



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

Notice of Decision

Decision Date: September 27, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008304

[REDACTED]

Dear [REDACTED],

On September 22, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 25, 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).

This page intentionally left blank.



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

Decision

Decision Date: September 27, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008304



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 May 1, 2016?

Procedural History

On March 24, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination that stated you were eligible to enroll in the Essential Plan, effective May 1, 2016.

Also on March 24, 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 April 1, 2016.

On March 25, 2016, NYSOH issued a notice of enrollment, based on your plan selection on March 24, 2016, stating that you were enrolled in an Essential Plan, and that your plan would start May 1, 2016.

On September 22, 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

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).

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

- 1) You submitted an updated application to NYSOH for financial assistance on March 24, 2016.
- 2) According to your NYSOH account, you also selected and enrolled in an Essential Plan on March 24, 2016.
- 3) You testified that you wanted your enrollment in an Essential Plan to begin on March 1, 2016 because your Medicaid coverage through Suffolk County Department of Social Services (LDDS) ended abruptly on February 29, 2016, without advance notice of the need to recertify or that your coverage was being discontinued. You further testified that you required daily prescription medication throughout the two months at issue, had to pay out-of-pocket for those medications, and were hospitalized in March 2016 and April 2016, for which you have outstanding medical bills that you need covered.
- 4) You testified that you have not contacted your LDSS or the Medicaid hotline to inquire about why your Medicaid coverage ended without notice of the need to recertify or that your coverage was being discontinued as of February 29, 2016.

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)).

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).

Legal Analysis

The issue is whether NYSOH properly determined that your enrollment in the Essential Plan was effective May 1, 2016 and not as of March 1, 2016.

You testified, and the record indicates, that you submitted your NYSOH updated application on March 24, 2016. As a result, that same day you were found eligible for the Essential Plan as of May 1, 2016 and confirmed your health plan selection.

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 24, 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. In your case, there is no mechanism in the law that permits coverage in an Essential Plan to be backdated.

Therefore, the March 25, 2016 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective May 1, 2016, is correct and must be AFFIRMED.

Notwithstanding, you credibly testified that you had Medicaid through your LDSS and did not receive advance notice that you needed to recertify or your coverage was being terminated as of February 29, 2016, in order for you to timely react. NYSOH Appeals Unit does not have jurisdiction over such issues, but there is a fair hearing process that you can avail yourself of through NYS Office of Temporary Disability Assistance. To learn more about this process, you can access its websites at otda.ny.gov/oah and <https://otda.ny.gov/hearings/faq.asp>.

Decision

The March 25, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: September 27, 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
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

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).

Summary

The March 25, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Plan is May 1, 2016.

With regard to your Medicaid coverage ending through LDSS, there is a fair hearing process that you can avail yourself of through NYS Office of Temporary Disability Assistance. To learn more about this process, you can access its websites at otda.ny.gov/oah and <https://otda.ny.gov/hearings/faq.asp>.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

