



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

Notice of Decision

Decision Date: November 8, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019728

[REDACTED]

[REDACTED]

On September 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 7, 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 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: November 8, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019728

[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 spouse's enrollment in an Essential Plan was effective November 1, 2017?

Procedural History

On June 13, 2017, NYSOH received your and your spouse's updated application for health insurance. That same day, a preliminary eligibility determination was prepared finding in part that your and your spouse's enrollment in your Essential Plan was effective July 1, 2017.

Also on June 13, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your and your spouse's enrollment in the Essential insofar as it began July 1, 2017, and not June 1, 2017.

On June 14, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for the Essential Plan for a limited time, effective July 1, 2017. That notice directed you to provide your and your spouse's proof of income before September 11, 2017.

On June 14, 2017, NYSOH issued a plan enrollment notice, based on your plan selection on June 13, 2017, confirming that your spouse was enrolled in an Essential Plan, and that her plan would start July 1, 2017.

Also on June 14, 2017, you submitted four current consecutive weekly paystubs dated May 19, 2017 through June 9, 2017, which were validated by NYSOH that same day ([REDACTED]).

On June 15, 2017, NYSOH issued an eligibility determination notice, based on the June 14, 2017 validated income documentation, stating that your spouse was eligible to share with you in up to \$598.00 per month in advanced payment of the premium tax credit and cost-sharing reductions if she enrolled in a silver-level qualified health plan, effective July 1, 2017. The notice further stated that your spouse did not qualify for the Essential Plan because her household income was over the allowable limit for that program.

Also on June 15, 2017, NYSOH issued a disenrollment notice stating that your spouse's enrollment in her Essential Plan would end on July 1, 2017, because she was no longer eligible to enroll in the Essential Plan.

On June 23, 2017, NYSOH issued a plan enrollment notice confirming that your spouse was enrolled in a bronze-level qualified health plan with a premium of \$167.16 per month, and that her plan would start August 1, 2017.

On October 7, 2017, NYSOH issued an eligibility determination notice, based on your October 6, 2017 application, stating that your spouse was eligible to enroll in the Essential Plan with no monthly premiums for a limited time, effective November 1, 2017.

Also on October 7, 2017 NYSOH issued a plan enrollment notice, based on your plan selection on October 6, 2017, confirming that your spouse was enrolled in an Essential Plan, and that her plan would start November 1, 2017.

On September 20, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Your request to amend your appeal to request solely that your spouse's Essential Plan be made effective July 1, 2017, was granted and testimony was received. 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, your spouse was originally found eligible for the Essential Plan, effective July 1, 2017. Upon validation of your household income, your spouse was determined to be over income for the Essential Plan, based on the income documentation you submitted on June 14, 2017. As such, she was disenrolled from the Essential Plan, effective July 1, 2017.

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- 2) According to your NYSOH account, you next enrolled your spouse in a bronze-level qualified health plan with an effective date of August 1, 2017.
- 3) According to your NYSOH account, you submitted an updated application to NYSOH for financial assistance on behalf of your spouse on October 6, 2017. That same day your spouse was found conditionally eligible for the Essential plan, effective November 1, 2017.
- 4) According to your NYSOH account, you enrolled your spouse in an Essential Plan on October 7, 2017.
- 5) You testified that you wanted your spouse's enrollment in an Essential Plan to begin July 1, 2017, because she has a medical bill for \$83.00 from that month.

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 that your spouse's enrollment in the Essential Plan was effective November 1, 2017.

You testified, and the record indicates, that your spouse was disenrolled from her Essential Plan effective July 1, 2017, because your household was over income for that program. Based on the income documents you submitted that NYSOH verified and validated, your spouse was found eligible to enroll in a qualified health plan with APTC to be applied as of August 1, 2017. Since you refined your appeal to the start date of your spouse's Essential Plan coverage, this determination is not under review and will not be addressed by this Decision.

Thereafter, you updated your NYSOH application on behalf of your spouse on October 6, 2017. As a result, she was found conditionally eligible for the Essential Plan as of November 1, 2017, pending proof of income to confirm her eligibility, 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 October 6, 2017, you selected an Essential Plan for your spouse, so her enrollment properly took effect on the first day of the month following October 2017; that is, on November 1, 2017.

Therefore, the October 7, 2017 plan enrollment notice stating that your spouse's enrollment in the Essential Plan was effective November 1, 2017, is correct and must be AFFIRMED.

Decision

The October 7, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: November 8, 2017

How this Decision Affects Your Eligibility

This decision does not change your spouse's eligibility.

The effective date of your spouse's Essential Health Plan is November 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 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

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).

Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The October 7, 2017 plan enrollment notice is AFFIRMED.

This decision does not change your spouse's eligibility.

The effective date of your spouse's Essential Health Plan is November 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 1-855-355-5777 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 مجانًا.

বাংলা (Bengali)

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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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. y&b&tumi 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.

שׂוֹדֵיט (Yiddish)

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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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