



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

## Notice of Decision

Decision Date: January 19, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011868

[REDACTED]

[REDACTED]

On January 13, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 1, 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: January 19, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011868

[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 September 1, 2016?

## Procedural History

On August 16, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, based on your August 15, 2016 updated application, stating that you were conditionally eligible to enroll in the Essential Plan, effective September 1, 2016. That notice also stated that you needed to provide proof of your household's income to confirm eligibility.

On August 26, 2016, you submitted proof of your household's income, which was subsequently verified by NYSOH on August 31, 2016 (see Documents [REDACTED]).

On September 1, 2016, NYSOH issued a notice of eligibility determination, based on your August 31, 2016 updated application, stating that you were eligible to enroll in the Essential Plan, effective October 1, 2016.

Also on September 1, 2016, NYSOH issued a notice of enrollment, based on your August 15, 2016 plan selection, stating that you were enrolled in an Essential Plan with a premium of \$20.00 per month, and that your plan would start September 1, 2016.

On September 6, 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 on August 1, 2016.

On January 13, 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 supports the following findings of fact:

- 1) According to your NYSOH account, you submitted an updated application to NYSOH for financial assistance on August 15, 2016. You selected a health plan that same day.
- 2) You testified that you wanted your enrollment in an Essential Plan to begin on August 1, 2016 because the gold-level Qualified Health Plan that you were enrolled in during the month of August 2016 has high deductibles and the Essential Plan does not. You believe that the Essential Plan will cover a greater amount of your medical expense than the gold-level Qualified Health Plan would.
- 3) You testified that you became disabled in June 2016 but were unaware that you could apply for additional financial assistance until you spoke to a NYSOH representative on a separate matter in August 2016, at which time you were advised that you could reapply for more financial assistance.

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

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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.

According to your NYSOH account and your testimony, you updated your NYSOH application on August 15, 2015. As a result, you were found eligible for the Essential Plan as of September 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.

On August 15, 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 September 1, 2016 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective September 1, 2016, is correct and must be AFFIRMED.

## **Decision**

The August 16, 2016 eligibility determination is AFFIRMED.

The September 1, 2016 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** January 19, 2017

## **How this Decision Affects 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).

This decision does not change your eligibility.

The effective date of your Essential Health 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:  
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- By fax: 1-855-900-5557

### **Summary**

The August 16, 2016 eligibility determination is **AFFIRMED**.

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The September 1, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Health Plan 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:**

