



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

## Notice of Decision

Decision Date: April 10, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013036

[REDACTED]

Dear [REDACTED],

On April 4, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 3, 2016 plan 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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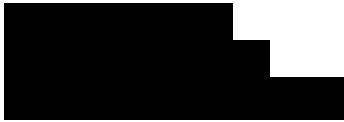


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## Decision

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NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013036



## Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health properly determine that you and your wife's enrollment in an Essential Plan was effective December 1, 2016?

Did the NY State of Health properly determine that your children's enrollment in their Child Health Plus plan was effective December 1, 2016?

## Procedural History

On September 23, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, based on your September 22, 2016 application, stating that you and your wife were eligible to enroll in the Essential Plan and your children were eligible to enroll in a Child Health Plus plan, effective November 1, 2016.

On November 2, 2016, you, your wife, and your children were enrolled into health plans.

Also on November 2, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of you and your wife's enrollment in the Essential Plan and the start date of your children's enrollment in Child Health Plus plan, insofar as it did not begin November 1, 2016.

On November 3, 2016, NYSOH issued a notice of enrollment, based on your plan selection on September 27, 2016, stating that you and your wife were

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enrolled in an Essential Plan, and that your and your wife's plan would start December 1, 2016. It also stated that your children were enrolled in a Child Health Plus plan, and that their plans would start December 1, 2016.

On April 4, 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) You submitted an application to NYSOH for financial assistance on September 22, 2016.
- 2) You testified that you selected a Child Health Plus plan for your children on September 23, 2016 online from home.
- 3) You testified that you selected an Essential Plan for yourself and your wife on September 27, 2016 online from home.
- 4) You testified that you did not hear anything back after selecting your family's coverage online; therefore, you thought that the coverage would begin as of November 1, 2016.
- 5) The record reflects that you did not contact NYSOH until November 2, 2016.
- 6) The record reflects that you confirmed your enrollment of your and your wife's Essential Plan, and your children's Child Health Plus plan on November 2, 2016, with the assistance of a NYSOH representative.
- 7) You testified that you wanted your and your wife's enrollment in your Essential Plan and your children's enrollment in their Child Health Plus plans to begin on November 1, 2016 because you had to pay for prescriptions from the pharmacy out of pocket for the month of November 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

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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)).

### Child Health Plus

The “period of eligibility” for Child Health Plus is “that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date,” unless the CHP premiums are not timely paid or the child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law § 2510(6)).

“A State must specify a method for determining the effective date of eligibility for [Child Health Plus], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [Child Health Plus] and other insurance affordability programs as family circumstances change and avoids gaps or overlaps in coverage” (42 CFR § 457.340(f)).

The State of New York has provided that a child's period of eligibility for Child Health Plus begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if the application is received by the 15th of the month; applications received after the 15th day of the month will be processed for the first day of the second following month (see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

## **Legal Analysis**

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The first issue is whether NYSOH properly determined that you and your wife's enrollment in the Essential Plan was effective December 1, 2016.

You testified, and the record indicates, that you submitted your NYSOH application on September 22, 2016. As a result, you and your wife were found eligible for the Essential Plan as of November 1, 2016.

You testified that on September 27, 2016, you went onto your NYSOH account at home and selected an Essential Plan for you and your wife. Further, the plan enrollment confirmation notice dated November 3, 2016 states that you selected an Essential Plan for enrollment on September 27, 2016. However, the system shows that the plan selection was not confirmed until November 2, 2016.

The date on which enrollment in an Essential Plan can take effect depends on the day a person selects and confirms the plan for enrollment. A plan that is selected and confirmed 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 and confirmed 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 September 27, 2016, you testified that you selected an Essential Plan for you and your wife, however there is no evidence in the record that you properly enrolled that day. The record does support that you did not confirm the plan enrollment until November 2, 2016. Therefore, your enrollment properly took effect on the first day of the following month following November 2016; that is, on December 1, 2016.

Therefore, the November 3, 2016 enrollment confirmation notice stating that you and your wife's enrollment in the Essential Plan was effective December 1, 2016, is correct and must be AFFIRMED.

The second issue is whether NYSOH properly determined that your children's enrollment in their Child Health Plus plan was effective December 1, 2016.

You testified that you went on to your NYSOH account on September 23, 2016 and selected a Child Health Plus plan for your children. However, the system shows that the plan selection was not confirmed until November 2, 2016.

The date on which a Child Health Plus plan can take effect depends on the day a person selects and confirms the plan for enrollment. A plan that is selected and confirmed between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected and confirmed from the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

While the November 3, 2016 notice states that you selected your children's Child Health Plus plan on September 27, 2016, you did not confirm the plan enrollment until November 2, 2016. Therefore, your children's enrollment properly took effect on the first day of the following month following November 2016; that is, on December 1, 2016.

Therefore, the November 3, 2016 enrollment confirmation notice stating that your children's enrollment in their Child Health Plus plan was effective December 1, 2016, is correct and must be AFFIRMED.

## **Decision**

The November 3, 2016 plan enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** April 10, 2017

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

This decision does not change your eligibility.

The effective date of your and your wife's Essential Health Plan is December 1, 2016.

The effective date of your children's Child Health Plus plan is December 1, 2016.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:  
Health Insurance Marketplace  
Attn: Appeals  
465 Industrial Blvd.  
London, KY 40750-0061
- By fax: 1-877-369-0129

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 November 3, 2016 plan enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your and your wife's Essential Health Plan is December 1, 2016.

The effective date of your children's Child Health Plus plan is December 1, 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).



## **Legal Authority**

We are issuing this determination in accordance with 45 CFR § 155.545.

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



## Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

### Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

### 中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

### Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

### 中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

### Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

### 한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

### Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

### العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

### বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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## **Français (French)**

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

## **हिंदी (Hindi)**

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

## **日本語 (Japanese)**

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

## **नेपाली (Nepali)**

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

## **Polski (Polish)**

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

## **Twi (Twi)**

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

## **(Urdu) اردو**

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

## **Tiếng Việt (Vietnamese)**

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

## **אידיש (Yiddish)**

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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