



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

## Notice of Decision

Decision Date: December 20, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000010625

[REDACTED]

Dear [REDACTED],

On December 13, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's June 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: December 20, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000010625

[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 August 1, 2016?

## Procedural History

On February 29, 2016, NY State of Health (NYSOH) received your updated financial assistance application for health insurance.

On March 1, 2016, NYSOH issued a notice based on your February 29, 2016 application, stating that an eligibility determination could not be made because the income information you provided does not match what NYSOH obtained from State and Federal data sources and that you must provide proof of your income before March 16, 2016.

Also on March 1, 2016, NYSOH issued a disenrollment notice that stated your coverage in your silver-level Qualified Health Plan would end effective March 31, 2016.

On March 22, 2016, you updated your application for health insurance.

On March 23, 2016, NYSOH issued a notice based on your March 22, 2016 updated application, stating that an eligibility determination could not be made because the income information you provided does not match what NYSOH

obtained from State and Federal data sources and that you must provide proof of your income before April 7, 2016.

Also on March 23, 2016, you uploaded your proof of income, which was a letter from your employer (see Document # [REDACTED]). This documentation was subsequently verified by NYSOH on March 31, 2016.

On April 1, 2016, NYSOH issued a notice of eligibility determination, based on your verified income, stating that you were eligible to enroll in the Essential Plan, effective May 1, 2016. That notice also stated that you must pick a health plan.

On June 29, 2016, you selected an Essential Plan with an August 1, 2016 start date.

Also on June 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 June 30, 2016, NYSOH issued a notice of enrollment based on your plan selection on June 29, 2016, stating that you were enrolled in an Essential Plan with a start date of August 1, 2016.

On December 13, 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 supports the following findings of fact:

- 1) You submitted an application to NYSOH for financial assistance on February 29, 2016 and updated that application on March 22, 2016. Your eligibility was pending for you to submit proof of your income.
- 2) On March 23, 2016, you uploaded your proof of income, which was a letter from your employer (see Document # [REDACTED]). This documentation was subsequently verified by NYSOH on March 31, 2016.
- 3) According to your NYSOH account and your testimony, you enrolled in an Essential Plan on June 29, 2016.
- 4) According to your NYSOH account and your testimony, you receive notices from NYSOH by electronic mail.

- 5) You testified that you were having problems with accessing your notices online and that you notified NYSOH of this issue.
- 6) You testified that you received the March 1, 2016 disenrollment notice issued by NYSOH prior to your health plan cancelling.
- 7) You testified that you received the April 1, 2016 eligibility determination notice that stated you must pick a health plan.
- 8) You testified that you did not enroll in a health plan before June 29, 2016 because you had personal issues during that time.
- 9) You testified that you wanted your enrollment in an Essential Plan to begin on April 1, 2016 because you have medical bills for that month.

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 under review is whether NYSOH properly determined that your enrollment in the Essential Plan was effective August 1, 2016.

According to your NYSOH account and your testimony, you applied for financial assistance on February 29, 2016 and updated your application on March 22, 2016. Your eligibility was pending for you to submit proof of your income. That application was subsequently completed when your proof of income was verified by NYSOH on March 31, 2016. As a result, a notice of eligibility determination dated April 1, 2016, was issued stating that you were eligible for the Essential Plan as of May 1, 2016 and that you must pick a health plan. You did not enroll in a plan until June 29, 2016.

According to your NYSOH account and your testimony, you receive notices from NYSOH by electronic mail. You testified that although you were having problems accessing your notices online and that you notified NYSOH of this issue, you did, in fact, receive both the March 1, 2016 disenrollment notice and the April 1, 2016 eligibility determination notice issued by NYSOH. Although you were notified that your health plan was being terminated effective March 31, 2016 and that you needed to pick a plan as of April 1, 2016, you did not enroll in a health plan until June 29, 2016 because of personal issues. Therefore, the record reflects that NYSOH properly notified you that you were about to lose health coverage and that you needed to select a plan in order to ensure your enrollment in your health plan.

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

Therefore, the June 30, 2016 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective August 1, 2016, is correct and must be AFFIRMED.

## **Decision**

The June 30, 2016 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** December 20, 2016

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

This decision does not change your eligibility.

The effective date of your Essential Health Plan coverage is August 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  
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## **Summary**

The June 30, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Health Plan coverage is August 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:**

