



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

Notice of Decision

Decision Date: August 1, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017905

[REDACTED]

Dear [REDACTED]

On July 27, 2017, you and your Authorized Representative appeared by telephone at a hearing on your appeal of NY State of Health's January 25, 2017 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.

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DEPARTMENT OF HEALTH
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Decision

Decision Date: August 1, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017905



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 family's enrollment in MVP Premier Platinum ST INN Dep29 Telemedicine Wellness began no earlier than March 1, 2017?

Procedural History

On October 20, 2016, NYSOH issued a renewal and eligibility determination notice stating that your family remained eligible to purchase a health plan at full cost. The notice also stated that your family had been reenrolled in MVP Premier Plus Bronze 1 NS INN Dep29 Acupuncture Telemedicine Wellness (MVP Bronze), with such coverage beginning effective January 1, 2017.

On December 9, 2016, NYSOH issued a disenrollment notice confirming your request to end your family's coverage under the MVP Bronze plan as of December 8, 2016. The notice stated that your family's coverage would end effective January 1, 2017.

Also on December 9, 2016, NYSOH issued an enrollment notice confirming your selection of MVP HQNet Platinum 1 NS INN Dep29 Acupuncture Limited Network Telemedicine Wellness (MVP HQNet Platinum) as your family's health plan as of December 8, 2016. The notice stated that your family's coverage under this plan would begin effective January 1, 2017, at a monthly premium cost of \$2,243.27.

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On January 25, 2017, NYSOH issued a disenrollment notice confirming your request to end your family's coverage under the MVP HQNet Platinum plan as of January 24, 2017. The notice stated that your family's coverage under this plan would end effective February 28, 2017.

Also on January 25, 2017, NYSOH issued an enrollment notice confirming your selection of MVP Premier Platinum ST INN Dep29 Telemedicine Wellness (MVP Premier Platinum) as your family's health plan as of January 24, 2017. The notice stated that your family's coverage under this plan would begin effective March 1, 2017, at a monthly premium cost of \$2,470.84.

On April 10, 2017, you spoke to NYSOH's Account Review Unit and appealed the January 25, 2017 enrollment notice insofar as NYSOH began your family's coverage under MVP Premier Platinum beginning March 1, 2017, rather than January 1, 2017.

On April 13, 2017, NYSOH received a letter from you detailing the circumstances and reasoning of your appeal in seeking a backdate of your family's coverage under MVP Premier Platinum to January 1, 2017.

On July 27, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. At your request, [REDACTED] [REDACTED] also attended the hearing as your Authorized Representative. 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 testified that you wanted [REDACTED] [REDACTED] to act as your Authorized Representative during the hearing.
- 2) Your family was initially enrolled in the MVP Bronze plan effective January 1, 2017 because of NYSOH's annual renewal of coverage for the 2017 plan year.
- 3) You testified, and your NYSOH account reflects, that you selected the MVP HQNet Platinum as your family's health plan on December 8, 2016. You further testified that you upgraded your family's health coverage since you anticipated have additional medical costs associated with [REDACTED] you had received in December 2016.
- 4) You testified that you selected the MVP HQNet Platinum based on your providers having accepted MVP plans generally, and statements made on the NYSOH website at the time of your plan selection. You further testified

that you believed that this plan would open a wider range of providers to you insofar as could see providers accepting MVP HQNet plans, not potentially limiting the providers available to you. You further testified that while the office you were having your procedures performed in was participating in the HQ Network, the doctors providing care for you at those facilities were not participating providers. You conceded that you did not take any steps to independently confirm that MVP HQNet Platinum was a plan that was accepted by those doctors.

- 5) You testified, and the documentation you provided reflects, that on J [REDACTED] [REDACTED], you were notified by [REDACTED] office that there was a problem with your insurance coverage since MVP HQNet Platinum was not accepted by their office.
- 6) You testified that you contacted NYSOH immediately to switch your family's health plan from MVP HQNet Platinum to MVP Premier Platinum, which was accepted by your providers.
- 7) Your NYSOH account reflects that on January 24, 2017, you contacted NYSOH to switch your family's coverage from MVP HQNet Platinum to MVP Premier Platinum.
- 8) You testified, and your Authorized Representative confirmed, that due to you not having had the appropriate plan that was accepted by your providers during January and February 2017, you incurred approximately \$20,000.00 in medical expenses that were not covered.
- 9) You testified that you believed your initial selection of MVP HQNet Platinum was due to an aggressive marketing push by NYSOH and to a poor description of the services covered and the providers accepting such a plan.
- 10) You testified that you would be willing to pay any additional premium amounts due in connection with a backdate of the start of your family's NYSOH Premier Platinum plan.

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

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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 determined that your family's enrollment in MVP Premier Platinum began no earlier than March 1, 2017.

The record reflects that you selected MVP HQNet Platinum as your family's health plan on December 8, 2016. Your coverage under this plan began effective January 1, 2017.

You testified that you selected the MVP HQNet Platinum based on your providers having accepted MVP plans generally, and statements made on the NYSOH website at the time of your plan selection. You further testified that you believed that this plan would open a wider range of providers to you insofar as could see providers accepting MVP HQNet plans, not potentially limiting the providers available to you. You further testified that while the office you were having [REDACTED] was participating in the HQ Network, the doctors providing care for you at those facilities were not participating providers. You conceded, however, that you did not take any steps to independently confirm that MVP HQNet Platinum was a plan that was accepted by your providers.

The record shows that you updated the information in your NYSOH account on January 24, 2017 and submitted a request to switch your family's health plan from MVP HQNet Platinum to MVP Premier Platinum. On January 25, 2017, NYSOH issued an enrollment notice stating that your family's enrollment in MVP Premier Platinum was effective March 1, 2017.

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 after the fifteenth day of a month goes into effect on the first day of the second following month.

Therefore, NYSOH's January 25, 2017 enrollment notice is AFFIRMED because it properly began your family's enrollment in MVP Premier Platinum on March 1, 2017.

Decision

The January 25, 2017 enrollment notice is AFFIRMED.

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Effective Date of this Decision: August 1, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your family's enrollment in MVP HQNet Platinum ended effective February 28, 2017.

Your family's enrollment in MVP Premier Platinum began as of March 1, 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.

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

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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):

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- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 25, 2017 enrollment notice is AFFIRMED.

This decision does not change your eligibility.

Your family's enrollment in MVP HQNet Platinum ended effective February 28, 2017.

Your family's enrollment in MVP Premier Platinum began as of March 1, 2017.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

[REDACTED]

[REDACTED]

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 مجانًا.

বাংলা (Bengali)

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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 नि:शुल्क 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 नि:शुल्क 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&btumi 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.

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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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