



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

## Notice of Decision

Decision Date: November 08, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000008405

[REDACTED]

Dear [REDACTED],

On September 30, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 23, 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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STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## Decision

Decision Date: October 20, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000008405

[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, rather than April 1, 2016?

## Procedural History

On May 12, 2015, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective May 1, 2015. You enrolled in a Medicaid Managed Care (MMC) plan shortly thereafter.

On February 7, 2016, NYSOH issued a notice stating that it was time to renew health insurance for you for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by March 15, 2016 or you might lose the financial assistance you were receiving. The notice also stated that “[y]ou need to make changes between February 16, 2016 and March 15, 2016 to see what you qualify for on April 1, 2016.”

No updates were made to your account by March 15, 2016.

On March 17, 2016, NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You also could not enroll in a qualified health plan at full cost. This was because you had not

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responded to the renewal notice and had not completed the renewal for you within the required timeframe. Eligibility for you ended March 31, 2016.

Also on March 17, 2016, NYSOH issued a disenrollment notice confirming that your MMC plan coverage would end effective March 31, 2016.

On March 22, 2016, NYSOH received an update to your application for health insurance.

On March 23, 2016, NYSOH issued an eligibility redetermination notice based on the information contained in the March 22, 2016 application. The notice stated that you were eligible to enroll in the Essential Plan with monthly premium of \$20.00. This eligibility determination was effective May 1, 2016.

Also on March 23, 2016, NYSOH issued a notice of enrollment, based on your plan selection on March 22, 2016, stating that you were enrolled in an Essential Plan, and that your plan would start effective May 1, 2016.

On March 29, 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 April 1, 2016.

On September 29, 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 received the renewal notice issued by NYSOH on February 7, 2016 requesting that you update your account by March 15, 2016.
- 2) You testified that you contacted an NYSOH representative on or about February 12, 2016 seeking to update your account. You further testified that the NYSOH representative stated that it was too soon to update your account, but so long as you contacted NYSOH before March 31, 2016 your Essential Plan coverage would begin April 1, 2016.
- 3) You testified, and the record reflects, that you contacted NYSOH on March 22, 2016 to renew your health insurance effective April 1, 2016.
- 4) You submitted an application to NYSOH for financial assistance on March 22, 2016.

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- 5) You testified, and the record reflects, that you enrolled in an Essential Plan on March 22, 2016.
- 6) You testified that you wanted your enrollment in an Essential Plan to begin on April 1, 2016, rather than May 1, 2016, because you incurred some out-of-pocket expenses related to prescription drugs you purchased during the month of April 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)).

## **Legal Analysis**

The issue is whether NYSOH properly determined that your enrollment in the Essential Plan was effective May 1, 2016.

You credibly testified that after receiving the February 7, 2016 renewal notice, you contacted NYSOH on February 12, 2016 to renew your health insurance effective April 1, 2016 in order to have seamless coverage during 2016.

You further credibly testified that when you spoke with a NYSOH representative, that person stated that it was too early to renew your coverage but that you could

wait until March 31, 2016 to select a plan for the coverage to be effective April 1, 2016.

You testified, and the record indicates, that you updated your NYSOH application on March 22, 2016. As a result, you were found eligible for the Essential Plan as of March 22, 2016 and enrolled into a plan that day.

However, while the NYSOH representative may have provided erroneous information to you regarding the deadline by which to renew your coverage effective April 1, 2016, you conceded that you received and reviewed the renewal notice, which stated that “[y]ou need to make changes between February 16, 2016 and March 15, 2016 to see what you qualify for on April 1, 2016.” Accordingly, we find that NYSOH provided sufficient information to you in order to renew your coverage effective April 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.

On March 22, 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 23, 2016 notice of enrollment stating that your enrollment in the Essential Plan was effective May 1, 2016, is correct and must be AFFIRMED.

## **Decision**

The March 23, 2016 notice of enrollment is AFFIRMED.

**Effective Date of this Decision:** October 20, 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 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).

## **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

## **Summary**

The March 23, 2016 notice of enrollment is **AFFIRMED**.

This decision does not change your eligibility.

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

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## **Legal Authority**

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**A Copy of this Decision Has Been Provided To:**

