



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

Notice of Decision

Decision Date: July 3, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016726

[REDACTED]

Dear [REDACTED],

On June 21, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 10, 2017 plan 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(b).

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 Date: July 3, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016726

[REDACTED]

Issue

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

Did New York State of Health (NYSOH) properly determine that your spouse's Essential Plan had an enrollment start date of April 1, 2017?

Procedural History

On January 30, 2017, an application for financial assistance was submitted for your spouse through NYSOH.

On January 31, 2017, NYSOH issued an eligibility determination notice stating that your spouse was eligible for an advance payment of the premium tax credit (APTC) up to \$167.00 per month for a limited time, effective as of March 1, 2017. The notice directed you to provide proof of income by April 30, 2017 to confirm their eligibility.

On February 9, 2017, you faxed income documentation to NYSOH (see Documents [REDACTED] uploaded 2/27/2017).

On March 9, 2017, your spouse's application was updated. NYSOH rendered a preliminary eligibility determination finding your spouse eligible for a limited time to enroll in the Essential Plan with a \$20 premium per month.

Also on March 9, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as the plan enrollment start date of your spouse's health insurance was not until April 1, 2017.

On March 10, 2017, NYSOH issued an eligibility determination notice stating that your spouse was eligible to enroll in the Essential Plan with a \$20.00 premium per month for a limited time, effective as of April 1, 2017. The notice directed you to provide proof of income by June 7, 2017 to confirm [REDACTED] eligibility.

On March 10, 2017, NYSOH issued a plan enrollment notice confirming that, as of March 9, 2017, your spouse was enrolled in an Essential Plan with an enrollment start date of April 1, 2017.

On May 9, 2017, you had a telephone hearing with a Hearing Officer from NYSOH Appeals Unit. The record was developed during the hearing and closed at the end of the proceeding.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) According to your NYSOH account and testimony, you are seeking health insurance for your spouse.
- 2) You testified that you applied for health insurance for your spouse with the assistance of a Fidelis Care representative on January 30, 2017.
- 3) According to your January 30, 2017 application, you attested to the following sources of income: \$29,000.00 yearly from [REDACTED] for yourself; \$12,000.00 yearly from [REDACTED] for your spouse; and ten payments of \$200.00 in unemployment insurance benefits for your spouse.
- 4) You testified that you contacted Fidelis Care on January 31, 2017, and informed them that your spouse was not interested enrolling in a plan because the premiums were too expensive.
- 5) You testified that you contacted NYSOH on February 8, 2017, and were informed by a NYSOH that your spouse was eligible for the Essential Plan. You were directed to submit income documentation to NYSOH.
- 6) According to your NYSOH account, an application for financial assistance was not submitted on February 8, 2017.
- 7) You testified that you received notices from NYSOH by regular mail.

- 8) You testified that you never received a notice from NYSOH, following the February 8, 2017 conversation, stating that your spouse was eligible for the Essential Plan.
- 9) You testified that you did not enroll your spouse in a health plan on February 8, 2017.
- 10) You testified that your spouse went to the emergency room on [REDACTED] and [REDACTED]; and was admitted to the hospital on [REDACTED] and discharged on [REDACTED].
- 11) According to your March 9, 2017 application, you attested to the following sources of income: \$29,000.00 yearly from [REDACTED] for yourself, and ten payments of \$200.00 in unemployment insurance benefits for your spouse.
- 12) You testified you did not include your spouse's income from [REDACTED] on the March 9, 2017, application because it was not certain that [REDACTED] would be able to return to work due to [REDACTED] health issues.
- 13) According to your NYSOH account, your spouse was enrolled in the Essential Plan on March 9, 2017, with an enrollment start date of April 1, 2017.
- 14) You testified you want your spouse's enrollment start date to be March 1, 2017, to cover the medical expenses that were incurred in March 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

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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 that your spouse's enrollment start date in his Essential Plan should be effective April 1, 2017.

You submitted an application for financial assistance on January 30, 2017. You attested to three sources of income for you and your spouse in 2017. Based on your attestation of income, your spouse was determined eligible for APTC of up to \$167.00 per month for a limited time. You testified that your spouse was not interested in a health plan because the premiums were too expensive.

You testified that you contacted NYSOH on February 8, 2017, and were informed by a representative that your spouse was eligible for the Essential Plan. The record reflects that an application for financial assistance was not submitted on February 8, 2017; nor was an eligibility determination notice issued at that time by NYSOH stating that your spouse was eligible to enroll in the Essential Plan.

The record supports that you next contacted NYSOH on March 9, 2017, and an application for financial assistance was submitted for your spouse. You attested to two sources of income for you and your spouse on that application because it was not certain if your spouse would be able to return to work due to [REDACTED] health issues. Based on your attestation in the March 9, 2017 application, your spouse was determined eligible for the Essential Plan, and an Essential Plan was selected on that date.

The date on which 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 will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

On March 9, 2017, an Essential Plan was selected for your spouse, so it properly took effect on the first day of the following month after March 9, 2017; that is, on April 1, 2017.

Therefore, the March 10, 2017 plan enrollment notice stating that your spouse's enrollment in ■ Essential Plan would be effective April 1, 2017, was correct and must be AFFIRMED.

Decision

The March 10, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: July 3, 2017

How this Decision Affects Your Eligibility

Your spouse's Essential Plan enrollment start date is April 1, 2017.

Your spouse did not have health insurance coverage through NYSOH during the month of March 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

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).

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 March 10, 2017 plan enrollment notice is AFFIRMED.

Your spouse's Essential Plan enrollment start date is April 1, 2017.

Your spouse did not have health insurance coverage through NYSOH during the month of March 2017.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545(a).

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:



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。我们可以为您免费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 1-855-355-5777번으로 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)

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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।

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&btumi 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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