



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

Notice of Decision

Decision Date: March 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011724

[REDACTED]

Dear [REDACTED],

On January 13, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 9, 2016 and August 23, 2016 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).

This page intentionally left blank.



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

Decision

Decision Date: March 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011724



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 daughter's enrollment in a dental plan was effective no earlier than September 1, 2016?

Procedural History

On January 22, 2016, NYSOH issued a notice of eligibility redetermination stating that you and your family were eligible to enroll in the Essential Plan, effective March 1, 2016.

Also on January 22, 2016, NYSOH issued a letter confirming, in relevant part, that your adult daughter was enrolled in a dental plan through DeltaCare USA Basic Plan for Families NS INN Family Dental Dep 25 with Delta Dental of New York, Inc. effective March 1, 2016.

On August 9, 2016 and on August 23, 2016, NYSOH issued letters confirming, in relevant part, that your daughter was enrolled in Delta Dental PPO Basic Plan for Families NS OON Family Dental Dep 25, effective March 1, 2016.

Also on August 9, 2016, NYSOH issued a disenrollment notice stating that your request to end your daughter's insurance coverage with Delta Dental of New York, Inc. was received August 8, 2016. The notice further stated that your daughter's coverage with Delta Dental of New York, Inc. would end effective August 31, 2016.

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 August 27, 2016, you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation notices insofar as your daughter's Delta Dental PPO Basic Plan for Families NS OON Family Dental Dep 25 coverage actually began on September 1, 2016, and not as of March 1, 2016.

On January 13, 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, you submitted an application to NYSOH for financial assistance for your family on January 21, 2016.
- 2) According to your NYSOH account, you and your family were determined eligible to enroll in the Essential Plan effective March 1, 2016.
- 3) According to your NYSOH account, you receive your notices by regular mail.
- 4) According to your NYSOH account, no notices have been returned by the post office.
- 5) According to your NYSOH account, on January 21, 2016, you selected for your daughter a dental plan, DeltaCare USA Basic Plan for Families NS INN Family Dental Dep 25, offered by Delta Dental of New York, Inc.
- 6) Your daughter's enrollment in the plan became effective March 1, 2016.
- 7) You testified that, when you made this dental plan selection, you believed it was the same Delta Dental plan that you selected for yourself.
- 8) According to your NYSOH account, on January 21, 2016, you selected Delta Dental PPO Basic Plan for Families NS OON Family Dental Dep 25 offered by Delta Dental of New York, Inc., and were enrolled in that plan as of March 1, 2016.
- 1) You testified you intended to enroll your daughter in that same dental plan so that she could continue to be seen by your family dentist, who was listed as a participant with Delta Dental on the NYSOH website.

- 2) You testified that your daughter went for a routine service with your family dentist in March 2016. You testified that you then received a bill for the full dental service.
- 3) You testified that you called the dentist's office and were informed that the dentist did not participate in the Delta Dental plan that you selected for your daughter.
- 4) You testified that you called Delta Dental and they told you that they could not switch your daughter to the plan that you selected for yourself and in which your family dentist participated. You further testified that Delta Dental told you that only NYSOH could make that change.
- 5) According to your NYSOH account and your testimony, on August 8, 2016, you contacted NYSOH and changed your daughter's Delta Dental plan to the same one you had selected for yourself on January 21, 2016.
- 6) You testified that you need your daughter's Delta Dental PPO Basic Plan for Families NS OON Family Dental Dep 25 offered by Delta Dental of New York, Inc. to begin on March 1, 2016 because the dental service she received in March 2016 was not covered by Delta Dental.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health 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)). 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 determine that your daughter's enrollment in Delta Dental PPO Basic Plan for Families NS OON Family Dental Dep 25 with Delta Dental of New York, Inc. was effective no earlier than September 1, 2016.

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).

According to your NYSOH account, on January 21, 2016 you selected your daughter's dental plan. The plan you selected for your daughter was DeltaCare USA Basic Plan for Families NS INN Family Dental Dep 25 offered through Delta Dental of New York, Inc.

According to your NYSOH account, on January 21, 2016 you selected for yourself, Delta Dental PPO Basic Plan for Families NS OON Family Dental Dep 25 offered through Delta Dental of New York, Inc.

You testified that, when you were considering your dental plan options, you checked with the NYSOH website and it indicated that your family dentist was a participant in Delta Dental.

You testified that, when you made the selection for your daughter's dental plan, you thought you were selecting the same plan you had already selected for yourself and that your family dentist would accept as a participant with Delta Dental.

You testified that it was not until you received a bill from your dentist for your daughter's March 2016 service that you learned that you had inadvertently selected a Delta Dental plan with a similar name to the one you selected for yourself, in which your family dentist did not participate.

According to your NYSOH account, on August 8, 2016, you contacted NYSOH and changed your daughter's dental plan from DeltaCare USA Basic Plan for Families NS INN Family Dental Dep 25 to Delta Dental PPO Basic Plan for Families NS OON Family Dental Dep 25.

According to your NYSOH account, the August 9, 2016 and the August 23, 2016 enrollment notices confirming your daughter's change in Delta Dental plans state that the plan enrollment start date is March 1, 2016. However, the enrollment tabs in your NYSOH account reflect that your daughter's Delta Dental PPO Basic Plan for Families NS OON Family Dental Dep 25 did not begin until September 1, 2016.

The date on which a qualified health 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 fifteenth day of a month goes into effect on the first day of the following month.

The August 9, 2016 enrollment confirmation notice clearly references that you selected the dental plan for your daughter on August 8, 2016. Likewise, the August 23, 2016 enrollment confirmation notice clearly references that you selected the dental plan for your daughter on August 22, 2016.

As such, those portions of NYSOH's August 9, 2016 and August 23, 2016 enrollment confirmation notices that state the plan enrollment start date for your daughter's Delta Dental PPO Basic Plan for Families NS OON Family Dental Dep 25 plan was March 1, 2016 were incorrect. Since the first of the two enrollment confirmation notices, dated August 9, 2016, indicates you selected the dental plan for your daughter on August 8, 2016, the proper enrollment start date would be the first day of the next month following August 2016; that is September 1, 2016.

Therefore, those portions of the August 9, 2016 and August 23, 2016 enrollment confirmation notices are MODIFIED to state that your daughter's Delta Dental PPO Basic Plan for Families NS OON Family Dental Dep 25 plan start date is September 1, 2016.

Decision

The August 9, 2016 and August 23, 2016 enrollment confirmation notices are MODIFIED to state that your daughter's dental enrollment start date with Delta Dental PPO Basic Plan for Families NS OON Family Dental Dep 25 is September 1, 2016.

Effective Date of this Decision: March 13, 2017

How this Decision Affects Your Eligibility

This decision does not change your daughter's eligibility.

Your daughter's enrollment in her Delta Dental PPO Basic Plan for Families NS OON Family Dental Dep 25 plan properly began as of September 1, 2016.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. 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 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 August 9, 2016 and August 23, 2016 enrollment confirmation notices are MODIFIED to state that your daughter's dental enrollment start date with Delta Dental PPO Basic Plan for Families NS OON Family Dental Dep 25 is September 1, 2016.

This decision does not change your daughter's eligibility.

Your daughter's enrollment in her Delta Dental PPO Basic Plan for Families NS OON Family Dental Dep 25 plan properly began as of September 1, 2016.

Legal Authority

We are issuing this determination in accordance with 45 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).

A Copy of this Decision Has Been Provided To:

