



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

## Notice of Decision

Decision Date: January 12, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011496

[REDACTED]

[REDACTED]

On January 9, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 13, 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).

This page intentionally left blank.



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

## Decision

Decision Date: January 12, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011496



## 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 July 19, 2016, NYSOH received an application for health insurance.

On July 20, 2016, NYSOH issued a notice stated that your July 19, 2016 application had been received and you may be eligible for health insurance through NYSOH; however, more information was needed to make a determination. The notice requested that you provide proof of your income and benefit information for third party health insurance by August 3, 2016 so that the information in your application could be confirmed.

On August 3, 2016, NYSOH received an Unemployment Insurance Monetary Benefit Determination letter issued by NYS Dept. of Labor on July 20, 2016.

On August 5, 2016, NYSOH received a letter issued by CDPHP, dated July 18, 2016, stating that your health insurance policy with CDPHP has been terminated effective July 31, 2016.

On August 8, 2016, NYSOH verified the documents you provided on August 3, 2016 and August 8, 2016, reran your eligibility based on the information contained in your account as of August 8, 2016.

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).

On August 9, 2016, NYSOH issued an eligibility determination notice, stating that you were eligible to enroll in the Essential Plan, effective September 1, 2016.

Also on August 9, 2016, NYSOH issued an enrollment notice, based on your plan selection on August 8, 2016, stating that you were enrolled in an Essential Plan, and that your plan would start September 1, 2016.

On August 17, 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 9, 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 July 19, 2016. As a result of this application, NYSOH requested that you provide additional documentation to prove your income and benefit information for third party health insurance by August 3, 2016.
- 2) On August 3, 2016, you provided to NYSOH an Unemployment Insurance Monetary Benefit Determination letter issued by NYS Dept. of Labor on July 20, 2016, reflecting your award of \$310.00 per week.
- 3) On August 5, 2016, you provided a letter issued by CDPHP, dated July 18, 2016, stating that your health insurance policy with CDPHP has been terminated effective July 31, 2016.
- 4) You testified that on several occasions NYSOH representatives who assisted you with your application stated that due to your medical needs, your Essential Plan coverage would begin on August 1, 2016. You further testified that based on statements made by these NYSOH representatives, you saw a doctor during the month of August 2016 and incurred significant medical expenses with the expectation that your coverage would begin on August 1, 2016.
- 5) You testified, and the record reflects, that you enrolled in an Essential Plan on August 8, 2016.

- 6) You testified that you wanted your enrollment in an Essential Plan to begin on August 1, 2016, rather than September 1, 2016, because you incurred approximately \$1,000.00 to \$1,200.00 in out-of-pocket costs for medical expenses.

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.

You testified, and the record indicates, that you submitted your NYSOH application on July 19, 2016. Based on some inconsistencies contained in this application for health insurance, NYSOH requested that you provide proof of your income and benefit information for third party health insurance by August 3, 2016, so that the information in your application could be confirmed.

The record reflects that you provided to NYSOH an Unemployment Insurance Monetary Benefit Determination letter issued by NYS Dept. of Labor on July 20, 2016, reflecting your award of \$310.00 per week.

The record also reflects that you provided to NYSOH a letter issued by CDPHP, dated July 18, 2016, stating that your health insurance policy with CDPHP has been terminated effective July 31, 2016.

These documents were reviewed and verified as acceptable proof on August 8, 2016. Based on this information you provided, you eligibility was rerun on August 8, 2016. As a result, you were found eligible for the Essential Plan, effective September 1, 2016.

The record reflects that you selected an Essential Plan for your coverage on August 12, 2016.

You testified that you were seeking for your Essential Plan enrollment to begin no later than August 1, 2016 due to representations made by employees of NYSOH. However, mere erroneous statements made by NYSOH representatives do not rise to the level of misconduct which would permit an enrollment date earlier than is permitted for enrollees of the Essential Plan generally.

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 August 12, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the first month following August 2016; that is, on September 1, 2016.

Therefore, the August 13, 2016 enrollment notice stating that your enrollment in the Essential Plan was effective September 1, 2016, is correct and must be AFFIRMED.

## **Decision**

The August 13, 2016 enrollment notice is AFFIRMED.

**Effective Date of this Decision:** January 12, 2017

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

This decision does not change your eligibility.

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 your Essential Plan 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 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 August 13, 2016 enrollment notice is AFFIRMED.

This decision does not change your eligibility.

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 your Essential Plan is September 1, 2016.

### **Legal Authority**

We are issuing this determination in accordance with 45 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).



**A Copy of this Decision Has Been Provided To:**

