



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

Notice of Decision

Decision Date: September 22, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008099

[REDACTED]

Dear [REDACTED],

On September 19, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 17, 2016 notice of enrollment.

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: AP000000008099

[REDACTED]

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 enrollment in an Essential Plan was effective May 1, 2016?

Procedural History

On December 19, 2015, NYSOH received your initial application for health insurance.

On December 20, 2015, NYSOH issued an eligibility determination notice, based on your December 19, 2015 application, stating that you were eligible to enroll in the Essential Plan, effective January 1, 2016.

Also on December 20, 2015, NYSOH issued a notice of enrollment, based on your plan selection on December 19, 2015, stating that you were enrolled in an Essential Plan, and that your plan coverage would start January 1, 2016.

On March 11, 2016, NYSOH issued a disenrollment notice stating that your Essential Plan coverage had been terminated effective February 29, 2016. This was because premium payment(s) had not been received by the insurance carrier.

On March 17, 2016, NYSOH issued a notice of enrollment, based on your plan selection on March 16, 2016, stating that you were reenrolled in an Essential Plan, and that your plan coverage would start May 1, 2016.

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On March 21, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan insofar as it began as of May 1, 2016, rather than March 1, 2016.

On September 19, 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 submitted your initial application to NYSOH for financial assistance on December 19, 2015.
- 2) You initially enrolled in an Essential Plan on December 19, 2015. Your coverage began as of January 1, 2016.
- 3) You testified that you had inadvertently missed a payment to your Essential Plan insurance carrier, and that you were disenrolled from that health plan effective February 29, 2016.
- 4) You testified, and the record reflects, that you reenrolled in the Essential Plan on March 16, 2016. Your Essential Plan coverage resumed effective May 1, 2016.
- 5) You testified that you wanted your enrollment in an Essential Plan to begin on March 1, 2016, rather than May 1, 2016, because you incurred out-of-pocket medical expenses associated with orthopedic provider appointment on or about March 16, 2016.
- 6) You testified that you did not become aware that you had been disenrolled from your Essential Plan until you attended your doctor's appointment on or about March 16, 2016. You further testified that upon learning that you had been disenrolled from your Essential Plan coverage, you immediately contacted the insurance carrier to resume your Essential Plan coverage at \$20.00 per month.

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 under review is whether NYSOH properly determined that your enrollment in the Essential Plan was effective May 1, 2016, rather than March 1, 2016.

You testified, and the record indicates, that after having been disenrolled from the Essential Plan for non-payment of premium amounts, effective February 29, 2016, you resubmitted for your enrollment in the Essential Plan through NYSOH on March 16, 2016. As a result, you reenrolled into the Essential 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 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.

On March 16, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following March 2016; that is, on May 1, 2016.

Therefore, the March 17, 2016 notice of enrollment stating that your enrollment in the Essential Plan was effective May 1, 2016, is correct and must be **AFFIRMED**.

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).

Decision

The March 17, 2016 notice of enrollment is AFFIRMED.

Effective Date of this Decision: September 22, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Essential Plan is May 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

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- By mail at:
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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The March 17, 2016 notice of enrollment is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Plan is May 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:

