



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

Notice of Decision

Notice Date: January 3, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009989

[REDACTED]

[REDACTED]

On November 10, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's May 28, 2016 enrollment notice and notice of eligibility determination.

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

Notice Date: January 3, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009989

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Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NYSOH properly determine that your enrollment in the Essential Plan was effective July 1, 2016, rather than June 1, 2016?

Procedural History

On June 20, 2015, NYSOH issued an eligibility determination notice stating that you remained eligible for Medicaid, effective June 1, 2015. You selected a Medicaid Managed Care (MMC) plan for your coverage.

On April 15, 2016, NYSOH issued a notice stating that it was time to renew your health coverage. That notice stated that, based on information from federal and state sources as of April 5, 2016, NYSOH found 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, based on household income in excess of \$47,080.00. However, you were found eligible to enroll in a qualified health plan (QHP) at full cost. The notice advised that if you did not agree with this notice, or if you needed to select a plan, you need to update your account between April 16, 2016 and May 15, 2016 for your new coverage to begin on June 1, 2016.

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

On May 17, 2016, NYSOH issued a disenrollment notice stating that your MMC plan coverage would end effective May 31, 2016.

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On May 27, 2016, NYSOH received your updated application for health insurance.

On May 28, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for the Essential Plan, effective July 1, 2016.

Also on May 28, 2016, NYSOH issued an enrollment notice confirming your selection of an Essential Plan selection on May 27, 2016. This notice stated that your Essential Plan coverage begin effective July 1, 2016.

On May 31, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of that May 28, 2016 enrollment notice insofar as your Essential Plan coverage began as of July 1, 2016, rather than June 1, 2016.

On November 10, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and remained open as the Hearing Officer directed you to provide as additional evidence to corroborate your testimony: a screenshot of your NYSOH application reflecting that you had been enrolled in the Essential Plan beginning June 1, 2016 and that no further action was required on your part. The record was to be closed 1 day after the hearing date, or upon the receipt of the above referenced documents, whichever occurred earlier.

Later that day, NYSOH received (1) a screenshot of your NYSOH application reflecting the status of your renewal insofar as your Essential Plan coverage had been renewed, and your eligibility effective date was July 1, 2016, and (2) a letter written by you stating, among other things, that the screenshot provided was identical to the screen you had viewed when you submitted for your renewal during the month of May 2016, which reflected that the start dated of your coverage was June 1, 2016.

Accordingly, the record was closed on November 10, 2016.

Findings of Fact

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

- 1) You testified that you were seeking this appeal only for your own eligibility.
- 2) You submitted a revised application to NYSOH for financial assistance on May 27, 2016.
- 3) The record reflects that you selected your Essential Plan on May 27, 2016.

- 4) You testified that during the renewal process, you submitted for your Essential Plan enrollment during May 2016. You further testified that upon having submitted your enrollment online, you encountered an NYSOH screen stating that you had been reenrolled in your health plan effective June 1, 2016, and you did not have to take any further actions.
- 5) You testified that you found out that you had not been enrolled in your Essential Plan coverage when you were not covered for some expensive prescription medications you purchased during the month of June 2016.
- 6) You testified that you were seeking for your Essential Plan coverage to be backdated to June 1, 2016.
- 7) On November 10, 2016, you provided to NYSOH Appeals Unit a screenshot of your NYSOH application reflecting the status of your renewal insofar as your Essential Plan coverage had been renewed, and your eligibility effective date was July 1, 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 sole issue under review is whether NYSOH properly determined that your enrollment in the Essential Plan was effective July 1, 2016, rather than June 1, 2016.

The record indicates that you updated your NYSOH application on May 27, 2016. As a result, you were found eligible for the Essential Plan as of July 1, 2016 and enrolled into a plan that day.

You testified that you selected and enrolled in a plan during May 2016, and you were told your enrollment in the Essential Plan would begin June 1, 2016. At the request of the Hearing Officer, you provided a screenshot reflecting that your renewal had been processed, that you had been reenrolled in your coverage, and that you need not take any further action. However, this screenshot reflected that your coverage would begin effective July 1, 2016, which is consistent with your May 27, 2016 application. You testified that you had reviewed a similar screen that reflected that your Essential Plan coverage had begun as of June 1, 2016, but were unable to provide a screenshot of that event.

Since there was insufficient evidence that you had been reenrolled in an Essential Plan during early May 2016, which would have resulted in a plan start date of June 1, 2016, we must conclude that your application was first revised, and your Essential Plan was selected, on May 27, 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 May 27, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following May 2016; that is, on July 1, 2016.

Therefore, the May 28, 2016 enrollment notice stating that your enrollment in the Essential Plan was effective July 1, 2016, is correct and must be **AFFIRMED**.

Decision

The May 28, 2016 enrollment notice is **AFFIRMED**.

Effective Date of this Decision: January 3, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The Essential Plan coverage for you began effective July 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):

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Summary

The May 28, 2016 enrollment notice is AFFIRMED.

This decision does not change your eligibility.

The Essential Plan coverage for you began effective July 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:

