



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

Notice of Decision

Decision Date: November 7, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006295

[REDACTED]

Dear [REDACTED]

On October 27, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 24, 2015 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006295

[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 your enrollment in an Essential Plan was effective February 1, 2016?

Procedural History

On October 25, 2015, NY State of Health (NYSOH) issued a renewal notice that stated, based on information from federal and state data sources, a decision about whether or not you qualified for financial help in the upcoming year could not be made. The notice instructed you to update your NYSOH account by December 15, 2015 and informed you that, if you missed this deadline, the financial eligible you were then receiving might end.

As of December 15, 2015, no updates were made to your NYSOH account.

On December 21, 2015, NYSOH issued an eligibility redetermination notice that stated you were newly eligible to purchase a qualified health plan at full cost, effective January 1, 2016. The reason for this eligibility was because you did not respond to the renewal notice and did not complete your renewal within the required timeframe and, as a result, you no longer qualify to receive financial assistance to help pay for your health coverage.

On December 22, 2015, you updated your NYSOH account and NYSOH prepared a preliminary eligibility redetermination and found you eligible to enroll in the Essential Plan, effective February 1, 2016.

On December 24, 2015, NYSOH issued an enrollment notice confirming that you had been enrolled in an Essential Plan 1, with a \$20.00 monthly premium and a start date of February 1, 2016.

On January 20, 2016, you spoke with a representative from NYSOH's Account Review Unit and appealed the start date of your Essential Plan insofar as coverage did not begin on January 1, 2016.

You did not appear for your scheduled hearing on September 1, 2016, and your appeal was dismissed. Subsequently, your request to vacate that dismissal, received September 22, 2016, was granted and your hearing was rescheduled for October 27, 2016.

On October 27, 2016, 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 support the following findings of fact:

- 1) You testified that you made several attempts to update your NYSOH account before the original December 15, 2015 deadline and were unable to get through to NYSOH.
- 2) According to your NYSOH account, you did not submit an updated application to NYSOH for financial assistance in 2016 by the December 15, 2015 deadline and, therefore, were automatically determined eligible for a qualified health plan at full cost on December 20, 2015, as stated in the December 21, 2015 eligibility redetermination notice.
- 3) According to your NYSOH account and your testimony, you selected and were enrolled in an Essential Plan on December 22, 2015, as stated in the December 24, 2015 enrollment confirmation notice.
- 4) You did not proffer any documentary proof of your attempts to contact NYSOH before December 15, 2015, and none are contained in your NYSOH account.
- 5) You further testified that you were able to get through on January 19, 2016, and were transferred to several different people with no resolution as to

your request to backdate our Essential Plan coverage and had to file an appeal.

- 6) You want your enrollment in an Essential Plan to begin on January 1, 2016, because you incurred medical expenses that month that you need covered.

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

Applicable Law and Regulations

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 and not January 1, 2016.

You testified, and the record indicates, that NYSOH automatically updated your account on December 20, 2015 and determined you eligible to enroll in a qualified health plan at full cost. Thereafter, on December 22, 2015, a NYSOH representative assisted you in enrolling in an Essential Plan with an effective start date of February 1, 2016.

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.

Although you testified that you attempted to reach NYSOH before December 15, 2015, the record does not support your testimony. Absent any such supporting proof, we are constrained to base this decision on the evidence in the record.

In this regard, the record reflects that, on December 22, 2015, you selected an Essential Plan. Since that date is after the 15th of the month, your enrollment properly took effect on the first day of the second month following December 2015; that is, on February 1, 2016.

Therefore, the December 24, 2015 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective February 1, 2016, is correct and must be AFFIRMED.

Decision

The December 24, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: November 7, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Essential Health Plan is February 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.

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).

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 24, 2015 eligibility determination is **AFFIRMED**.

This decision does not change your eligibility.

The effective date of your Essential Health Plan is February 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:

