



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

Notice of Decision

Decision Date: June 09, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015674

[REDACTED]

Dear [REDACTED],

On May 15, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 2, 2017 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).

This page intentionally left blank.



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

Decision

Decision Date: June 09, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015674

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health properly determine your enrollment in an Essential Plan was effective no earlier than March 1, 2017?

Procedural History

On January 25, 2017, NY State of Health (NYSOH) received your application for financial assistance with health insurance.

On January 26, 2017, NYSOH issued a notice of eligibility determination stating you were eligible to receive up to \$59.00 in monthly advance payments of the premium tax credit (APTC), effective March 1, 2017. This notice advised you to "pick a health plan."

On February 1, 2017, NYSOH received your updated application for health insurance. That day, a preliminary eligibility determination was prepared stating you were eligible to enroll in the Essential Plan, effective March 1, 2017.

Also on February 1, 2017, you spoke to NYSOH's Account Review Unit and appealed the effective date of your Essential Plan coverage, insofar as you were not covered for the month of February 2017.

On February 2, 2017, NYSOH issued an eligibility determination notice, based on your February 1, 2017 updated application, stating you were eligible to enroll in the Essential Plan, for a limited time, effective March 1, 2017. The notice directed

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).

you to provide proof of your income by May 2, 2017 or you might lose your insurance or receive less help paying for your coverage.

Also on February 2, 2017, NYSOH issued a notice of enrollment, based on your February 1, 2017 plan selection, stating you were enrolled in an Essential Plan with coverage effective March 1, 2017.

On May 15, 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 testified, and your account confirms, you submitted an updated application requesting financial assistance with health insurance on January 25, 2017.
- 2) Based on the information in that application, you were determined eligible to receive APTC, effective March 1, 2017.
- 3) You testified you had issues with the website freezing during your application. You further testified that you thought you had enrolled in a health plan at that time.
- 4) You testified you realized you had not successfully enrolled in a plan on January 25, 2017 when you received a notice from NYSOH directing you to pick a health plan.
- 5) You testified, and your account confirms, you contacted NYSOH by telephone on February 1, 2017, and an updated application for health insurance was submitted on your behalf.
- 6) Based on the information in that application, you were determined eligible to enroll in the Essential Plan, for a limited time, effective March 1, 2017. Income documentation was requested to confirm your eligibility.
- 7) You testified you selected an Essential Plan for enrollment over the phone on February 1, 2017.
- 8) Your account confirms your Essential Plan enrollment was submitted February 1, 2017.

- 9) According to your account, your coverage through the Essential Plan became effective March 1, 2017.
- 10) You testified you are seeking to have your coverage through this plan backdated to February 1, 2017 because you have outstanding medical bills from the month of February 2017.

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 your enrollment in the Essential Plan was effective no earlier than March 1, 2017.

You testified, and your account confirms, you submitted an application for financial assistance with health insurance online on January 25, 2017. As a result, you were found eligible to receive APTC, effective March 1, 2017. You testified that you thought you had enrolled in a health plan at that time, but you had issues with the website freezing during your application. You further testified you realized you had not successfully enrolled in a plan on January 25, 2017 when you received a notice from NYSOH directing you to pick a health plan.

You testified, and your account confirms, you contacted NYSOH by telephone on February 1, 2017 and an updated application for health insurance was submitted on your behalf. Based on the information in that application, you were determined eligible to enroll in the Essential Plan, for a limited time, effective March 1, 2017. Income documentation was requested to confirm your eligibility. You testified, and your account confirms you selected an Essential Plan for enrollment over the phone on February 1, 2017.

According to your account, your coverage through the Essential Plan became effective March 1, 2017. You testified you are seeking to have your coverage through this plan backdated to February 1, 2017 because you have outstanding medical bills from the month of February 2017.

Pursuant to the above cited regulations, 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 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 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 February 1, 2017, you selected an Essential Plan. As this was before the fifteenth day of the month, your enrollment properly took effect on the first day of the first month following February; that is, on March 1, 2017.

Therefore, the February 2, 2017 enrollment confirmation notice stating your enrollment in the Essential Plan was effective March 1, 2017, is correct and must be AFFIRMED.

It is noted that you testified you attempted to enroll in a plan online on January 25, 2017, but due to issues with the website your enrollment did not go through. Notwithstanding the fact that you were eligible for a different program on January 25, 2017 and, thus, you would not have been eligible to enroll in an Essential Plan at this time, pursuant to the regulations, an enrollment submitted on January 25, 2017 would have nonetheless resulted in a March 1, 2017 coverage start date.

Decision

The February 2, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: June 09, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Essential Health Plan is March 1, 2017.

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 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 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 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 February 2, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Health Plan is March 1, 2017.

Legal Authority

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

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।

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).

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.

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).