



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: AP000000014435

[REDACTED]

Dear [REDACTED],

On March 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 30, 2016 eligibility determination and 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).

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Decision

Decision Date: March 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014435



Issue

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

Did NY State of Health (NYSOH) properly determine that your eligibility for and enrollment in your Essential Plan was effective February 1, 2017?

Procedural History

On December 9, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination, based on your December 8, 2015 application, stating that you were eligible to enroll in the Essential Plan, effective January 1, 2016.

On October 15, 2016, NYSOH issued a renewal notice, stating 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 could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account between November 16, 2016 and December 15, 2016 or you might lose the financial assistance you were currently receiving.

No updates were received by December 15, 2016 and NYSOH redetermined your eligibility for financial assistance with health insurance for the upcoming year.

On December 19, 2016, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2017. The notice stated that you were not

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eligible for financial assistance because you did not respond to the renewal notice.

Also on December 19, 2016, NYSOH issued a disenrollment notice stating that your enrollment in your Essential Plan was ending effective December 31, 2016.

On December 29, 2016, NYSOH received your updated application for health insurance. That day, a preliminary eligibility determination was prepared finding you eligible for the Essential Plan. That same day, you selected a plan and were given a February 1, 2017 start date.

Also on December 29, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your Essential Plan insofar as you were not covered for the month of January 2017.

On December 30, 2016, NYSOH issued an eligibility determination notice stating that you were conditionally eligible to enroll in the Essential Plan, effective February 1, 2017.

Also on December 30, 2016, NYSOH issued an enrollment notice confirming your selection of your Essential Plan, with a plan enrollment start date of February 1, 2017.

On March 8, 2017, 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) According to your NYSOH account and your testimony, you receive all of your notices from NYSOH via regular mail.
- 2) According to your NYSOH account and your testimony, your mailing address was changed by a NYSOH representative to include your prior mailing address as your residential address and your current address as your mailing address. This change was made prior to the renewal notice being issued, but NYSOH mailed your notice to your prior address, which was listed as your legal address on file and not your mailing address on your NYSOH account. The October 15, 2016 renewal notice was returned to NYSOH as undeliverable on October 20, 2016.
- 3) You testified that you were not aware that you needed to update your account in order to renew your coverage or that you had been terminated

from your Essential Plan as of December 31, 2016 until you returned home from the hospital and received the letters in December 2016. According to your NYSOH account, the December 2016 notices were sent to the correct mailing address.

- 4) According to your NYSOH account, on December 29, 2016, NYSOH received your updated application for health insurance and found you conditionally eligible for the Essential Plan, effective February 1, 2017. You enrolled in a plan on that same day, also effective February 1, 2017.
- 5) You testified that you were [REDACTED] in December 2016 and received [REDACTED] in January 2017, for which you are beginning to receive bills.

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

Applicable Law and Regulations

Annual Eligibility Redetermination

Generally, NYSOH must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, Essential Plan or Child Health Plus. In such cases, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

NYSOH must send an annual renewal notice that contains the information by which NYSOH will use to redetermine a qualified individual's projected eligibility for that year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the information and projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

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

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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-healthprogram.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 issue under review is whether NYSOH properly determined that your eligibility for and enrollment in your Essential Plan was effective February 1, 2017.

NYSOH must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. NYSOH must issue a renewal notice that contains the individual's projected eligibility. If an individual does not respond to this notice, NYSOH must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On October 15, 2016, NYSOH issued an annual renewal notice in your case. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether or not you would qualify for financial help with paying for your health coverage. You were asked to update the information in your account between November 16, 2016 and December 15, 2016 or the financial help you were receiving might end.

Because there was no timely response to this notice, your eligibility for financial assistance and your enrollment in a qualified health plan was terminated effective December 31, 2016.

Notwithstanding, you testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account until December 2016 when you returned home from the hospital and received letters from NYSOH. At that time, you called NYSOH and updated your account.

You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail.

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However, your NYSOH account also reflects that prior to your October 2016 renewal notice being issued you updated your account. At that time, the NYSOH representative listed two addresses - - a residential address and a mailing address. The record reflects that the October 15, 2016 renewal notice was sent to an incorrect address and it's because of this fact that you did not receive the renewal notice. A review of your NYSOH account confirms that the October 15, 2016 renewal notice was sent to your residential address, which you testified as being your prior address, instead of the mailing address you had updated on your NYSOH account previously. For this reason, the renewal notice was returned to NYSOH as undeliverable on October 20, 2016.

Therefore, it is concluded that NYSOH did not give you the required notice to you that you needed to update your account.

You first renewed your eligibility for financial assistance through NYSOH for the upcoming coverage year on December 29, 2016 and, therefore, we must assume that the information you provided at that time is the information that would have been used had you been timely informed of the need to update your account, as stated in the October 15, 2016 renewal notice.

Had the information been submitted at that time, your enrollment in your Essential Plan would have begun on January 1, 2017.

Therefore, the December 30, 2016 eligibility determination notice is MODIFIED to state that you were eligible to enroll in the Essential Plan, effective January 1, 2017. Likewise, the December 30, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Essential Plan was effective January 1, 2017.

Decision

The December 30, 2016 eligibility determination notice is MODIFIED to state that you were eligible to enroll in the Essential Plan, effective January 1, 2017.

The December 30, 2016 notice of enrollment confirmation is MODIFIED to state that your enrollment in your Essential Plan was effective January 1, 2017.

Your case is RETURNED to NYSOH to facilitate correcting your enrollment in your Essential Plan to the effective date of January 1, 2017, and to notify you accordingly.

Effective Date of this Decision: March 13, 2017

How this Decision Affects Your Eligibility

Your enrollment in your Essential Plan should have been effective as of January 1, 2017.

Your case is being sent back to NYSOH to enroll you in your Essential Plan as of January 1, 2017. NYSOH will notify you once your enrollment has been effectuated.

You will be responsible to pay the health plan the monthly premium for January 2017 in order for your coverage to start that month.

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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P.O. Box 11729

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The December 30, 2016 eligibility determination notice is MODIFIED to state that you were eligible to enroll in the Essential Plan, effective January 1, 2017.

The December 30, 2016 notice of enrollment confirmation is MODIFIED to state that your enrollment in your Essential Plan was effective January 1, 2017.

Your case is RETURNED to NYSOH to facilitate correcting your enrollment in your Essential Plan to the effective date of January 1, 2017, and to notify you accordingly.

Your enrollment in your Essential Plan should have been effective as of January 1, 2017.

Your case is being sent back to NYSOH to enroll you in your Essential Plan as of January 1, 2017. NYSOH will notify you once your enrollment has been effectuated.

You will be responsible to pay the health plan the monthly premium for January 2017 in order for your coverage to start that month.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

