



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

Notice of Decision

Decision Date: March 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013073

[REDACTED]

Dear [REDACTED],

On February 17, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 5, 2016 eligibility determination and disenrollment 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 NY State of Health 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: March 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013073

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly disenroll you from your Essential Plan effective July 31, 2016 because you were enrolled in third-party health insurance (TPHI)?

Procedural History

On January 14, 2016, NYSOH issued an eligibility determination stating that you were eligible to enroll in the Essential Plan, effective February 1, 2016.

On January 16, 2016, NYSOH issued an enrollment confirmation notice, based on your plan selection on January 15, 2016, stating that your plan enrollment start date was February 1, 2016.

On July 4, 2016, NYSOH redetermined your eligibility.

On July 5, 2016, NYSOH issued an eligibility determination notice stating that you did not qualify for financial assistance or to purchase a qualified health plan at full cost through NYSOH because sources showed that you were receiving TPHI. The notice stated that your eligibility would end effective July 31, 2016.

Also on July 5, 2016, NYSOH issued a disenrollment notice stating that your coverage in your Essential Plan would end July 31, 2016. The notice stated that

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you were not eligible to enroll in a health plan because you had other health insurance (full benefit) or Medicare.

On July 15, 2016, your NYSOH account was updated.

On July 16, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan for a limited time effective as of August 1, 2016. The notice directed you to provide proof of income by October 13, 2016.

On July 29, 2016, NYSOH issued an enrollment notice confirming that as of July 28, 2016, you were enrolled in an Essential Plan with an enrollment start date of August 1, 2016. The notice also directed you to provide proof of income by October 13, 2016.

On August 12, 2016, NYSOH issued a cancellation notice stating that your Essential Plan was cancelled effective August 1, 2016 because a premium payment has not been received by your Essential Plan.

On August 17, 2016 and September 3, 2016, NYSOH issued enrollment notices confirming that you were enrolled in an Essential Plan with a plan enrollment start date of August 1, 2016.

On September 12, 2016, your NYSOH account was updated.

On September 13, 2016, NYSOH issued a notice stating that your September 12, 2016 application had been reviewed, but the income information in your application does not match what NYSOH received from state and federal data sources. The notice directed you to submit additional income documentation by September 27, 2016.

On September 15, 2016, you uploaded income and third-party health insurance documentation to your NYSOH account (see Documents [REDACTED]; [REDACTED]; and [REDACTED]).

On September 24, 2016, NYSOH issued a notice stating that the documentation submitted does not confirm the information in your application and that you needed to provide additional proof of income by October 12, 2016.

On September 28, 2016, you uploaded income documentation to your NYSOH account (see Documents [REDACTED] and [REDACTED]).

Also on September 28, 2016, NYSOH issued a notice stating that your September 12, 2016 application had been reviewed, but the income information in your application does not match what NYSOH received from state and federal

data sources. The notice directed you to submit additional income documentation by October 12, 2016.

On October 6, 2016, your NYSOH account was updated.

On October 11, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for a tax credit up to \$225.00 and cost-sharing reductions, effective as of November 1, 2016.

On October 17, 2016, your NYSOH account was updated.

On October 18, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan for a limited time, effective as of December 1, 2016.

Also on October 18, 2016, NYSOH issued an enrollment notice confirming that as of October 17, 2016, you were enrolled in an Essential Plan with an enrollment start date of December 1, 2016.

On November 4, 2016, you requested an appeal insofar as you were disenrolled from your Essential Plan effective July 31, 2016, because you were enrolled in TPHI.

On November 22, 2016, NYSOH issued an enrollment notice confirming that as of November 21, 2016, you were enrolled in an Essential Plan with a plan enrollment start date of October 1, 2016.

On February 17, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing and the record was left open until March 9, 2017 to allow you to submit your outstanding medical bills to NYSOH's Appeals Unit.

On March 8, 2017, you uploaded three documents to your NYSOH account (see Documents [REDACTED]; [REDACTED]; and [REDACTED]). The documents were made part of the record collectively as "Appellant Exhibit A." The record is now complete and closed.

Findings of Fact

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

- 1) According to your NYSOH account, you were determined eligible to enroll in the Essential Plan effective February 1, 2016, without limitation.

- 2) According to your NYSOH account, you enrolled in the Essential Plan, Independent Health, on January 15, 2016, with an enrollment start date of February 1, 2016.
- 3) Your NYSOH account reflects that, on July 31, 2016, you were disenrolled from your Essential Plan because it was determined that you were enrolled in other third-party health insurance.
- 4) On September 15, 2016 you uploaded a letter from [REDACTED] stating that you were enrolled in a health plan through your former employer, from August 21, 2015 through March 26, 2016 (see Document [REDACTED]).
- 5) You testified that you were not enrolled in any other TPHI after the Blue Cross Blue Shield health plan ended on March 26, 2016.
- 6) NYSOH created an Evidence Packet in anticipation of your hearing with NYSOH's Appeals Unit (see Document [REDACTED]). According to Appeal Summary, entry # [REDACTED] states that:

Backdated EP coverage to 8/1/2016 due to inappropriate disenrollment.

