



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

Notice of Decision

Decision Date: January 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010542

[REDACTED]

[REDACTED],

On December 9, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's June 28, 2016 eligibility determination 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: AP000000010542

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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 qualified health plan effective March 31, 2016 because of non-payment of premiums?

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

Procedural History

On February 4, 2016, NYSOH issued an eligibility determination notice, based on your February 3, 2016 initial application, stating that you were eligible to enroll in the Essential Plan, effective March 1, 2016.

Also on February 4, 2016, NYSOH issued an enrollment confirmation notice, based on your February 3, 2016 plan selection, stating that you were enrolled in an Essential Plan with a premium of \$46.56 per month, effective March 1, 2016. That notice also stated you must pay your monthly premium to start and keep your coverage.

On March 10, 2016, NYSOH issued an enrollment confirmation notice, based on a March 9, 2016 system update, confirming that you were enrolled in an Essential Plan with a premium of \$46.56 per month, effective March 1, 2016. That notice also stated you must pay your monthly premium to start and keep your coverage.

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On March 29, 2016, NYSOH issued an enrollment confirmation notice, based on your March 28, 2016 updated application, confirming that you were enrolled in an Essential Plan with a premium of \$46.56 per month, effective March 1, 2016. That notice also stated you must pay your monthly premium to start and keep your coverage.

On May 31, 2016, NYSOH issued a disenrollment notice stating your Essential Plan coverage was cancelled effective March 31, 2016, because a premium payment had not been received by the health plan. That notice directed you to contact your plan directly if you believed you made your premium payment(s) within the required timeframe.

On June 7, 2016, NYSOH issued an enrollment confirmation notice, based on your June 6, 2016 updated application, stating that you were enrolled in an Essential Plan with a premium of \$46.56 per month, effective July 1, 2016. That notice also stated you must pay your monthly premium to start and keep your coverage.

On June 27, 2016, NYSOH received your updated application for health insurance. That day, a preliminary eligibility determination was made finding you eligible to enroll in the Essential Plan with a premium on \$46.56 per month, effective August 1, 2016.

Also on June 27, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal of that eligibility determination insofar as your Essential Plan started on August 1, 2016 and not April 1, 2016.

On June 28, 2016, NYSOH issued a notice of eligibility determination, based on your June 27, 2016 updated application, stating that you were eligible to enroll in the Essential Plan, effective August 1, 2016.

Also on June 28, 2016, NYSOH issued a second notice of eligibility determination, based on your June 27, 2016 updated application, stating that you were ineligible for help with paying medical bills for May 1, 2016 through May 31, 2016. This is because the program you are eligible for cannot pay for any care you received in the past.

Also on June 28, 2016 NYSOH issued a notice of enrollment, based on your plan selection on June 27, 2016, stating that you were enrolled in an Essential Plan, and that your plan would start August 1, 2016.

On December 9, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was held open for 15 days for you to submit proof of premium payment. You submitted bank records on December 21, 2016,

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which were made part of the record as Appellant's Exhibit A and the record was closed on that day.

Findings of Fact

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

- 1) You submitted an application to NYSOH for financial assistance on February 3, 2016.
- 2) On February 4, 2016, NYSOH issued an enrollment confirmation notice confirming you were enrolled in a health plan effective March 1, 2016. That notice further stated you must pay your monthly premium to start and keep your coverage.
- 3) You testified that you made your first premium payment of about \$90.00 for the months of March 2016 and April 2016 by telephone while you were in the hospital.
- 4) You further testified that you missed the initial payment, however that payment was accepted late by the health plan by telephone because there an inconsistency in your mailing address.
- 5) On December 21, 2016, you submitted a bank statement showing the following payments made to Healthfirst, your Essential Plan provider:
 - a) Payment of \$45.56 made on March 11, 2016; and
 - b) Payment of \$93.12 made on May 24, 2016

(see Appellant's Exhibit A).
- 6) On May 31, 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.
- 7) You testified that you called the health plan and they denied reinstatement of your coverage and advised you to contact NYSOH.
- 8) You testified that you wanted your enrollment in an Essential Plan to begin on April 1, 2016 because you sought treatment at a hospital in [REDACTED] and were not aware you did not have coverage.

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 the Appeals Unit of NYSOH: (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, and (4) a failure by NYSOH to provide timely notice of an eligibility determination (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 enrollment in your qualified health plan effective March 31, 2016 because of non-payment of premiums.

The record indicates you were enrolled in an Essential Plan, effective March 1, 2016, as stated in the February 4, 2016 enrollment confirmation notice issued by NYSOH. That notice also stated you must pay your monthly premium to start and keep your coverage.

You testified that you made your first premium payment of about \$90.00 by telephone while you were in the hospital for the months of March 2016 and April

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2016. You further testified that you missed the initial payment; however, that payment was accepted late by the health plan by telephone because there was an inconsistency in your mailing address.

On December 21, 2016, you submitted a bank statement showing that you made the initial payment of \$46.56 to Healthfirst on March 11, 2016. This is consistent with your testimony that Healthfirst accepted your initial payment late. However, it is inconsistent with your testimony that you made two payments for March 2016 and April 2016 on that date. You did, however, submit proof of a payment of \$93.12 made on May 24, 2016 (see Appellant's Exhibit A).

Therefore, the record indicates that you did in fact make the March 2016 payment and it was accepted by your health plan on March 11, 2016. However, since you did not make your premium payments for April 2016 until May 24, 2016, it resulted in a termination of your Essential Plan effective March 31, 2016. Further, you testified that when you contacted your health plan they denied you reinstatement in your Essential Plan and advised you to contact NYSOH.

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, and (4) a failure by the Exchange to provide timely notice of an eligibility determination.

Since the Appeals Unit is not given the authority to review start date issues due to non-payment of premiums, we cannot reach the merits as to whether you were properly terminated from your Essential Plan for non-payment of premiums. Therefore, your appeal of your Essential Plan termination date is DISMISSED as a non-appealable issue.

Therefore the sole remaining issue is whether NYSOH properly determined that your enrollment in the Essential Plan was effective August 1, 2016.

According to your NYSOH account and your testimony, you updated your NYSOH application on June 27, 2016. As a result, you were found eligible for the Essential Plan as of August 1, 2016. You also enrolled into a plan On June 27, 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 27, 2016, you completed your application for health insurance and selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following June 2016; that is, on August 1, 2016.

Therefore, the June 28, 2016 eligibility determination notice stating that your enrollment in the Essential Plan was effective August 1, 2016, is correct and must be AFFIRMED.

Decision

Your appeal of your disenrollment for non-payment of premium is DISMISSED as a non-appealable issue.

The June 28, 2016 eligibility determination is AFFIRMED.

Effective Date of this Decision: January 17, 2017

How this Decision Affects Your Eligibility

The NYSOH Appeals Unit does not have the authority to review whether you were properly disenrolled for non-payment of your Essential Plan premium.

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:
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- By fax: 1-855-900-5557

Summary

Your appeal of your Essential Plan disenrollment for non-payment of premium is DISMISSED as a non-appealable issue.

The June 28, 2016 eligibility determination 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:

