



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

### Notice of Decision

Decision Date: May 20, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006284

[REDACTED]

Dear [REDACTED],

On May 9, 2016, you and your Broker [REDACTED] appeared by telephone at a hearing on your appeal of NY State of Health's January 13, 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).

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## Decision

Decision Date: May 20, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006284

[REDACTED]

## Issue

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

Did NY State of Health properly determine that you and your spouse's enrollment in an Essential Plan was effective February 1, 2016?

## Procedural History

On October 27, 2015, the NY State of Health (NYSOH) found you and your spouse eligible to receive advance premium tax credits and cost sharing reductions up to \$490.00 per month effective December 1, 2015.

Also on October 27, 2015, an enrollment confirmation notice has been issued finding you and your spouse eligible to enroll in a gold level health plan effective January 1, 2015.

On October 30, 2015, a notice was issued by NYSOH explaining that your health coverage with Health Republic was ending on December 31, 2015. You would need to select a new health plan for the month of December 2015.

On November 4, 2015, a disenrollment notice was issued terminating you and your spouse's coverage with your Gold level health plan effective November 30, 2015.

On November 25, 2015, NYSOH issued an enrollment confirmation notice stating your enrollment with your Gold level health plan would begin effective December 1, 2015.

On December 11, 2015, NYSOH issued a notice of eligibility determination, based on your December 10, 2015 application, stating that you and your spouse were eligible to enroll in the Essential Plan, effective January 1, 2016.

On December 16, 2015, an eligibility determination notice was issued finding you and your spouse were eligible to enroll in the Essential Plan effective January 1, 2016.

Also on January 13, 2016, NYSOH issued a notice of enrollment, based on your plan selection on December 15, 2015, stating that you and your spouse were enrolled in an Essential Plan, and that your plan would start February 1, 2016.

On January 19, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan insofar as it did not begin January 1, 2016.

On May 9, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Your Broker appeared as a witness for the hearing. The record was developed during the hearing and closed at the end of the hearing.

## **Findings of Fact**

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

- 1) You are seeking insurance for yourself and your spouse.
- 2) Your Broker testified he submitted your household's application to NYSOH for financial assistance on December 15, 2015.
- 3) The record reflects that on December 15, 2015, enrollments were updated for your two children only.
- 4) Your Broker testified that he had checked out you and your spouse for Essential Plan coverage on December 15, 2015.
- 5) You testified, and the record reflects, that you contacted the NYSOH again on January 12, 2016 and you enrolled you and your spouse in an Essential Plan.
- 6) You testified that the first time you had found out that you did not have coverage was after your spouse required medical treatment in the month of

January. You believed you had been enrolled by your Broker on December 15, 2015.

- 7) You testified that you were not sure if you paid a premium payment for the month of January, 2016.
- 8) An Incident was filed with NYSOH on December 29, 2015 which states “Consumer enrolled children in CHP 12/15/2016. This caused the system to push start date for EP (already selected) for 2/1/16 start date instead of 1/1/16. Consumer request backdate of EP for himself and spouse [REDACTED]).”
- 9) The January 13, 2016 notice of enrollment, states that based on your plan selection on December 15, 2015, you and your spouse were enrolled in an Essential Plan, and that your plan would start February 1, 2016.
- 10) You testified that you wanted your enrollment in an Essential Plan to begin on January 1, 2016 because your spouse incurred medical costs in the month of January, in which bills from those visits are currently being sent to collections.

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

## **Applicable Law and Regulations**

### Essential Health Plan

An individual is eligible to receive coverage for health care services through an Essential Health Plan if they:

1. reside in New York state and are under sixty-five years of age,
2. are not eligible for Medicaid or Child Health Plus,
3. are not eligible for minimum essential coverage or is eligible for employer-sponsored insurance that is not affordable, and
4. have a household income at or below 200% of the Federal Poverty Line (FPL)

(NY Social Services Law § 369-gg(3)).

## 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 issue is whether NYSOH properly determined that your enrollment in the Essential Plan was effective February 1, 2016.

Your Broker testified and the record supports that your Broker submitted an application for financial assistance for health coverage for your household on December 15, 2015.

The record reflects that on December 15, 2015, enrollments were updated for your two children only.

You testified that the first time you had found out that you did not have coverage was after your spouse required medical treatment in the month of January. You believed you had been enrolled by your Broker on December 15, 2015. You then contacted the NYSOH again on January 12, 2016 and you enrolled you and your spouse in an Essential Plan. You are now seeking you and your spouse's enrollment in an Essential Plan to begin on January 1, 2016 because your spouse incurred medical costs in the month of January, in which bills from those visits are currently being sent to collections.

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.

An Incident was filed with NYSOH on December 29, 2015 which states “Consumer enrolled children in CHP 12/15/2016. This caused the system to push start date for EP (already selected) for 2/1/16 start date instead of 1/1/16. Consumer request backdate of EP for himself and spouse (REDACTED).” This incident explains that a plan was selected for you and your spouse for the Essential Plan to begin on January 1, 2016.

The record further supports that the January 13, 2016 notice of enrollment, states that based on your plan selection on December 15, 2015, you and your spouse were enrolled in an Essential Plan, and that your plan would start February 1, 2016. This notice is improper; if you had selected a health plan on December 15, 2015, your plan should have begun the first day of the following month, or January 1, 2016.

Therefore it is determined that on December 15, 2015 your Broker had already selected an Essential Plan for you, so your enrollment should have taken effect on the first day of the first month following December; that is, on January 1, 2016.

Therefore, the January 13, 2016, enrollment confirmation notice stating that your enrollment in the Essential Plan was effective February 1, 2016, is MODIFIED to reflect a January 1, 2016 start date for you and your spouse.

## **Decision**

The January 13, 2016 eligibility determination is MODIFIED.

Your case is RETURNED to the NYSOH to ensure your and your spouse’s coverage in your Essential Plan is effective January 1, 2016.

**Effective Date of this Decision:** May 20, 2016

## **How this Decision Affects Your Eligibility**

This decision does not change your eligibility.

The effective date of your and your spouse’s Essential Health Plan is January 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.

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 January 13, 2016 eligibility determination is MODIFIED.

Your case is RETURNED to the NYSOH to ensure your and your spouse's coverage in your Essential Plan is effective January 1, 2016.

This decision does not change your eligibility.

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 effective date of your and your spouse's Essential Health Plan is January 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:**

