



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: AP000000006341

[REDACTED]

Dear [REDACTED],

On May 12, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 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).

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NY State of Health Account ID: [REDACTED]
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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 son's enrollment in an Essential Plan was effective March 1, 2016?

Procedural History

On October 25, 2015, a renewal notice was issued stating that based upon the information from federal and state data sources, a decision could not be made about whether your son qualified for financial help paying for his health coverage for the upcoming coverage year. You were directed to update the information in your account by December 15, 2015, or the financial assistance you were receiving might end.

On November 13, 2015, a disenrollment notice was issued terminating your son's coverage in his qualified health plan effective September 30, 2015. This was because a premium payment was not received.

Your account was updated on November 20, 2015.

On November 22, 2015, NYSOH issued a notice of eligibility determination, based on your November 20, 2015 application, stating that your son was eligible to enroll in the Essential Plan, effective January 1, 2016.

On January 21, 2016, an enrollment confirmation notice was issued confirming your son's enrollment in an Essential Plan 1 plan with a start date of March 1, 2016.

On January 20, 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 12, 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 are seeking insurance for your eldest son.
- 2) The record reflects that your son was enrolled in a qualified health plan through the NYSOH until being disenrolled effective September 30, 2015 for non-payment of premium. You testified that this was correct.
- 3) You testified you did receive the October 25, 2015 renewal notice for your household asking you to update your account by December 15, 2015.
- 4) You submitted an application to NYSOH for financial assistance on November 20, 2015.
- 5) The record reflects that your screen name for your NYSOH account is [REDACTED] You testified that this was correct.
- 6) Your NYSOH account events tab indicates that on November 20, 2015 under your screen name, enrollments were added for your two younger children, but no enrollment was added for your oldest son.
- 7) You testified that you believed you had updated enrollments for your entire household and that everything was up to date with your son's health coverage.
- 8) You testified, and the record reflects, that you contacted the NYSOH and enrolled your son in an Essential Plan on January 20, 2016, after you realized that he did not have health coverage.
- 9) You testified that you wanted your oldest child's enrollment in an Essential Plan to begin on January 1, 2016 because that is when you had expected it

to begin, on the same time as your two younger children in their health plan.

10) You testified that your son did not incur medical costs during the gap in coverage he had experienced.

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 son's enrollment in the Essential Plan was effective March 1, 2016.

A renewal notice was issued on October 25, 2015, stating a decision could not be made about whether your son qualified for financial help paying for his health coverage for the upcoming year. You were asked to update the information in your account by December 15, 2015.

You submitted an application to NYSOH for financial assistance on November 20, 2015. The record reflects that your screen name for your NYSOH account is [REDACTED]. You testified that this was correct.

Your NYSOH account events tab indicates that on November 20, 2015 under your screen name, enrollments were added for your two younger children, but no enrollment was added for your oldest son. You testified that you believed you had updated enrollments for your entire household and that everything was up to date with your son's health coverage.

You testified, and the record indicates, that you then updated your NYSOH application on January 20, 2016. You contacted the NYSOH and enrolled your son in an Essential Plan on January 20, 2016, after you realized that he did not have health coverage.

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 after the fifteenth day of the month goes into effect on the first day of the second following month.

On January 20, 2016, you selected an Essential Plan for your son, so his enrollment properly took effect on the first day of the second month following January; that is, on March 1, 2016.

Therefore, the January 21, 2016, enrollment confirmation notice stating that your son's enrollment in the Essential Plan was effective March 1, 2016, is correct and must be AFFIRMED.

Decision

The January 21, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: May 20, 2016

How this Decision Affects Your Eligibility

This decision does not change your son's eligibility.

The effective date of your son's Essential Health Plan is March 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:

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- By mail at:
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 21, 2016 enrollment confirmation notice is **AFFIRMED**.

This decision does not change your son's eligibility.

The effective date of your son's Essential Health Plan is March 1, 2016.

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Legal Authority

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

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A Copy of this Decision Has Been Provided To:

