



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

Notice of Decision

Notice Date: January 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011680

[REDACTED]

Dear [REDACTED],

On December 19, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 5, 2015 enrollment 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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Decision

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011680

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Issue

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

Was the December 5, 2015 enrollment notice subject to appeal as of August 25, 2016?

Procedural History

On December 31, 2014, NY State of Health (NYSOH) received your application for health insurance.

On January 1, 2015, NYSOH issued an eligibility determination notice based on the information contained in the December 31, 2014 application. The notice stated that you were eligible for Medicaid, effective December 1, 2014. You enrolled in a Medicaid Managed Care (MMC) plan shortly thereafter.

On September 16, 2015, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH found that you qualified for an advance premium tax credit (APTC) of up to \$267.03 per month and, if you selected a silver-level plan, cost sharing reductions (CSR), effective December 1, 2015. The notice advised you to select a plan as soon as possible since NYSOH could not reenroll you in your current health plan. The notice also stated that if you did not agree with the determination, you needed to make changed to your account between October 16, 2015 and November 15, 2015 for your new plan to be effective December 1, 2015.

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On November 22, 2015, NYSOH issued a disenrollment notice stating that your MMC plan coverage would end effective November 30, 2015.

On November 30, 2015, NYSOH received an update to your application for health insurance.

On December 5, 2015, NYSOH issued an eligibility redetermination notice based on the information contained in the November 30, 2015 application. It stated that you were eligible for Medicaid, effective December 1, 2015.

Also on December 5, 2015, NYSOH issue an enrollment notice confirming your MMC plan selection as of November 30, 2015. The notice stated that your MMC plan coverage would resume January 1, 2016.

On August 25, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of the December 5, 2015 enrollment notice insofar as you were seeking for your MMC plan coverage to begin no later than December 1, 2015

On December 19, 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) On December 31, 2014, you were found eligible for Medicaid, effective December 1, 2014.
- 2) You enrolled in an MMC plan effective January 1, 2015.
- 3) On September 16, 2015, NYSOH issued a renewal notice finding you eligible for an APTC of up to \$267.03 per month and, if you selected a silver-level plan, CSR, effective December 1, 2015.
- 4) You were disenrolled from your MMC plan, effective November 30, 2015.
- 5) You revised your application on November 30, 2015, and were found eligible for Medicaid, effective December 1, 2015. You reenrolled in the MMC on November 30, 2015 and your coverage under that plan resumed effective January 1, 2016.
- 6) You testified, and the record reflects, that you first contacted NYSOH on or about August 25, 2016 to request an appeal of your MMC plan start

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date. You further testified that you delayed your request for an appeal, in part, due to determining with your provider on why your plan was cancelled.

- 7) You testified that you were seeking to have your MMC plan begin as of December 1, 2015 since you had incurred approximately \$600.00 in out-of-pocket medical expenses.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Valid Appeal Requests

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)).

Individual applicants and enrollees must request a hearing within 60 days of the date of their notice of eligibility determination by NYSOH (45 CFR § 155.520(b)(2); 18 NYCRR § 358-3.5(b)(1)).

Legal Analysis

The only issue under review is whether your appeal of NYSOH's December 5, 2015 enrollment notice was timely.

On December 5, 2015, NYSOH issued an enrollment notice confirming your selection of an MMC plan as of November 30, 2015. This notice stated that your MMC plan would begin effective January 1, 2016.

The record reflects that the first time you called NYSOH to file a complaint in regards to your MMC plan enrollment start date was on August 25, 2016.

Individual applicants and enrollees must request a hearing within 60 days of the date of their notice of eligibility determination by NYSOH.

For an appeal to have been valid on the issue of your MMC plan enrollment start date, as stated in the December 5, 2015 enrollment notice, an appeal should have been filed by February 3, 2016. According to the credible evidence in the record, you did not contact NYSOH until August 25, 2016 to make a formal complaint in connection with your MMC plan enrollment start date, which is well beyond 60 days from the December 5, 2015 enrollment notice. You testified that it was not until July or August when you realized, after consultation with your provider, why your claim for \$600.00 in medical services had been rejected. The record reflects, however, that you took no steps to challenge the findings contained in the December 5, 2015 enrollment notice on or before February 3, 2016, which was the 60 deadline to appeal that determination.

Therefore, there has been no timely appeal of the December 5, 2015 enrollment notice, and your appeal on the issue of your MMC plan enrollment start date is DISMISSED.

Decision

Your appeal of the December 5, 2015 enrollment notice is untimely and is DISMISSED.

Effective Date of this Decision: January 12, 2017

How this Decision Affects Your Eligibility

Your eligibility has not changed.

Your MMC plan coverage began as of January 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

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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 of the December 5, 2015 enrollment notice is untimely and is DISMISSED.

Your eligibility has not changed.

Your MMC plan coverage began as of January 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:

