



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

Notice of Decision

Decision Date: February 16, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009061

[REDACTED]

Dear [REDACTED],

On February 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 22, 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: February 16, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009061

[REDACTED]

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 June 1, 2016?

Procedural History

On April 21, 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 May 1, 2016.

On April 22, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, based on your April 21, 2016 application, stating that you were eligible to enroll in the Essential Plan, effective June 1, 2016.

Also on April 22, 2016, NYSOH issued an enrollment notice, based on your plan selection on April 21, 2016, stating that you were enrolled in an Essential Plan, and that your plan would start June 1, 2016.

On February 6, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. A Vietnamese Interpreter ([REDACTED]) assisted throughout the hearing. The record was developed during the hearing and closed at the end of the hearing.

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).

Findings of Fact

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

- 1) You testified that you received a letter from NY Health Options on April 14, 2016, that your coverage was to end April 15, 2016 and you needed to apply for health insurance through NYSOH, which did not give you enough time to enroll by April 15, 2016 because you needed the assistance of a certified application counselor and had to make an appointment.
- 2) You submitted an application to NYSOH for financial assistance on April 21, 2016, with the assistance of a certified application counselor.
- 3) According to your NYSOH account and your testimony, you enrolled in an Essential Plan on April 21, 2016.
- 4) You testified that you wanted your enrollment in an Essential Plan to begin on May 1, 2016 because had to pay for treatment you received that month out of pocket.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Appealable Issues

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

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>).

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).

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

Initially, you testified that NY Health Options did not give you enough notice that your health coverage was to end as of April 15, 2016. You further contend that this late notice also impacted your ability to apply for health insurance coverage through NYSOH for a May 1, 2016 start date. Since this issue relates to late notice by a program outside NYSOH, it is not an issue that NYSOH's Appeals Unit is authorized to address. Therefore, we must dismiss your appeal in this regard.

The issue turns to whether NYSOH properly determined that your enrollment in the Essential Plan was effective June 1, 2016.

You testified, and the record indicates, that you submitted your initial NYSOH application on April 21, 2016. As a result, you were found eligible for the Essential Plan as of June 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 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 you selected an Essential Plan on April 21, 2016, after the fifteenth of the month, your enrollment properly took effect on the first day of the second month following April 2016; that is, on June 1, 2016.

Therefore, the April 22, 2016 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective June 1, 2016, is correct and must be **AFFIRMED**.

Decision

The issue relating to late notice by a program outside NYSOH is not one that NYSOH's Appeals Unit is authorized to address. Therefore, we must dismiss your appeal in this regard.

The April 22, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: February 16, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Essential Health Plan is June 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):

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).

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 issue relating to late notice by a program outside NYSOH is not one that NYSOH's Appeals Unit is authorized to address. Therefore, we must dismiss your appeal in this regard.

The April 22, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Health Plan is June 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:

