



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

## Notice of Decision

Decision Date: June 16, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015975

[REDACTED]

Dear [REDACTED],

On May 23, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 11, 2017 plan disenrollment notice and February 18, 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).

This page intentionally left blank.



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

## Decision

Decision Date: June 16, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015975



## Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly terminate your domestic partner's enrollment in the Essential Plan, effective December 31, 2016, because of non-payment of premiums?

Did NYSOH properly determine that your domestic partner's re-enrollment in an Essential Plan was effective April 1, 2017?

## Procedural History

On June 9, 2016, NYSOH issued an eligibility redetermination notice stating in part that your domestic partner was eligible to enroll in the Essential Plan, effective July 1, 2016.

Also on June 9, 2016, NYSOH issued a plan enrollment notice confirming your domestic partner was enrolled in an Essential Plan 1 with a \$20.00 monthly premium and a start date of July 1, 2016.

On January 11, 2017, NYSOH issued a plan disenrollment notice that stated your domestic partner's coverage in his Essential Plan 1 would end effective December 31, 2016, because premium payments had not been received by the health plan within the required timeframe.

On February 18, 2017, NYSOH issued a plan enrollment notice confirming in part that your domestic partner was enrolled in an Essential Plan 1 with a start date of April 1, 2017.

On February 17, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your domestic partner's enrollment in the Essential Plan insofar as it did not begin January 1, 2017.

On May 23, 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) You testified that you are only appealing the health insurance coverage in regards to your domestic partner.
- 2) According to your NYSOH account and your testimony, on June 9, 2016, notices were issued stating that your domestic partner was determined eligible for the Essential Plan and was enrolled in Essential Plan 1 with a \$20.00 monthly premium, effective July 1, 2016.
- 3) You testified that the health plan generally emailed you regarding premium payments and that you made your monthly payments via an internet link contained in the email.
- 4) You testified that, at some point, the emails from the health plan regarding monthly premium payments stopped coming. You testified that in December 2016 you received a bill in the mail for premiums due for July 2016, August 2016, September 2016, October 2016, November 2016 and December 2016.
- 5) You testified that you paid this bill prior to the due date.
- 6) According to your NYSOH account, on January 11, 2017, your domestic partner was disenrolled from his Essential Plan 1 effective December 31, 2016 because of non-payment of premium.
- 7) According to your NYSOH account and your testimony, you re-enrolled your domestic partner in Essential Plan 1 on February 17, 2017 with a plan enrollment start date of April 1, 2017.

- 8) You testified that you spoke with both the health plan and with NYSOH in multiple attempts to get the billing issues cleared up without success.
- 9) You testified that your domestic partner does not have any medical bills for the period of January 1, 2017 thru March 31, 2017.
- 10) You testified that you feel that your domestic partner's Essential Plan coverage should not have been cancelled and that it was the health plan's mistake in not sending you monthly bills for premiums.

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

## **Applicable Law and Regulations**

### Appealable Issues

An applicant has the right to appeal to the Appeals Unit of NYSOH: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, and (4) a failure by NYSOH to provide timely notice of an eligibility determination (45 CFR § 155.505).

### 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/basic-health-program.html>).

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 first issue under review is whether NYSOH properly terminated your domestic partner's enrollment in his Essential Plan 1 as of December 31, 2016 because of non-payment of premiums.

You testified that you were making premium payments via an internet link that was sent to you monthly by the health plan. You testified that at some point the health plan stopped sending you that monthly email regarding premium payments. You testified that in December of 2016 you received in the regular mail, a bill for premiums for the months of July 2016, August 2016, September 2016, October 2016, November 2016 and December of 2016. You testified that you paid that bill before the due date.

On January 11, 2017, NYSOH issued a disenrollment notice stating that your domestic partner's coverage in his Essential Plan was terminated effective December 31, 2016 because of non-payment of premiums.

The NYSOH Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure by the Exchange to provide timely notice of an eligibility determination, and (5) a denial of a request to vacate dismissal made by the NYSOH Appeals Unit.

Since the Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums, we cannot reach the merits as to whether or not your domestic partner was properly terminated from his Essential Plan for non-payment of premiums. Therefore, your appeal of the January 11, 2017 cancellation notice is DISMISSED as a non-appealable issue.

The second issue under review is whether NYSOH properly determined that your domestic partner's re-enrollment in the Essential Plan was effective April 1, 2017.

You testified, and the record indicates, that after having been disenrolled from the Essential Plan 1 as stated in the January 11, 2017 notice, you re-enrolled your domestic partner in the Essential Plan on February 17, 2017.

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.

The record reflects that, on February 17, 2017, you selected an Essential Plan for your domestic partner. As such, his enrollment properly took effect on the first day of the second month following February 2017; that is, on April 1, 2017.

Therefore, that portion of the February 18, 2017 plan enrollment notice stating that your domestic partner's enrollment in the Essential Plan was effective April 1, 2017, is correct and must be AFFIRMED.

## **Decision**

Your appeal of the January 11, 2017 disenrollment notice is DISMISSED as a non-appealable issue.

The February 18, 2017 plan enrollment notice stating that your domestic partner's enrollment in the Essential Plan was effective April 1, 2017 is AFFIRMED.

**Effective Date of this Decision:** June 16, 2017

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

This decision does not change your domestic partner's eligibility.

The effective start date of your domestic partner's Essential Health Plan is April 1, 2017.

Your domestic partner did not have health insurance coverage through NYSOH during the months of January 2017, February 2017, and March 2017.

## **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.

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).

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

### **Summary**

Your appeal of the January 11, 2017 disenrollment notice is **DISMISSED** as a non-appealable issue.

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 February 18, 2017 plan enrollment notice stating that your domestic partner's enrollment in the Essential Plan was effective April 1, 2017 is **AFFIRMED**.

This decision does not change your domestic partner's eligibility.

The effective start date of your domestic partner's Essential Health Plan is April 1, 2017.

Your domestic partner did not have health insurance coverage through NYSOH during the months of January 2017, February 2017, and March 2017.

### **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。我们可以为您免费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)

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).

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।

### **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 okyerE 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.

### **אַײַדיש (Yiddish)**

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).

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.

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).