



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

Notice of Decision

Decision Date: April 26, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013828

[REDACTED]

Dear [REDACTED]

On March 13, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 27, 2016 disenrollment notice and May 12, 2016 and May 14, 2016 enrollment confirmation 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 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).

This page intentionally left blank.



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

Decision

Decision Date: April 26, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013828

[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health properly terminate your enrollment in your Essential plan effective January 1, 2016 because of non-payment of premiums?

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

Procedural History

According to your NYSOH account, you were determined eligible for and enrolled in an Essential Plan, with a premium of \$20.00 per month, effective January 1, 2016. That notice further stated you must pay your monthly premium to start and keep your coverage.

The December 17, 2015 enrollment confirmation notice also stated you must pay your monthly premium to start and keep your coverage.

On March 29, 2016, April 6, 2016, and April 9, 2016, NYSOH issued enrollment confirmation notices, based on your March 28, 2016, April 6, 2016 and April 9, 2016 updated applications, stating that you were enrolled in the Essential Plan with a premium of \$20.00 per month, effective January 1, 2016.

On April 27, 2016, NYSOH issued a disenrollment notice stating your Essential Plan coverage was terminated effective January 1, 2016, because a premium payment had not been received by the health plan. That notice directed you to

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).

contact your plan directly if you believed you made your premium payment(s) within the required timeframe.

On May 11, 2016, NYSOH's Account Review Unit received your complaint regarding your disenrollment from health coverage.

On May 12, 2016, NYSOH issued an enrollment confirmation notice, based on your May 11, 2016 updated plan selection, stating that you were enrolled in the Essential Plan with a premium of \$20.00 per month, effective June 1, 2016.

On May 14, 2016, NYSOH issued an eligibility redetermination notice, based on your May 13, 2016 updated application, stating that you were enrolled in the Essential Plan for a limited time, effective June 1, 2016.

Also on May 14, 2016, NYSOH issued an enrollment confirmation notice, based on your May 13, 2016 updated plan selection, stating that you were enrolled in the Essential Plan with a premium of \$20.00 per month, effective June 1, 2016.

On May 16, 2016, NYSOH's Account Review Unit received your complaint regarding the start date of your Essential Plan.

On December 1, 2016, NYSOH's Account Review Unit determined your issues resolved and closed your May 11, 2016 and May 16, 2016 complaints.

On December 6, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal of that determination insofar as your Essential Plan started on June 1, 2016 and not February 1, 2016.

On March 13, 2017, 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 payments to your health plan.

On March 29, 2017, you submitted two credit card payment receipts, which were made part of the record as "Appellant's Exhibit A." The record was closed that same day.

Findings of Fact

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

- 1) You testified that you paid your January 2016 premium in February 2016 because you paid your spouse's the week before and you were having some issues. You called NYSOH on February 4, 2016 to verify you had not been disenrolled from your Essential Plan.

- 2) According to your NYSOH account and your testimony, on March 28, 2016, April 6, 2016 and April 9, 2016 you attempted to update your account. You were unable to enroll in a health plan because NYSOH's records reflected that you were still enrolled in Essential Plan coverage as of January 1, 2016.
- 3) On April 26, 2017, NYSOH received an 834 transaction record from your health plan indicating you were terminated from your Essential Plan as of January 1, 2016 because of non-payment of premiums.
- 4) On April 27, 2016, NYSOH issued a disenrollment notice stating that your coverage in your Essential Plan was terminated effective January 1, 2016 because of non-payment of premiums.
- 5) You updated your account on May 11, 2016 and were then able to re-enroll into your Essential plan with an effective date of June 1, 2016.
- 6) You testified that you called the health plan and they declined to reinstate your coverage. You were told to contact NYSOH.
- 7) On March 29, 2017, you submitted two credit card statements, dated January 29, 2016 and February 3, 2016, reflecting that two payments of \$60.00 were paid by credit card. The January 29, 2017 statement reflects that a payment was made on behalf of your spouse to an account number ending in [REDACTED]. The February 3, 2016 statement reflects that a payment was made, but does not show who the payment was made for, nor does it show who it was made to (see Appellant's Exhibit A).
- 8) You testified that you wanted your enrollment in an Essential Plan to begin on February 1, 2016 because you made a payment on your account and the health plan retained that payment. You have no outstanding medical bills.

