



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

Notice of Decision

Decision Date: June 01, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015226

[REDACTED]

Dear [REDACTED],

On April 19, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 6, 2016 cancellation 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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Decision

Decision Date: June 01, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015226



Issue

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

Was NYSOH's February 6, 2016 cancellation notice subject to appeal as of January 27, 2017?

Procedural History

On October 24, 2015, NYSOH issued a renewal notice stating that you qualified for health care coverage under the Essential Plan effective January 1, 2016. That notice further stated that NYSOH enrolled you in Essential Plan with Excellus BCBS because this plan was similar in coverage to the coverage you had before with the same insurance company.

On December 16, 2015, NYSOH issued an eligibility determination stating that you were eligible to enroll in the Essential Plan effective January 1, 2016.

Also on December 16, 2015, NYSOH issued an enrollment confirmation notice stating that you were enrolled with Essential Plan 1 with \$20.00 per month premium with Excellus BCBS starting January 1, 2016.

Also on December 16, 2015, NYSOH issued a disenrollment notice stating that your platinum-level qualified health plan with Excellus BCBS during 2015 would end effective December 31, 2015.

On February 6, 2016, NYSOH issued a cancellation notice stating that your Essential Plan 1 with Excellus BCBS was cancelled effective January 1, 2016.

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This was because a premium payment had not been received within the required timeframe for coverage to begin.

On November 16, 2016, NYSOH received your updated application for health insurance.

On November 17, 2016, NYSOH issued a notice of eligibility redetermination stating that you were eligible to receive up to \$250.00 per month in APTC and, if you selected a silver-level qualified health plan, for cost-sharing reductions, effective January 1, 2017.

On December 6, 2016, NYSOH issued a letter confirming your enrollment in a silver-level qualified health plan with a monthly premium responsibility of \$195.16, after your APTC of \$250.00 was applied, effective January 1, 2017.

On January 26, 2017, you spoke to NYSOH's Account Review Unit and appealed the February 6, 2015 cancellation notice issued by NYSOH stating you never received the cancellation and that your health plan continued to take your premium payments during 2016.

On April 19, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open until May 4, 2017 for the submission of supporting documents.

According to your NYSOH account, on April 28, 2017, you attempted to submit documents via secure facsimile to NYSOH Appeals Unit, but had technical problems and error messages. You contacted NYSOH about this issue.

On May 5, 2017, NYSOH received a twelve-page facsimile submission but all pages were blank. However, the record does contain a document you uploaded on February 2, 2017 that shows Excellus BCBS provided insurance coverage for you for period of 1/1/2016 through 12/31/2016. (see Document [REDACTED]).

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 by electronic mail.
- 2) You testified that you did not receive any electronic alerts regarding any renewal notice, eligibility for the Essential Plan, enrollment in Excellus BCBS Essential Plan 1, effective January 1, 2016 or cancellation of the Essential Plan 1, effective January 1, 2016.

- 3) You testified that you assumed your silver-level qualified plan with Excellus BCBS would run from October 2015 to October 2016. You further testified that you continued to pay one month in advance on the premiums due for your silver-level qualified health plan with Excellus BCBS.
- 4) You testified that starting in 2016, you received monthly bills from Excellus BCBS stating that the premium amount due was a negative amount.
- 5) You testified that, in 2016, you received a health plan ID card from Excellus BCBS and that it indicated you were enrolled in Essential Plan 1.
- 6) You testified that you had access to your health care providers in 2016.
- 7) You testified that you did not receive a Form 1095A for the year 2016.
- 8) According to your NYSOH account and your testimony, Excellus BCBS provided you with a letter dated January 13, 2017, stating that you were billed a monthly premium of \$20.00 for the period of 01/01/2016 through 12/31/2016 under subscriber ID [REDACTED]. That letter also shows the dates the \$20.00 monthly premium payments were made (see Document [REDACTED]).
- 9) According to your NYSOH account, on January 17, 2017, you contacted NYSOH to file a complaint stating that you had been using the Essential Plan with Excellus BCBS even though NYSOH showed that your coverage had been cancelled as of January 1, 2016. That complaint indicates that the health plan needed to send transaction stating you, the consumer, had been enrolled all year but had not received a reinstatement from the plan (see Incident # [REDACTED]).
- 10) You testified that you want your NYSOH account to show that you had health insurance for 2016.

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

Applicable Law and Regulations

Valid Appeal Requests

An applicant has the right to appeal: (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, (4) a failure by NYSOH to provide

timely notice of an eligibility determination, and (5) a denial of a request to vacate dismissal made by the NY State of Health Appeals Unit (45 CFR § 155.505).

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH (45 CFR § 155.520(b)(2); 18 NYCRR § 358-3.5(b)(1)).

Legal Analysis

The first issue under review is whether NYSOH properly cancelled your Essential Plan 1 with Excellus BCBS for non-payment of premium, effective January 1, 2016, due to nonpayment of the initial monthly premium.

The record reflects that you had a silver-level qualified health plan with Excellus BCBS for the period of October 1, 2015 to December 31, 2015. The record further reflects that NYSOH redetermined your eligibility on October 24, 2015 and you were redetermined eligible for the Essential Plan effective January 1, 2016. NYSOH enrolled you in Essential Plan 1 with Excellus BCBS with a \$20.00 monthly premium effective January 1, 2016. This was because this plan was similar in coverage to the coverage you had before with the same insurance company.

According to your NYSOH account, your Essential Plan 1 with Excellus BCBS was cancelled effective January 1, 2016 because the premium payment had not been received by the plan within the required timeframe in order for coverage to begin.

You testified that you did not receive an electronic notice stating that your plan had been cancelled. You testified that in 2016, you received a health plan ID card from Excellus BCBS Essential Plan 1 and you received monthly invoices for premium payments showing the balance due was a negative amount. You also testified that you had access to your health care providers during 2016.

You submitted to NYSOH a letter from Excellus BCBS dated January 13, 2017 stating that you were billed a monthly premium of \$20.00 for the period of 01/01/2016 through 12/31/2016 under subscriber ID [REDACTED]. That letter also shows the dates the \$20.00 monthly premium payments were made.

According to your testimony, you want your NYSOH account to show that you had health insurance during the year 2016 and that a Form 1095A be issued to you showing health insurance coverage for 2016.

The record reflects that you contacted NYSOH on January 17, 2017 and filed a complaint stating that you had been using the Essential Plan with Excellus BCBS even though NYSOH showed that your coverage had been cancelled as of January 1, 2016. That complaint indicates that the health plan needed to send a

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transaction stating you had been enrolled all year but had not received a reinstatement from the plan. (see Incident # [REDACTED]).

NYSOH issued a cancellation notice dated February 6, 2016, which stated your insurance with your Essential Plan 1 was cancelled effective January 1, 2016, as a premium payment was not received by your health plan issuer within the required timeframe for coverage to begin. This issue relates to payment of premiums to qualified health plan issuer, which is not an issue that the NY State of Health Appeals Unit is authorized to address.

Therefore, your appeal as it relates to the February 6, 2016 cancellation notice is DISMISSED.

However, it is clear from the record that Excellus BCBS accepted your monthly premium payments and that they provided health insurance coverage under Essential Plan 1 to you during the entire year for 2016. Therefore, your case is RETURNED to NYSOH's Plan Management Unit to further investigate and, as appropriate and applicable, to see that a Form 1095A for 2016 is issued to you reflecting insurance coverage for 2016.

Decision

Your appeal on the issue of disenrollment for non-payment of premium as described in the February 6, 2016, disenrollment notice is DISMISSED.

Your case is RETURNED to NYSOH's Plan Management Unit to investigate further and issue a Form 1095A for 2016 as appropriate and applicable.

Effective Date of this Decision: June 01, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility for 2016.

This decision does not change your current eligibility

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

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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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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

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 appeal on the issue of disenrollment for non-payment of premium as described in the February 6, 2016, disenrollment notice is DISMISSED.

Your case is RETURNED to NYSOH's Plan Management Unit to investigate further and issue a Form 1095A for 2016 as appropriate and applicable.

This decision does not change your eligibility for 2016.

This decision does not change your current eligibility.

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.

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।

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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&btumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

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)

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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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