



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

Notice of Decision

Decision Date: January 5, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011376

[REDACTED]

Dear [REDACTED]

On January 3, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 18, 2016 enrollment 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011376

[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 September 1, 2016?

Procedural History

On June 8, 2016, NYSOH received an update to your application for health insurance.

On June 9, 2016, NYSOH issued a notice stating that your June 8, 2016 application for health insurance had been reviewed, and that you may be eligible for health insurance through NYSOH. However, the notice also stated that NYSOH could not issue an eligibility determination without additional information to confirm the information you provided in your account was accurate. You were requested to provide income documentation for your household by June 24, 2016 so that an appropriate determination could be made.

On June 29, 2016, NYSOH received a facsimile from your employer, [REDACTED], containing a letter, dated June 13, 2016, stating that you had been employed as of September 8, 2015, that you were not eligible for either health or dental insurance, and that your employment would terminate effective June 24, 2016.

On July 14, 2016, NYSOH received a further update to your application for health insurance.

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On July 15, 2016, NYSOH issued an eligibility determination notice based on the information contained in the July 14, 2016 application. The notice stated that you were eligible to enroll in the Essential Plan for a limited time. You were requested to provide to proof of your income by October 13, 2016 in order for your eligibility to be finalized. This eligibility determination was effective August 1, 2016.

On July 18, 2016, NYSOH issued an enrollment notice confirming your selection of an Essential Plan as of July 17, 2016. The notice confirmed that your Essential Plan coverage would begin effective September 1, 2016.

On August 10, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan insofar as it began on September 1, 2016, and not August 1, 2016.

On January 3, 2017, 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 June 8, 2016. As a result of this application, on June 9, 2016, NYSOH requested that you provide additional income documentation by June 24, 2016.
- 2) Your employer provided a letter to you, dated June 13, 2016, that your employment would terminate effective June 24, 2016.
- 3) You testified that you provided this letter to NYSOH in order to ensure that you maintained health insurance coverage with NYSOH during the months of June, July, August and September 2016, since you would have no insurance available from your employer.
- 4) You testified that you contacted NYSOH several times during June 2016, but were told that you had updated your account too early, and to revise your account later in the month to secure an August 1, 2016 start date for your coverage.
- 5) You further revised your application on July 14, 2016. You were found eligible for the Essential Plan for a limited time, effective August 1, 2016.

- 6) Your application reflects that you enrolled in an Essential Plan on July 17, 2016.
- 7) You testified that you wanted your enrollment in an Essential Plan coverage to begin on August 1, 2016, rather than September 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 issue is whether NYSOH properly determined that your enrollment in the Essential Plan was effective September 1, 2016.

The record reflects that you updated your NYSOH application on July 14, 2016. As a result, you were found eligible for the Essential Plan for a limited time as of July 14, 2016. A notice of eligibility determination was issued on July 15, 2016 reflecting this result. However, the record reflects that you did not enroll in an Essential Plan until July 17, 2017.

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 July 17, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following July 2016; that is, on September 1, 2016.

Therefore, the July 18, 2017 enrollment notice stating that your enrollment in the Essential Plan was effective September 1, 2016, is correct and must be AFFIRMED.

Decision

The July 18, 2016 enrollment notice is AFFIRMED.

Effective Date of this Decision: January 5, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Essential Plan coverage is September 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 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 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
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The July 18, 2016 enrollment notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Plan coverage is September 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:

