



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

## Notice of Decision

Decision Date: November 25, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007922

[REDACTED]

Dear [REDACTED]

On October 27, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 21, 2016 eligibility determination and enrollment confirmation 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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## Decision

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NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007922



## 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 eligibility and enrollment in an Essential Plan was effective April 1, 2016?

## Procedural History

On January 26, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, based on your January 25, 2016 application, stating that you were conditionally eligible to receive advance premium tax credits up to \$240.00 per month as well as receive cost sharing reductions effective March 1, 2016. You were asked to provide income documentation before April 24, 2016. The determination was based on your attested household income of \$23,760.00.

No enrollments were made into a qualified health plan.

On February 20, 2016, NYSOH received your updated application for financial assistance.

On February 21, 2016, an eligibility determination notice was issued finding you eligible to enroll in the Essential Plan effective April 1, 2016. The determination was based on your attested household income of \$21,050.00.

Also on February 21, 2016, NYSOH issued a notice of enrollment, based on your plan selection on February 20, 2016, stating that you were enrolled in an Essential Plan and that your plan would start April 1, 2016.

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On March 14, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential insofar as it did not begin March 1, 2016.

On October 27, 2016 you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During your hearing, you testified you are now seeking a backdate of your Essential Plan to January 1, 2016. The record was developed during the hearing and kept open 15 days for you to provide documentation showing the last day of your employer sponsored insurance, and record of your Unemployment Insurance Benefits disbursements. The documentation was received and incorporated into the record as Appellant's Exhibit 1 (See Document [REDACTED]). The record is now closed.

## **Findings of Fact**

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

- 1) You are seeking insurance for yourself.
- 2) You submitted an application to NYSOH for financial assistance on January 25, 2016.
- 3) The record supports you submitted your application without assistance using your online account. You testified this was correct.
- 4) Your application states you will be filing your taxes as single, and will claim no dependents. You testified this was correct.
- 5) You testified, and the record reflects, that you enrolled in an Essential Plan on February 20, 2016.
- 6) You testified that you wanted your enrollment in an Essential Plan to begin on January 1, 2016 because you had medical bills during the months of January and March, 2016.
- 7) The record supports you lost your employer sponsored insurance on December 31, 2015 (Appellant's Exhibit 1, pg. 1).
- 8) You reside in Monroe County, NY.

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 April 1, 2016.

You testified, and the record indicates, that you submitted your NYSOH application on January 25, 2016. Although you were found eligible to enroll in a qualified health plan with advance premium tax credits up to \$240.00 per month and cost sharing reductions, you did not make a selection for enrollment in a qualified health plan that day.

You then submitted an updated application for financial assistance on February 20, 2016.

As a result, you were found eligible for the Essential Plan as of April 1, 2016, and enrolled into a plan that 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

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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.

Since on February 20, 2016 you selected an Essential Plan, your enrollment would properly take effect on the first day of the second month following February; that is, on April 1, 2016.

Therefore, the February 21, 2016 eligibility determination and enrollment confirmation notices stating your eligibility and enrollment was April 1, 2016 is correct and must be AFFIRMED.

## **Decision**

The February 21, 2016 eligibility determination and enrollment confirmation notices are AFFIRMED.

**Effective Date of this Decision:** November 25, 2016

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

This decision does not change your eligibility.

The effective date of your Essential Health Plan is April 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)).

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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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Albany, NY 12211
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### **Summary**

The February 21, 2016, eligibility determination, and enrollment confirmation notices are AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Health Plan is April 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:**



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