



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

Notice of Decision

Decision Date: December 19, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010505

[REDACTED]

Dear [REDACTED],

On December 13, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's June 18, 2016 cancellation notice and June 25, 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010505

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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 terminate your enrollment in your Essential Plan effective June 1, 2016 because of non-payment of premiums?

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

Procedural History

On April 22, 2016, NYSOH issued a notice of eligibility determination, based on your April 21, 2016 application, stating that you were eligible to enroll in the Essential Plan, effective June 1, 2016.

On April 28, 2016, NYSOH issued a notice of enrollment, based on your plan selection on April 21, 2016, stating that you were enrolled in an Essential Plan, and that your plan would start June 1, 2016.

On June 18, 2016, NYSOH issued a cancellation notice advising that your enrollment in your Essential Plan was cancelled, effective June 1, 2016, because a premium payment had not yet been received by your Essential Plan.

On June 24, 2016, you contacted NYSOH and reenrolled into your Essential Plan.

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Also on June 24, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of that preliminary determination insofar as your reenrollment in the Essential Plan did not begin June 1, 2016.

On June 25, 2016, NYSOH issued a notice of enrollment, based on your plan selection on June 24, 2016, stating that you were reenrolled in an Essential Plan, and that your plan would start August 1, 2016.

On December 13, 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 submitted an application to NYSOH for financial assistance on April 1, 2016.
- 2) The record reflects, that you enrolled in an Essential Plan on April 21, 2016.
- 3) You testified that you tried several times to make your initial payment to begin your Essential Plan, however the payment would not go through the on-line system. You testified that your payment finally went through on the third day, but by that point your payment was late.
- 4) You testified that you became aware that you were disenrolled from your plan when you received the letter from NYSOH advising you that your enrollment was cancelled.
- 5) The record reflects that you contacted NYSOH to reenroll in an Essential Plan on June 24, 2016.
- 6) You testified that you wanted your enrollment in an Essential Plan to begin on June 1, 2016 because you have medical bills for June and July of 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 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 NY State of Health 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 NYSOH properly terminated your and enrollment in your Essential Plan effective June 1, 2016 because of non-payment of premiums.

The record indicates that you enrolled into your Essential Plan effective June 1, 2016. You testified that you made your first payment to this plan but it was untimely because of issues you were having with payment system.

On June 18, 2016, NYSOH issued a cancellation notice stating that your coverage with your Essential Plan had been cancelled effective June 1, 2016 because a premium payment was not received by your plan within the required time frame.

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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 request to vacate dismissal made by the New York State of Health 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 June 18, 2016 cancellation notice is DISMISSED as a non-appealable issue.

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

The record indicates, that you selected an Essential Plan for reenrollment on June 24, 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 24, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following June; that is, on August 1, 2016.

Therefore, the June 25, 2016 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective August 1, 2016, is correct and must be AFFIRMED.

Decision

Your appeal of the June 18, 2016 cancellation notice is DISMISSED.

The June 25, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: December 19, 2016

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

This decision does not change your eligibility.

The effective date of your Essential Health Plan is August 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

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Summary

Your appeal of the June 18, 2016 cancellation notice is DISMISSED.

The June 25, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Health Plan is August 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:

