



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

Notice of Decision

Decision Date: February 23, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013196

[REDACTED]

Dear [REDACTED]

On February 14, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health's November 11, 2016 eligibility redetermination 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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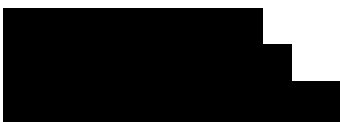


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NY State of Health Account ID: [REDACTED]
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Issues

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 October 31, 2016 because of non-payment of premiums?

Did NYSOH properly determine that your re-enrollment in an Essential Plan was effective December 1, 2016?

Procedural History

On December 12, 2015, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan, effective January 1, 2016.

On May 20, 2016, NYSOH issued an enrollment confirmation notice, based on your May 19, 2016 plan selection, stating that you were enrolled in an Essential Plan with a premium of \$20.00 per month, effective July 1, 2016. That notice also stated you must pay your monthly premium to start and keep your coverage.

On November 9, 2016, NYSOH issued a disenrollment notice stating your Essential plan was cancelled effective October 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 November 10, 2016, NYSOH received your updated application for health insurance. That day, a preliminary eligibility redetermination was made finding you eligible to enroll in the Essential Plan with a premium on \$20.00 per month, effective December 1, 2016.

Also on November 10, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal of that preliminary eligibility redetermination insofar as your Essential Plan started on December 1, 2016 and not November 1, 2016.

On November 11, 2016, NYSOH issued an eligibility redetermination notice, based on your November 10, 2016 updated application, stating that you were eligible to enroll in the Essential Plan, effective December 1, 2016.

Also on November 11, 2016 NYSOH issued an enrollment notice, based on your plan selection on November 10, 2016, stating that you were enrolled in an Essential Plan with a December 1, 2016 start date.

On December 9, 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 supports the following findings of fact:

- 1) On May 20, 2016, NYSOH issued an enrollment confirmation notice that stated you must pay your monthly premium to start and keep your coverage.
- 2) You testified that you failed to make either your September 2016 or October 2016 premium payments due to personal issues.
- 3) On November 9, 2016, NYSOH issued a disenrollment notice stating that your coverage in your Essential Plan was terminated effective October 31, 2016 because of non-payment of premiums.
- 4) You testified that you called the health plan and they denied reinstatement of your coverage and advised you to contact NYSOH.
- 5) You testified that you wanted your enrollment in an Essential Plan to begin on November 1, 2016 because you sought treatment at a hospital that month 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.

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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 Essential Plan, effective October 31, 2016 because of nonpayment of premiums.

The record indicates you were enrolled in an Essential Plan, effective July 1, 2016, as stated in the May 20, 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 failed to make your September 2016 and October 2016 premium payments due to personal issues. As a result, you were terminated from your Essential Plan effective October 31, 2016.

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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 enrollment termination date is **DISMISSED** as a non-appealable issue.

The sole remaining issue under review is whether NYSOH properly determined that your enrollment in the Essential Plan was effective December 1, 2016.

According to your NYSOH account and your testimony, you updated your NYSOH application on November 10, 2016. As a result, you were found eligible for the Essential Plan as of December 1, 2016 and enrolled into a plan that day.

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 November 10, 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 month following November 2016; that is, on December 1, 2016.

Therefore, the November 11, 2016 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective December 1, 2016, is correct and must be **AFFIRMED**.

Decision

Your appeal of your disenrollment from your Essential Plan, effective October 31, 2016, for non-payment of premium is **DISMISSED** as a non-appealable issue.

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 November 11, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: February 23, 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 and, therefore, is dismissed as non-appealable.

This decision does not change your eligibility.

The effective date of your Essential Health Plan is December 1, 2016.

You did not have health insurance coverage through NYSOH during November 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):

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You can contact us in any of the following ways:

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- By fax: 1-855-900-5557

Summary

Your appeal of your disenrollment from your Essential Plan, effective October 31, 2016, for non-payment of premium is **DISMISSED** as a non-appealable issue.

The November 11, 2016 enrollment confirmation notice is **AFFIRMED**.

The NYSOH Appeals Unit does not have the authority to review whether you were properly disenrolled for non-payment of your Essential Plan premium and, therefore, is dismissed as non-appealable.

This decision does not change your eligibility.

The effective date of your Essential Health Plan is December 1, 2016.

You did not have health insurance coverage through NYSOH during November 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