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

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).

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 January 1, 2016 because of non-payment of premiums.

The record indicates you were enrolled in an Essential Plan with a monthly premium of \$20.00, effective January 1, 2016, as stated in the December 17, 2015 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 paid your January 2016 premium in February 2016 because you paid your spouse's the week before and you were having some issues. You called NYSOH on February 4, 2016 and you were told that you still had active Essential Plan coverage. Your submitted documentation corroborates your testimony.

You further testified that when you contacted your health plan they declined to reinstate your coverage 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

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).

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 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.

The remaining issue is whether NYSOH properly determined that your enrollment in the Essential Plan was next effective June 1, 2016.

According to your NYSOH account and your testimony, you updated your NYSOH application on March 28, 2016, April 6, 2016 and April 9, 2016. Since NYSOH was showing you as currently enrolled in your health plan, you were unable to re-enroll into the Essential Plan on those dates.

On April 26, 2017, NYSOH received an 834 transaction from your health plan indicating you were terminated from your Essential Plan as of January 1, 2016 because of non-payment of premiums. As such, on April 27, 2016, NYSOH issued a disenrollment notice, which disenrollment acknowledged by NYSOH in your account then allowed you to select an Essential Plan enroll in coverage.

You updated your account and selected a health plan on May 11, 2016.

Generally, the date on which enrollment in an Essential Plan can take effect depends on the day a person selects the plan for enrollment.

However, in your case, you attempted to re-enroll in the Essential Plan as early as March 28, 2016. The record reflects, through no fault of your own, your health plan failed to issue the 834 transaction until April 26, 2016, which is over three months after your January 1, 2016 enrollment and which, in turn, delayed NYSOH from terminating your coverage so you could re-enroll in health coverage. Therefore, for purposes of your re-enrollment in your Essential Plan, it is reasonable to conclude that the date you should have been able to select your health plan is the date you first attempted to select a new health plan; that is, March 28, 2016.

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.

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).

On March 28, 2016, you completed your updated application for health insurance and selected an Essential Plan, so your enrollment should have taken effect on the first day of the second month following March 2016; that is, on May 1, 2016.

Therefore, the May 12, 2016 and May 14, 2016 enrollment confirmation notices stating that your enrollment in the Essential Plan was effective June 1, 2016, are incorrect and must be MODIFIED to state that your Essential Plan was effective May 1, 2016.

Your case is RETURNED to NYSOH to effectuate this change and to notify you accordingly.

Decision

The May 12, 2016 and May 14, 2016 enrollment confirmation notices are MODIFIED to state that your Essential Plan was effective May 1, 2016.

Your case is RETURNED to NYSOH to effectuate this change and to notify you accordingly.

This Decision does not affect any subsequent eligibility determinations made by NYSOH.

Effective Date of this Decision: April 26, 2017

How this Decision Affects Your Eligibility

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

Your case is being sent back to NYSOH to change the start day in your Essential Plan from June 1, 2016 to May 1, 2016. NYSOH will notify you once this has been done.

You will be responsible to pay the insurance premium to the health plan directly for your coverage to start as of May 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.

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).

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

Summary

The May 12, 2016 and May 14, 2016 enrollment confirmation notices are MODIFIED to state that your Essential Plan was effective May 1, 2016.

Your case is RETURNED to NYSOH to effectuate this change and to notify you accordingly.

This Decision does not affect any subsequent eligibility determinations made by NYSOH.

The effective date of your Essential Health Plan is May 1, 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).

Your case is being sent back to NYSOH to change the start day in your Essential Plan from June 1, 2016 to May 1, 2016. NYSOH will notify you once this has been done.

You will be responsible to pay the insurance premium to the health plan directly for your coverage to start as of May 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:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

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).

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

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).

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.