



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

## Notice of Decision

Decision Date: March 29, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027553

[REDACTED]

Dear [REDACTED],

On March 20, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 23, 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: March 29, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027553



## 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 with dental and vision coverage was effective March 1, 2018?

## Procedural History

On November 21, 2017, NYSOH issued a notice of eligibility determination, based on your November 20, 2017 application, stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium for a limited time, effective January 1, 2018. The notice also directed you to submit documentation of your income by February 18, 2018.

Also on November 21, 2017, NYSOH issued a notice of enrollment, based on your plan selection on November 20, 2017, stating that you were enrolled in a United Healthcare (UHC) Essential Plan with a \$20.00 monthly premium, and that your coverage would begin on January 1, 2018. The notice also indicated that you were enrolled in an Empire Blue Cross/Blue Shield (BC/BS) dental plan with a monthly premium of \$22.33, beginning January 1, 2018.

On January 22, 2018, you changed your plan enrollment. That same day, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your new Essential Plan coverage, insofar as it did not begin on February 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).

On January 23, 2018, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in a UHC Essential Plan, plus dental and vision coverage, with a monthly premium of \$47.90, beginning March 1, 2018.

On January 24, 2018, NYSOH issued a disenrollment notice, stating that your enrollment in your previous UHC Essential Plan (with no dental and vision coverage) was ending, effective February 28, 2018. The notice also stated that your enrollment in your Empire BC/BS dental plan was ending on January 31, 2018.

On March 20, 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 submitted an updated application to NYSOH for financial assistance on November 20, 2017.
- 2) Your NYSOH account reflects that your November 20, 2017 application update and plan selection were completed online by "[REDACTED]"
- 3) You testified, and the record reflects, that you selected an Essential Plan for enrollment on November 20, 2017, and selected an Empire BC/BS dental plan for enrollment that same day.
- 4) You testified that you researched the plans available to you and spoke to Empire BC/BS, and decided on the Empire BC/BS dental plan.
- 5) You testified that you needed to get dental work done, and that you thought the plan you selected would be the best coverage.
- 6) You testified that the people you spoke with at Empire BC/BS did not tell you that there was a six-month waiting period to have anything beyond a [REDACTED] visit covered.
- 7) You testified that, because several people at Empire BC/BS gave you misinformation about the dental plan, you ended up having to postpone the dental procedures you need done, which caused you pain and discomfort.
- 8) You testified that you think you may have dental bills from February 2018 that were not covered.

- 9) You testified that you have not filed a complaint or appeal with Empire BC/BS because you did not know that you could do so.

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 your Essential Plan plus dental and vision coverage was effective March 1, 2018.

The record reflects that you updated your NYSOH application on November 20, 2017. As a result, you were found eligible for the Essential Plan as of January 1, 2018. You also selected a UHC Essential Plan and an Empire BC/BS dental plan for enrollment on that day.

You testified that you did research regarding dental plans available to you, and spoke to Empire BC/BS about the plan that you ended up enrolling in. You testified that you did not know that there was a six-month waiting period before you could have anything besides preventative work done, and so you switched your dental coverage to the UHC Essential Plan plus dental and vision on January 22, 2018. You testified that you think this coverage should take effect on February 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).

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 22, 2018, you selected your UHC Essential Plan plus dental and vision coverage, so your enrollment in that plan properly took effect on the first day of the second month following January: that is, on March 1, 2018.

Though you testified that you were given incomplete information from Empire BC/BS, which led to your selection of their dental plan, there is no indication in the record that you were given incorrect information by NYSOH, or by an application counselor or other enrollment facilitator. Therefore, there is no basis to backdate the start date of your new plan.

As such, the January 23, 2018 enrollment confirmation notice stating that your enrollment in your UHC Essential Plan with dental and vision was effective March 1, 2018, is correct and must be AFFIRMED.

If you would like more information about how to file a complaint regarding the actions of an insurance company, you may contact the NYS Department of Financial Services at (800) 342-3736.

## **Decision**

The January 23, 2018 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** March 29, 2018

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

This decision does not change your eligibility.

The effective date of your UHC Essential Plan plus dental and vision coverage is March 1, 2018.

If you would like more information about how to file a complaint regarding the actions of an insurance company, you may contact the NYS Department of Financial Services at (800) 342-3736.

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 23, 2018 enrollment confirmation notice is **AFFIRMED**.

This decision does not change your eligibility.

The effective date of your UHC Essential Plan plus dental and vision coverage is March 1, 2018.

If you would like more information about how to file a complaint regarding the actions of an insurance company, you may contact the NYS Department of Financial Services at (800) 342-3736.

## **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 okyer& 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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