



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

## Notice of Decision

Decision Date: October 14, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000008443

[REDACTED]

Dear [REDACTED],

On October 7, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 30, 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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## Decision

Decision Date: October 14, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000008443



## 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 February 16, 2016, NYSOH issued a renewal notice stating that it was time to renew your health insurance for the next coverage year. That notice also 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 currently receiving.

On March 11, 2016, NYSOH received your updated application for health insurance.

On March 12, 2016, NYSOH issued a notice stating that you may be eligible for health insurance, but more information was needed to make a determination. The notice further requested that you provide income documentation before March 27, 2016 to confirm the information you provided in your application was accurate.

Also on March 12, 2016, NYSOH issued a disenrollment notice stating that your Medicaid Managed Care plan would end effective March 31, 2016.

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On March 16, 2016, you uploaded to your NYSOH account pay vouchers from two different employers.

On March 23, 2016, NYSOH verified those documents as proof of income and your application was updated based upon this new income information.

On March 24, 2016, NYSOH issued an eligibility redetermination notice, based on the March 23, 2016 updated application, stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium effective May 1, 2016.

On March 29, 2016, you contacted NYSOH and made your Essential Plan selection. You were verbally told by a NYSOH representative at that time that your plan would start on May 1, 2016.

Also 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 March 30, 2016, NYSOH issued a notice of enrollment, based on your plan selection on March 29, 2016, stating that you were enrolled in an Essential Plan, and that your plan would start May 1, 2016.

On October 7, 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 an application to NYSOH for financial assistance on March 11, 2016 and listed your expected annual household income as \$16,177.72.
- 2) In response to the February 16, 2016 request for additional information, on March 16, 2016, you uploaded to your NYSOH account pay vouchers from two different employers.
- 3) On March 23, 2016, NYSOH verified all the income documents and your application for financial assistance was updated. The record reflects that NYSOH adjusted your 2016 expected household income to \$21,090.67.
- 4) You testified, and the record reflects, that you selected and were enrolled in an Essential Plan on March 29, 2016.

- 5) You testified that you wanted your enrollment in an Essential Plan to begin on April 1, 2016 because there is a one month gap in coverage from the end of your Medicaid Managed Care plan and the start of your Essential Plan. You testified that you have a chronic medical condition and incurred substantial medical costs 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**

### Annual Eligibility Redetermination

Generally, NYSOH must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

NYSOH must send an annual renewal notice that contains the individual's projected eligibility as well as the information by which NYSOH will use to redetermine a qualified individual's projected eligibility for that year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

### Verification Process

For all individuals whose income is needed to calculate the household's eligibility, the Marketplace must request data that will allow the Marketplace to verify the household's income (45 CFR §155.320(c)(1)(i)). If the Marketplace cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f)).

## 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 testified, and the record indicates, that at the request of NYSOH, you updated your NYSOH application on March 11, 2016. That application for financial assistance shows an expected annual income of \$16,177.72.

In response to NYSOH's request for proof of income documentation, you testified and the record indicates, that you uploaded pay vouchers from two different employers on March 16, 2016.

On March 23, 2016, NYSOH verified those income documents and your application for financial assistance was updated. Based upon the updated information you submitted, your expected yearly income was calculated to be \$21,090.67.

On March 24, 2016, NYSOH issued an eligibility determination notice stating that, based upon the March 23, 2016 updated income information, you were eligible for the Essential Plan effective May 1, 2016.

You testified and the record reflects that you selected an Essential Plan on March 29, 2016.

The date on which enrollment in an Essential Plan can take effect depends on the day a person selects the plan for enrollment.

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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 29, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following March; that is, on May 1, 2016.

Therefore, the March 24, 2016 eligibility determination notice stating that you were eligible for the Essential Plan effective May 1, 2016 is AFFIRMED; and the March 30, 2016 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective May 1, 2016, is correct and must be AFFIRMED.

## **Decision**

The March 24, 2016 eligibility determination notice is AFFIRMED.

The March 30, 2016 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** October 14, 2016

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

This decision does not change your eligibility.

The effective date of your enrollment in the Essential Health Plan you selected 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.

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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 24, 2016 eligibility determination notice is AFFIRMED.

The March 30, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your enrollment in the Essential Health Plan you selected 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:**

