

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

#### Notice of Decision

Decision Date: January 10, 2017

NY State of Health Account ID: Appeal Identification Number: AP00000014594





On January 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 21, 2016 enrollment confirmation 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).

This page intentionally left blank. 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).



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

#### Decision

Decision Date: January 10, 2017

NY State of Health Account ID:

Appeal Identification Number: AP00000014594



#### 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 2017 enrollment in an Empire Platinum level qualified health plan was effective February 1, 2017?

### **Procedural History**

On December 16, 2015, NYSOH issued an eligibility determination notice stating that you were newly conditionally eligible to receive up to \$90.00 per month in advance premium tax credits, effective January 1, 2016. Your eligibility was conditioned on your submitting documentation of your income.

Also on December 16, 2015, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a Platinum level qualified health plan through Empire. The start date of your plan was January 1, 2016.

On September 18, 2016, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase to a qualified health plan at full cost, effective November 1, 2016.

Also on September 18, 2016, NYSOH issued an enrollment confirmation notice confirming that you were enrolled in a Platinum level qualified health plan through Empire as of January 1, 2016.

On October 17, 2016, 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 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.

On November 27, 2016, NYSOH issued a notice about your plan enrollment stating that your coverage with your Empire Platinum qualified health plan would end on December 31, 2016 because you were no longer eligible to enroll in that plan.

On December 19, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2017.

On December 21, 2016, NYSOH issued a notice about plan enrollment stating that your coverage through an Empire Platinum qualified health plan would start February 1, 2017.

On January 4, 2017, you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation notice insofar as it began your qualified health plan on February 1, 2017 and not January 1, 2017.

On January 6, 2017 NYSOH received your request for an expedited hearing. Later that day, your request was approved.

On January 10, 2017, you had an expedited telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, your social worker appeared as a witness on your behalf. 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:

- Your NYSOH account indicates that in the application you filed on December 15, 2015 you elected to have automatic renewal of your health coverage.
- 2) You testified that you have been enrolled into a qualified health plan through Empire since January 1, 2016.

- 3) You have been eligible to enroll into a full pay qualified health plan as of November 1, 2016.
- NYSOH issued a notice on December 22, 2016 stating that you were eligible to enroll into a full pay qualified health plan as of January 1, 2017.
- 5) The events tab in your NYSOH account indicates that the system deleted your enrollment in your Platinum level qualified health plan "as part of Early-Disenrollment Process During Annual Renewal."
- 6) On December 20, 2016, you selected the same Empire Platinum level qualified health plan that you had been enrolled in for the previous year.

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, 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.

#### Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health 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 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 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)). 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)).

#### Annual Re-enrollment into a Qualified Health Plan

If an enrollee remains eligible for enrollment in a qualified health plan as part of the annual eligibility redetermination and the plan in which they are enrolled remains available through NYSOH for renewal, such enrollee will have his or her enrollment through the qualified health plan renewed, unless an enrollee voluntarily terminates coverage (45 CFR § 155.335(j)(1)).

#### **Legal Analysis**

The issue under review is whether NYSOH properly determined that your 2017 enrollment in an Empire Platinum level qualified health plan was effective February 1, 2017.

You testified, and the record supports, that you have been enrolled in an Empire Platinum level qualified health plan as of January 1, 2016. You have not been receiving financial assistance to help pay for the cost of that plan as of November 1, 2016.

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. On October 17, 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.

On November 27, 2016 NYSOH issued a notice stating that your coverage with your Empire Platinum qualified health plan would end on December 31, 2016. The events tab in your NYSOH account indicates that the system deleted your enrollment "as part of Early-Disenrollment Process During Annual Renewal."

You did not respond to the renewal notice to update your eligibility for financial assistance before December 15, 2016. As a result, NYSOH found that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2017.

On December 20, 2016 you selected the same Empire Platinum level qualified health plan that you had been previously enrolled in.

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).

Generally, a plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month. However, if at the time of the annual renewal an enrollee remains eligible for enrollment in a qualified health plan and the plan in which they are enrolled remains available through NYSOH, such enrollee will have his or her enrollment through the qualified health plan renewed.

You testified, and the record reflects, that you selected the same Empire Platinum level qualified health for 2017 coverage that you had in 2016. Further, your NYSOH account indicates that in the application you filed on December 15, 2015 you elected to have automatic renewal of your health coverage.

Since you remained eligible to enroll in a qualified health plan, and the qualified health plan that you were enrolled remained available and you elected to have automatic renewal of your health coverage annually, NYSOH was required to reenroll you into the Empire Platinum level qualified health plan effective January 1, 2017.

Therefore, the December 21, 2016 enrollment confirmation notice is MODIFIED to start that your enrollment in your Empire Platinum qualified health plan is effective as of January 1, 2017.

#### Decision

The December 21, 2016 enrollment confirmation notice is MODIFIED to start that your enrollment in your Empire Platinum qualified health plan is effective as of January 1, 2017.

Your case is RETURNED to NYSOH to enroll you in your qualified health plan for the month of January 2017.

Effective Date of this Decision: January 10, 2017

# How this Decision Affects Your Eligibility

Your enrollment in your qualified health plan is effective as of January 1, 2017.

# 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:

NY State of Health Appeals P.O. Box 11729 Albany, NY 12211

• By fax: 1-855-900-5557

# **Summary**

The December 21, 2016 enrollment confirmation notice is MODIFIED to start that your enrollment in your Empire Platinum qualified health plan is effective as of January 1, 2017.

Your case is RETURNED to NYSOH to enroll you in your qualified health plan for the month of January 2017.

Your enrollment in your qualified health plan is effective as of January 1, 2017.

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).

# **Legal Authority** We are issuing this determination in accordance with 45 CFR § 155.545.

# A Copy of this Decision Has Been Provided To:

