



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

Notice of Decision

Decision Date: April 10, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026464

[REDACTED]

[REDACTED]

On March 30, 2018, your authorized representative appeared by telephone at a hearing on your appeal of NY State of Health's December 29, 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: April 10, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026464

[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 enrollment in an Essential Plan was effective February 1, 2018?

Procedural History

On December 13, 2017, NY State of Health (NYSOH) received your updated application for financial assistance for health insurance.

On December 14, 2017, NYSOH issued a notice stating that the information you had entered into your application did not match what NYSOH received from state and federal data sources and that more information was needed in your application. This notice further directed you to submit proof of your household income by December 28, 2017, to confirm your eligibility.

On December 26, 2017, you uploaded two documents to your NYSOH account.

On December 27, 2017, NYSOH validated the documentation you provided and updated your income information from \$15,890.43 to \$24,519.00 and an updated application was submitted on your behalf.

On December 28, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for to purchase a qualified health plan at full cost through NYSOH, effective February 1, 2018. This notice further stated you were ineligible for advanced premium tax credit (APTC) and cost-sharing reductions because

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you told NYSOH that you were married but plan on filing your federal tax return as married filing single.

Also on December 28, 2017, NYSOH received your updated application for financial assistance with health insurance. That day a preliminary eligibility determination was prepared stating that you were eligible to enroll in an Essential Plan with a \$20.00 monthly premium, effective February 1, 2018. You selected a plan for your enrollment.

On December 28, 2017, you also spoke to the NYSOH's Account Review Unit and appealed the start date of your enrollment in your Essential Plan insofar as it started February 1, 2018, and not January 1, 2018.

On December 29, 2017, NYSOH issued an eligibility determination notice, based on the December 28, 2017 application, stating that you were eligible for the Essential Plan with a \$20.00 monthly premium for a limited time, effective February 1, 2018. This notice also directed you to submit proof of your household income by March 28, 2018.

Also on December 29, 2017, NYSOH issued a plan enrollment notice, based on your plan selection on December 28, 2017, confirming your enrollment in an Essential Plan with a \$20.00 monthly premium, effective February 1, 2018.

On March 30, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Your adult child, [REDACTED] acted as your authorized representative during the hearing and provided testimony on your behalf. 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) Your authorized representative testified that you are only appealing the start date of your Essential Plan.
- 2) According to your NYSOH account, NYSOH issued an eligibility determination notice on December 28, 2017 stating that you were found eligible for to purchase a qualified health plan at full cost, effective February 1, 2018.
- 3) According to your NYSOH account, on December 28, 2017, you also submitted an updated application to NYSOH. More specifically, you added your spouse to your NYSOH account, changed your tax filing status from married filing single to married filing jointly and updated your expected annual household income to \$25,282.00.

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- 4) According to your NYSOH account, on December 28, 2017, you were found eligible to enroll in an Essential Plan with a \$20.00 monthly premium, for a limited time, effective February 1, 2018.
- 5) According to your NYSOH account, you enrolled in an Essential Plan with a \$20.00 monthly premium on December 28, 2017, with an enrollment start date of February 1, 2018.
- 6) Your authorized representative testified that you want your enrollment in your Essential Plan to begin on January 1, 2018, because it is not fair that you submitted the necessary paperwork and completed an application by the deadline but still have a gap in coverage.
- 7) Your authorized representative testified that you do not have any unpaid medical bills for the month of January 2018.

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/downloads/ny-blueprint.pdf>).

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 the Essential Plan was effective February 1, 2018.

The record indicates that on December 28, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective February 1, 2018.

However, the record reflects that, on December 28, 2017, instead of enrolling into a qualified health plan, you submitted an updated application for financial assistance with health insurance. More specifically, you added your spouse to your account, changed your tax filing status from married filing single to married filing jointly and updated your expected annual household income to \$28,282.00. As a result, you were found eligible to enroll in the Essential Plan with a \$20.00 monthly premium as of February 1, 2018 for a limited time, and you selected an Essential Plan for enrollment on December 28, 2017.

The date on which enrollment in an Essential Plan can take effect depends on the day the person selects an Essential 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.

The record reflects that you selected an Essential Plan for your enrollment on December 28, 2017, which is after the fifteenth of the month. Therefore, your enrollment in your Essential Plan properly took effect on the first day of the second month following December 2017; that is, on February 1, 2018.

Therefore, the December 29, 2017 plan enrollment notice stating that your enrollment in the Essential Plan was effective February 1, 2018, is correct and must be AFFIRMED.

Decision

The December 29, 2018 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: April 10, 2018

How this Decision Affects Your Eligibility

This decision does not change your eligibility for or enrollment in the Essential Plan.

The effective date of your Essential Health Plan is February 1, 2018.

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 December 29, 2018 plan enrollment notice is AFFIRMED.

This decision does not change your eligibility for or enrollment in the Essential Plan.

The effective date of your Essential Health Plan is February 1, 2018.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[REDACTED]

[REDACTED]

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 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.

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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