



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

Notice of Decision

Decision Date: April 18, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029231

[REDACTED]

[REDACTED]

On April 13, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health’s February 13, 2018 eligibility determination notice, February 13, 2018 disenrollment notice, and February 22, 2018 enrollment confirmation 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 18, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029231



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 April 1, 2018?

Procedural History

On February 12, 2018, a certified application counselor updated your application for financial assistance with health insurance. That day, NYSOH prepared a preliminary eligibility determination stating that you were eligible for the Essential Plan for a limited time, effective March 1, 2018.

Also on February 12, 2018, your certificate of naturalization was uploaded to your NYSOH account.

Additionally, on February 12, 2018, NYSOH verified your citizenship documentation, updated your application to reflect that you were a naturalized citizen, and changed your application type from a financial assistance application to a non-financial assistance application.

On February 13, 2018, NYSOH issued an enrollment confirmation notice, based on your plan selection on February 12, 2018, stating that you were enrolled in an Essential Plan with a plan enrollment start date of March 1, 2018.

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Also on February 13, 2018, NYSOH issued a notice of eligibility determination stating that you were newly eligible to purchase a qualified health plan at full cost through NYSOH, effective March 1, 2018.

Additionally, on February 13, 2018, NYSOH issued a disenrollment notice stating that your enrollment in your Essential Plan would end on March 1, 2018. This was because you were no longer eligible to enroll in the Essential Plan.

On February 21, 2018, you updated your application for financial assistance.

On February 22, 2018, NYSOH issued a notice of eligibility determination, based on your February 21, 2018 application, stating that you were eligible to enroll in the Essential Plan, effective April 1, 2018.

Also on February 22, 2018, NYSOH issued a notice of enrollment, based on your plan selection on February 21, 2018, stating that you were enrolled in an Essential Plan, and that your plan would start April 1, 2018.

Additionally, on February 22, 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 March 1, 2018.

On April 13, 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 supports the following findings of fact:

- 1) A certified application counselor submitted an application for financial assistance to NYSOH on your behalf on February 12, 2018. As a result of this application, you were found eligible for the Essential Plan for a limited time as additional documentation was needed to confirm your eligibility. This application indicated that you are a United States citizen. The certified application counselor also enrolled you in an Essential Plan that day.
- 2) On February 12, 2018, a copy of your certificate of naturalization was uploaded to your NYSOH account. This indicates that you became a naturalized United States citizen on [REDACTED].
- 3) On February 12, 2018, an NYSOH representative verified your certificate of naturalization and updated your application to indicate that you were a naturalized United States citizen and to include your naturalization certificate number. The NYSOH representative also changed your

application type from a financial assistance application to a non-financial assistance application.

- 4) You testified that when you tried to make your premium payment for your coverage to begin on March 1, 2018, you were told that your Essential Plan had no record of your coverage.
- 5) On February 21, 2018, you accessed your NYSOH account and updated your application from a non-financial assistance application to a financial assistance application. As a result, you were found eligible for the Essential Plan. You selected an Essential Plan for enrollment that day.
- 6) You testified that you never advised NYSOH that you did not want help paying for your health insurance.
- 7) You testified that you want your enrollment in an Essential Plan to begin on March 1, 2018, because you were originally told your coverage would begin March 1, 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

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The issue is whether NYSOH properly determined that your enrollment in the Essential Plan was effective April 1, 2018.

You testified, and the record indicates, that you submitted your NYSOH application on February 12, 2018. As a result, you were found eligible for the Essential Plan for a limited time as of March 1, 2018 and enrolled into a plan that day.

Also on February 12, 2018, a copy of your certificate of naturalization was uploaded to your NYSOH. That day, an NYSOH representative verified your certificate of application and updated your application accordingly. However, the NYSOH representative also updated your application from a financial assistance application to a non-financial assistance application, which resulted in you being found eligible for a full cost qualified health plan and disenrolling you from your Essential Plan.

Your NYSOH account indicates that you updated your application for a non-financial assistance application to a financial assistance application on February 21, 2018. As a result, you were found eligible for the Essential Plan as of April 1, 2018 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.

As you submitted an application for financial assistance on February 12, 2018 and selected an Essential Plan for enrollment that day, and were only disenrolled as the result of an error on the part of an NYSOH representative changing your application from a financial assistance application to a non-financial assistance application, your enrollment in your Essential Plan should have begun as of March 1, 2018.

Therefore, the February 13, 2018 eligibility determination notice and the February 13, 2018 disenrollment notice are **RESCINDED**.

The February 22, 2018 enrollment confirmation notice is **MODIFIED** to state that you are enrolled in your Essential Plan as of March 1, 2018.

Your case is **RETURNED** to NYSOH to begin your enrollment in your Essential Plan as of March 1, 2018.

Decision

The February 13, 2018 eligibility determination notice is RESCINDED.

The February 13, 2018 disenrollment notice is RESCINDED.

The February 22, 2018 enrollment confirmation notice is MODIFIED to state that you are enrolled in your Essential Plan as of March 1, 2018.

Your case is RETURNED to NYSOH to enroll you in your Essential Plan as of March 1, 2018.

Effective Date of this Decision: April 18, 2018

How this Decision Affects Your Eligibility

NYSOH improperly disenrolled you from your Essential Plan as of March 1, 2018.

Your enrollment in your Essential Plan should have begun as of March 1, 2018.

Your case is being sent back to NYSOH to begin your enrollment in your Essential Plan as of March 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:

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).

- 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
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The February 13, 2018 eligibility determination notice is RESCINDED.

The February 13, 2018 disenrollment notice is RESCINDED.

NYSOH improperly disenrolled you from your Essential Plan as of March 1, 2018.

The February 22, 2018 enrollment confirmation notice is MODIFIED to state that you are enrolled in your Essential Plan as of March 1, 2018.

Your enrollment in your Essential Plan should have begun as of 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).

Your case is RETURNED to NYSOH to enroll you in your Essential Plan as of March 1, 2018.

Your case is being sent back to NYSOH to begin your enrollment in your Essential Plan as of 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:



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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