



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

## Notice of Decision

Decision Date: April 4, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027716

[REDACTED]

[REDACTED]

On March 27, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 17, 2018 eligibility determination and January 25, 2018 enrollment confirmation notices.

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 4, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027716

[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 an Essential Plan was effective March 1, 2018?

## Procedural History

On November 24, 2017, you completed an application for financial assistance with health insurance through NYSOH.

On November 25, 2017, NYSOH issued a notice of eligibility determination, stating that you were eligible to receive up to \$372.00 per month in advance payments of the premium tax credit (APTC), and eligible for cost-sharing reductions if you enrolled in a silver level qualified health plan, effective January 1, 2018. The notice also stated that you were not eligible for the Essential Plan or Medicaid because your income was over the allowable income limits for those programs.

On January 16, 2018, you updated your NYSOH account.

On January 17, 2018, NYSOH issued a notice of eligibility determination, based on your January 16, 2018 application, stating that you were eligible to enroll in the Essential Plan, effective March 1, 2018.

Also on January 17, 2018, NYSOH issued a notice of enrollment, based on your plan selection on January 16, 2018, stating that you were enrolled in an Essential Plan, and that your plan would start March 1, 2018.

On January 24, 2018, you updated your plan selection to include dental and vision coverage.

Also on January 24, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan, insofar as it did not begin January 1, 2018.

On January 25, 2018, NYSOH issued a notice of enrollment, based on your updated plan selection on January 24, 2018, stating that you were enrolled in an Essential Plan, plus dental and vision coverage, beginning March 1, 2018.

On March 27, 2018, 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 support the following findings of fact:

- 1) You first submitted an application to NYSOH for financial assistance on November 24, 2017.
- 2) You testified that, when you found out your eligibility and the cost of the health plans, you knew you could not afford the coverage, and so you did not enroll in a plan.
- 3) You testified that you may have included income from 2017 that you did not need to include when you did your November 24, 2017 application.
- 4) You testified that you ended up [REDACTED] in January 2018 and had to have [REDACTED] that was unexpected.
- 5) You testified that, while you were [REDACTED], you updated your application because you wanted to have coverage so your hospital bills could be paid.
- 6) Your NYSOH account reflects that you updated your account again on January 16, 2018, and were found eligible for the Essential Plan.
- 7) You testified that you have outstanding medical bills from January 2018 that are extremely high, and that you could not begin to afford paying.

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- 8) You testified that you spoke to NYSOH about backdating your coverage, and were told that they could not do that, as you did not enroll when you were found eligible in November 2017.
- 9) You testified that you did not see any reason to enroll in coverage at that time, since you could not afford the premiums.

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 eligibility for, and enrollment in, the Essential Plan was effective March 1, 2018.

You testified, and the record indicates, that you first submitted an application for financial assistance on November 24, 2017. As a result, you were found eligible to receive up to \$372.00 per month in APTC, and eligible for cost-sharing reductions. You testified that, when you found out what the premium cost would be if you enrolled in a health plan, you decided that you could not afford to enroll in coverage. You testified you may have included income in your application that you did not need to include, as it was from 2017. However, you did not testify, and there is no indication in the record, that your financial eligibility was incorrectly determined based on the information you provided at the time, nor is

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there any indication that your lack of enrollment in a plan was due to the actions or error of a NYSOH representative. As such, there is no basis in the record for backdating your Essential Plan eligibility.

You updated your application again on January 16, 2018. You testified that you [REDACTED] and had to [REDACTED] in January, so you applied for health insurance while you were [REDACTED]. As a result, you were found eligible for the Essential Plan as March 1, 2018. You selected a plan for enrollment that same day, and then updated your plan selection on January 24, 2018.

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 January 16, 2018 and then January 24, 2018, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following January 2018; that is, on March 1, 2018.

Therefore, the January 17, 2018 eligibility determination and the January 25, 2018 enrollment confirmation notices, stating that your eligibility for, and enrollment in, the Essential Plan was effective March 1, 2018, are correct and must be AFFIRMED.

## **Decision**

The January 17, 2018 eligibility determination is AFFIRMED.

The January 25, 2018 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** April 4, 2018

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

This decision does not change your eligibility.

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

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 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

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Albany, NY 12211

- By fax: 1-855-900-5557

## **Summary**

The January 17, 2018 eligibility determination is AFFIRMED.

The January 25, 2018 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Health Plan is March 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:**

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## 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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