistance.
- 3) You testified that you were in the hospital from sometime in March 2016 until sometime in April 2016, and that you did not work during that period.
- 4) You testified that you were not able to provide income documentation that NYSOH was looking for until later in May 2016 because you were not working in March 2016, and you had to wait until you had four weeks' worth of paystubs to provide.

- 5) Your NYSOH account reflects that you uploaded one paystub dated May 13, 2016 to your NYSOH account on May 13, 2016 (Document [REDACTED]).
- 6) Your NYSOH account reflects that you uploaded a second paystub dated May 27, 2016 to your NYSOH account on May 27, 2016 (Document [REDACTED]).
- 7) NYSOH did not verify these paystubs until June 16, 2016.
- 8) You were found eligible for the Essential Plan, based on an expected annual income of \$23,369.06, effective August 1, 2016.
- 9) Your NYSOH account reflects that you selected an Essential Plan on June 18, 2016, and your coverage through that plan began on August 1, 2016.
- 10) You testified that you are looking for your Essential Plan coverage to be made retroactive to February 1, 2016 because you have unpaid medical bills.

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, 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>).

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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 under review is whether NYSOH properly determined that your eligibility for, and enrollment in, the Essential Plan were effective August 1, 2016.

You testified that you filed this appeal because you are looking for coverage retroactive to February 1, 2016. Your NYSOH account reflects that you were cancelled from coverage in a qualified health plan on March 9, 2016, effective February 1, 2016.

The New York State of Health 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 notice of an eligibility determination and (5) a denial of a for a special enrollment period.

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 health plan for nonpayment of premiums. Likewise, we therefore lack the authority to make a determination that you should be placed back into the plan from which you were terminated for nonpayment of premiums.

Therefore, the Appeals Unit is limited to reviewing your eligibility after your March 21, 2016 application.

Your NYSOH account reflects that you updated your application on March 21, 2016, and on March 22, 2016, NYSOH issued a notice asking you to provide documentation of your income. You testified that it took you some time to collect four weeks' worth of paystubs to submit to NYSOH because you were out of work for a while. The record reflects that you submitted one biweekly paystub on May 13, 2016, and one on May 27, 2016.

After these paystubs were submitted, NYSOH did not verify these documents and run your eligibility until June 16, 2016. Due to this delay, you were not able to select a plan until June 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 June 19, 2016, you selected an Essential Plan, so your enrollment took effect on the first day of the second month following June 2016; that is, on August 1, 2016.

However, your application was complete as of May 27, 2016. Had NYSOH verified your documentation more expeditiously, you could have been found eligible for the Essential Plan in time to select a plan for July 1, 2016.

Therefore, the June 17, 2016 eligibility determination and June 19, 2016 enrollment confirmation notices are MODIFIED to state that your eligibility for, and enrollment in, your Essential Plan coverage was effective July 1, 2016.

Your case is RETURNED to NYSOH to facilitate the backdating of your Essential Plan coverage to July 1, 2016.

Decision

The June 17, 2016 eligibility determination and enrollment confirmation notices are MODIFIED to state that your eligibility for, and enrollment in, your Essential Plan coverage was effective as of July 1, 2016.

Your case is RETURNED to NYSOH to facilitate the backdating of your Essential plan eligibility and enrollment to July 1, 2016.

Effective Date of this Decision: January 18, 2017

How this Decision Affects Your Eligibility

NYSOH cannot review the issue of the cancellation of your coverage as of February 1, 2016 for nonpayment of your premium.

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).

The effective date of your Essential Health Plan eligibility and enrollment should have been July 1, 2016, based on the date that your application was complete.

Your case is being sent back to NYSOH to backdate your Essential Plan coverage and enrollment to 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:
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Summary

The June 17, 2016 eligibility determination and enrollment confirmation notices are MODIFIED to state that your eligibility for, and enrollment in, your Essential Plan coverage was effective as of July 1, 2016.

Your case is RETURNED to NYSOH to facilitate the backdating of your Essential plan eligibility and enrollment to July 1, 2016.

NYSOH cannot review the issue of the cancellation of your coverage as of February 1, 2016 for nonpayment of your premium.

The effective date of your Essential Health Plan eligibility and enrollment should have been July 1, 2016, based on the date that your application was complete.

Your case is being sent back to NYSOH to backdate your Essential Plan coverage and enrollment to 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:

