



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

Notice of Decision

Decision Date: February 14, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027615

[REDACTED]

On February 13, 2018, you appeared by telephone at an expedited hearing of your appeal of NY State of Health's January 18, 2018 disenrollment and January 19, 2018 plan enrollment 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: February 14, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027615

[REDACTED]

Issues

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

Was your enrollment in your Essential Plan properly terminated effective December 31, 2017, because you did not pay your insurance bill by the payment deadline?

Did New York State of Health (NYSOH) properly enroll you in an Essential Plan with an enrollment start date of March 1, 2018?

Procedural History

On December 23, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium for a limited time, effective as of February 1, 2017.

Also on December 24, 2016, NYSOH issued a plan enrollment notice confirming that as of December 23, 2016, you were enrolled in an Essential Plan with an enrollment start date of February 1, 2017.

On September 5, 2017, NYSOH issued a disenrollment notice stating that your Essential Plan coverage would end on August 31, 2017, because you did not pay your insurance bill by the payment deadline.

On September 6, 2017, NYSOH issued a plan enrollment notice confirming that as of September 5, 2017, you were enrolled in an Essential Plan with an enrollment start date of March 1, 2017.

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On December 2, 2017, NYSOH issued a notice stating that it was time to renew your health insurance. 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 health coverage. You were instructed to update your account between December 16, 2017 and January 18, 2018, so a decision could be made.

On January 12, 2018, your NYSOH account was updated.

On January 13, 2018, NYSOH issued a notice stating that the income information in your application did not match what NYSOH received from state and federal data sources. The notice instructed you to provide proof of your household income by January 27, 2018, to confirm your eligibility.

On January 18, 2018, you uploaded income documentation to your NYSOH account [REDACTED]

Also on January 18, 2018, NYSOH issued a disenrollment notice stating that your Essential Plan coverage would end on December 31, 2017, because you did not pay your insurance bill by the payment deadline.

On January 19, 2018, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with a \$0.00 monthly premium for a limited time, effective as of March 1, 2018.

Also on January 19, 2018, NYSOH issued a plan enrollment notice confirming that as of January 18, 2018, you were enrolled in an Essential Plan with an enrollment start date of March 1, 2018.

On January 22, 2018, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as you were not enrolled in health insurance coverage from January 1, 2018 through February 28, 2018.

On February 5, 2018, NYSOH received your request for an expedited appeal due to your medical condition. This request was approved and you were scheduled for an expedited hearing [REDACTED]

On February 13, 2018, you had an expedited telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing and the record was fully developed. The record was closed at the end of the hearing.

Findings of Fact

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

- 1) You testified that you want to be enrolled in an Essential Plan from January 1, 2018 through February 28, 2018.
- 2) You testified that you contacted the health insurance company in January 2018 to pay your health insurance premium and the company's representative stated there is a 90-day grace period to pay your premium before health plans were cancelled.
- 3) You testified that in January 2018, you were informed by your pharmacy that your health insurance was no longer active.
- 4) You testified that you contacted your health insurance company and were informed that your plan had been cancelled for nonpayment of premiums.
- 5) You testified you contacted NYSOH and were told by NYSOH representatives that the system indicated that your health insurance was still active.
- 6) According to your NYSOH account, on January 17, 2018, the plan initiated termination of your health insurance coverage.
- 7) On January 18, 2018, you submitted five earnings statements from your employer, [REDACTED]
- 8) According to your NYSOH account, you were re-enrolled in an Essential Plan on January 18, 2018, with a March 1, 2018 effective start date.

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 NYSOH's Appeals Unit: (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

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failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Essential Plan - Eligibility

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

Verification of Eligibility - Income

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow the NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i)). If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f); 42 CFR §600.345 (a); *see also*, New York's Basic Health Plan Blueprint, p. 17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

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)).

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Legal Analysis

The first issue under review is whether your Essential Plan properly ended effective December 31, 2017, because you did not pay your insurance bill by the payment deadline.

On January 17, 2018, the plan initiated termination of your health insurance coverage. On the following day, NYSOH issued a disenrollment notice stating that your Essential Plan coverage ended as of December 31, 2017, because you did not pay your insurance bill by the payment deadline.

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, (4) a failure by the Exchange to provide timely notice of an eligibility determination and (5) a denial of a request to vacate dismissal made by the New York State of Health Appeals Unit.

Since the Appeals Unit is not given the authority to review termination of enrollment 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, the issue of whether your Essential Plan was properly terminated as of December 31, 2017, is DISMISSED as a non-appealable issue.

Fidelis Care may be able to help you with your request for coverage. If you have not already been assisted with your current coverage issue, please contact 1-888-343-3547.

In addition, since your issue concerns a health insurer and/or payment, reimbursement, coverage, benefits, rates and premiums, you can contact NY Department of Financial Services at their Consumer Hotline at (800) 342-3736 (Monday through Friday, 8:30 AM to 4:30 PM); or locally to (212) 480-6400; or you can file a complaint at <http://www.dfs.ny.gov/consumer/fileacomplaint.htm>

The second issue under review is whether NYSOH properly determined that you were re-enrolled in an Essential Plan with an enrollment start date of March 1, 2018.

The record reflects that you contacted NYSOH on January 12, 2018, and updated your account. Based on that update, on January 13, 2018, NYSOH issued a notice stating that the income information in your application did not match what NYSOH received from state and federal data sources and instructed you to provide proof of your household income by January 27, 2018, to confirm your eligibility.

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An individual requesting financial assistance to help pay for the cost of coverage provided through NYSOH is required to attest to his or her household's projected annual income. NYSOH must request income data from federal data sources to verify an individual's income attestation. If NYSOH cannot verify an individual's attestation, it must provide the individual with notice of the inconsistency and provide the individual an opportunity to submit satisfactory documentary evidence.

On January 18, 2018, in response to NYSOH's request for income documentation, you submitted five earnings statements from your employer, [REDACTED], to resolve the inconsistency (see Documents [REDACTED]). The record reflects that on January 18, 2018, NYSOH determined you eligible for the Essential Plan, and you enrolled in a health plan that same 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.

The record reflects that you selected the Essential Plan on January 18, 2018, such that the plan properly began on the first day of the second month following January 2018; that is, March 1, 2018.

Therefore, the January 19, 2018 plan enrollment notice is AFFIRMED.

Decision

The issue of whether your health plan was properly terminated as of December 31, 2017, is DISMISSED as a non-appealable issue.

The January 19, 2018 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: February 14, 2018

How this Decision Affects Your Eligibility

This decision does not change your eligibility for or enrollment in health insurance coverage.

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 enrollment in your Essential Plan properly began March 1, 2018.

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.

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:

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- By fax: 1-855-900-5557

Summary

The issue of whether your health plan was properly terminated as of December 31, 2017, is DISMISSED as a non-appealable issue.

The January 19, 2018 plan enrollment notice is AFFIRMED.

This decision does not change your eligibility for or enrollment in health insurance coverage.

Your enrollment in your Essential Plan properly began March 1, 2018.

Legal Authority

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

A Copy of this Decision Has Been Provided To:



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.

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