- 7) You testified that you first learned that your health plan had been cancelled at the pharmacy on August 13, 2016.
- 8) According to your "enrollment history" in your NYSOH account, your Essential Plan was backdated to cover the period of August 1, 2016 through September 30, 2016, and you were re-enrolled in an Essential Plan effective October 1, 2016.
- 9) You testified you are seeking to have your Essential Plan to cover all your outstanding bills.
- 10) On March 8, 2017, you uploaded outstanding medical bills to your NYSOH account. You uploaded:

- (a) A medical bill, dated November 16, 2016, from [REDACTED]. The bill states that you have an outstanding balance of \$754.00 for the medical services received on [REDACTED] and [REDACTED];
- (b) A medical bill, dated November 15, 2016, from [REDACTED]. The bill indicates an outstanding balance of \$864.00 for the medical services received on [REDACTED];

(c) A collection notice, dated February 20, 2017, from [REDACTED] [REDACTED]. The notice states that you have an outstanding debt of \$1,029.88, with [REDACTED]

(see Documents [REDACTED]; [REDACTED]; and [REDACTED]).

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

Applicable Law and Regulations

Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), N.Y. Soc. Serv. Law § 369-gg(3), 42 USC § 18051).

Employer-Sponsored Insurance

An employee who may enroll in an employer-sponsored health insurance plan and an individual who may enroll in the plan because of a relationship to the employee are considered eligible for minimum essential coverage as long as the plan “is affordable and provides minimum value” (26 CFR § 1.36B-2(c)(3)(i)).

An eligible employer-sponsored plan is “affordable” if the portion of the annual premium that the employee or related individual must pay for self-only coverage does not exceed the required contribution. The required contribution percentage is 9.66% of the employee’s household income for 2016 (26 CFR §1.36B-2(c)(3)(v), 26 CFR §1.36B-2T, IRS Rev. Proc. 2014-62).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were not eligible for health insurance coverage through NYSOH and properly disenrolled you from your Essential Plan effective July 31, 2016.

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NYSOH determined you eligible for an Essential Plan on January 14, 2016, and you enrolled in the Essential Plan with an enrollment start date of February 1, 2016.

On July 5, 2016, NYSOH issued an eligibility determination notice stating that you did not qualify for financial assistance or to purchase a qualified health plan at full cost through NYSOH because sources showed that you were receiving TPHI. The notice also stated that your eligibility would end effective July 31, 2016.

An individual who is eligible to enroll in an employer-sponsored health insurance plan that is affordable and provides minimum value, is not eligible to enroll in an Essential Health Plan through NYSOH.

However, you testified that you were not enrolled in any other TPHI once your employer-sponsored health insurance through Blue Cross Blue Shield had ended on March 26, 2016. Furthermore, you submitted a letter from [REDACTED] [REDACTED] stating that you were enrolled in a health plan through your former employer from August 21, 2015 through March 26, 2016.

The credible evidence of record supports that you were not enrolled in TPHI after March 26, 2016. Therefore, you were incorrectly determined not eligible for financial assistance effective July 31, 2016, and incorrectly disenrolled from your Essential Plan effective July 31, 2016.

As such, the July 5, 2016, NYSOH eligibility determination and disenrollment notices are RESCINDED.

The record reflects that your Essential Plan coverage was backdated to cover the period of August 1, 2016 through September 30, 2016, and you were re-enrolled in the same Essential Plan effective October 1, 2016.

However, the record also contains documentation that supports that you have outstanding medical bills for the period of time you were enrolled in the Essential Plan. Therefore, your case is RETURNED to NYSOH's Plan Management Unit to ensure that you were continuously enrolled in the Essential Plan effective August 1, 2016 without a lapse in coverage in 2016 and to investigate the possibility of processing outstanding claims and/or reimbursement of any outstanding bills.

Decision

The July 5, 2016 NYSOH eligibility determination and disenrollment notices are RESCINDED.

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Your case is RETURNED to NYSOH's Plan Management Unit to ensure that you were continuously enrolled in the Essential Plan effective August 1, 2016 without a lapse in coverage in 2016 and to investigate the possibility of processing outstanding claims with your health plan and/or reimbursement of any outstanding bills.

Effective Date of this Decision: March 13, 2017

How this Decision Affects Your Eligibility

NYSOH improperly disenrolled you from your Essential Plan effective July 31, 2016.

Your case has been returned to NYSOH's Plan Management Unit to ensure that you are continuously enrolled in the Essential Plan effective August 1, 2016 so there is no lapse in your health insurance coverage in 2016 and to investigate possibility of processing outstanding claims with your health plan and/or reimbursement of any outstanding bills.

If applicable, you will be responsible to pay monthly premiums due and owing to the health plan for the months at issue.

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.

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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
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- By fax: 1-855-900-5557

Summary

The July 5, 2016, NYSOH eligibility determination and disenrollment notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH's Plan Management Unit to ensure that you were continuously enrolled in the Essential Plan effective August 1, 2016 without a lapse in coverage in 2016 and to investigate the possibility of processing outstanding claims with your health plan and/or reimbursement of any outstanding bills.

NYSOH improperly disenrolled you from your Essential Plan effective July 31, 2016.

Your case has been **RETURNED** to NYSOH's Plan Management Unit to ensure that you are continuously enrolled in the Essential Plan effective August 1, 2016 so there is no lapse in your health insurance coverage in 2016 and to investigate possibility of processing outstanding claims with your health plan and/or reimbursement of any outstanding bills.

If applicable, you will be responsible to pay monthly premiums due and owing to the health plan for the months at issue.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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A Copy of this Decision Has Been Provided To:

