



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

**Notice of Decision**

Decision Date: November 13, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000020708

[REDACTED]

[REDACTED]

On October 4, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health’s July 21, 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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## Decision

Decision Date: November 13, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000020708

[REDACTED]

## Issue

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

Did NY State of Health (NYSOH) properly determine that your enrollment in your Essential Plan did not begin until September 1, 2017?

## Procedural History

According to your NYSOH account, on April 11, 2017, pursuant to NYSOH's request, you submitted a copy of two consecutive bi-weekly paystubs dated March 2, 2017 and March 16, 2017. These documents were validated by NYSOH on April 17, 2017 [REDACTED]

On April 18, 2017, NYSOH issued an eligibility determination notice stating that you were newly eligible to receive up to \$210.00 in advance payment of the premium tax credit and to receive cost-sharing reductions if you enrolled in a silver-level qualified health plan for a limited time, effective June 1, 2017. The notice stated that you were not eligible for the Essential Plan because the household income you provided is over the allowable income limit for that program.

Also on April 18, 2017, NYSOH issued a disenrollment notice stating that your coverage with the Essential Plan would end on May 31, 2017, because you were no longer eligible to enroll in the Essential Plan.

On July 20, 2017, you submitted an updated application for financial assistance. That day, NYSOH issued a preliminary eligibility determination finding in part that you were eligible to enroll in the Essential Plan as of September 1, 2017.

Also on July 20, 2017, you appealed the preliminary eligibility determination insofar as your Essential Plan began on September 1, 2017, and not June 1, 2017.

On July 21, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan for a limited time with a \$20.00 premium per month, effective September 1, 2017. That notice further stated you must provide proof of household income by October 18, 2017, to confirm your eligibility.

Also on July 21, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in the Essential Plan, effective September 1, 2017.

On October 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) According to your NYSOH account and your testimony, you receive your notices from NYSOH by regular mail.
- 2) According to your NYSOH account, on April 17, 2017 your application was updated based on documents you submitted to NYSOH, and you were found eligible for APTC based on your attested income of \$28,516.20, and ineligible for the Essential Plan. You were then terminated from your Essential Plan as of May 31, 2017.
- 3) You testified that you did not receive the disenrollment notice telling you that you were being terminated from your Essential Plan eligibility.
- 4) You testified that when you were sent NYSOH's disenrollment notice you were staying at a friend's house and your family was collecting your mail. Your family did not give you the notices during this time.
- 5) You testified that you did not know that you were terminated from the Essential Plan until you received disenrollment and eligibility determination notices from your family, but by then the date to act upon them had already passed.

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- 6) According to your NYSOH account, you updated your account and enrolled into an Essential Plan on July 20, 2017, with an effective date of September 1, 2017.
- 7) You testified that you wanted your enrollment in the Essential Plan to begin on June 1, 2017 because, although, you don't have any medical bills for those months, you don't want to have a gap in your health insurance coverage.

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 enrollment in your Essential Plan did not begin until September 1, 2017.

The record reflects that, on April 11, 2017, you submitted proof of income, which was validated by NYSOH on April 17, 2017. Also on April 17, 2017, NYSOH recalculated your household income and redetermined your eligibility based on an increase of your attested income of \$28,516.20.

Initially, it is noted that you were found eligible to receive up to \$210.00 per month in APTC as of June 1, 2017, based on your April 17, 2017 updated application. This eligibility determination is not in dispute.

Because the increased income put you at 240.04% of the FPL of \$11,880.00 for a one-person household, you were no longer eligible for the Essential Plan as of June 1, 2017, as stated in the April 18, 2017 eligibility determination notice. As such, on April 18, 2017, NYSOH issued a disenrollment notice stating that your coverage with the Essential Plan would end on May 31, 2017.

You testified that you did not receive the notices telling you that you were being terminated from your Essential Plan. You testified that when you were sent NYSOH's April 18, 2017 disenrollment and eligibility determination notices you were staying at a friend's house and your family was collecting your mail. Your family did not give you the notices during this time. By the time your family gave you these notices, the date to act upon them had already passed.

However, your family's failure to give to you your NYSOH's notices, specifically your April 18, 2017 eligibility determination and disenrollment notices, in a timely manner so that you could act upon them, is not an error or mistake of NYSOH, its entities or instrumentalities.

Therefore, the record reflects that NYSOH properly notified you of your new eligibility determination and disenrollment and that information in your NYSOH account needed to be updated to ensure your enrollment in your Essential plan and eligibility for financial assistance would continue.

According to your NYSOH account, you updated your account and enrolled into an Essential Plan on July 20, 2017, with an effective date of September 1, 2017.

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 July 20, 2017, after the fifteenth day of the month, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following July 2017; that is, on September 1, 2017.

Therefore, the July 21, 2017 plan enrollment notice stating that your enrollment in the Essential Plan was effective September 1, 2017, is correct and must be **AFFIRMED**.

## **Decision**

The July 21, 2017 plan enrollment notice is AFFIRMED.

This Decision does not affect any of your subsequent eligibility determinations.

**Effective Date of this Decision:** November 13, 2017

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

This decision does not change your eligibility.

The effective date of your Essential Plan is September 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 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 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 July 21, 2017 plan enrollment notice is AFFIRMED.

This Decision does not affect any of your subsequent eligibility determinations.

This decision does not change your eligibility.

The effective date of your Essential Plan is September 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 مجانًا.

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## **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।

## **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 srε wo, frε 1-855-355-5777. ye&εtumi ama wo obi a okyerε 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.

## **אַײַדיש (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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