



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

Notice of Decision

Decision Date: September 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019774

[REDACTED]

Dear [REDACTED]

On September 14, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 11, 2017 disenrollment notice and the July 21, 2017 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: September 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019774



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 and your spouse's Essential Plan for non-payment of premium effective, May 31, 2017?

Did NYSOH properly determine that your and your spouse's reenrollment in the Essential Plan was effective September 1, 2017?

Procedural History

On December 28, 2016, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to enroll in the Essential Plan for a limited time, effective February 1, 2017. This notice directed you to submit income documentation for your household by March 27, 2017 in order to confirm your household's eligibility for financial assistance.

Also on December 28, 2016, NYSOH issued a notice confirming your and your spouse's enrollment in an Essential Plan, effective February 1, 2017.

On February 28, 2017, NYSOH redetermined your and your spouse's eligibility.

On March 1, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to enroll in the Essential Plan, effective April 1, 2017.

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 March 1, 2017, NYSOH issued a notice confirming your and your spouse's enrollment in an Essential Plan, effective February 1, 2017.

On June 11, 2017, NYSOH issued a disenrollment notice stating that your and your spouse's enrollment in your Essential Plan was terminated, effective May 31, 2017, because a premium payment had not been received by the health plan.

On June 15, 2017, you spoke to NYSOH's Account Review Unit and appealed the termination of your and your spouse's Essential Plan.

On July 21, 2017, NYSOH issued a notice of enrollment confirmation, based on your plan selection on July 20, 2017, stating that you and your spouse were reenrolled in your Essential Plan, effective September 1, 2017.

On August 11, 2017, you updated your household's application for financial assistance.

On August 12, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to purchase a qualified health plan at full cost through NYSOH, effective September 1, 2017.

Also on August 12, 2017, NYSOH issued a disenrollment notice stating that you and your spouse were terminated from your Essential Plan, effective September 1, 2017. This was because you and your spouse were no longer eligible to enroll in the Essential Plan.

On September 14, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open for seven days to allow you time to submit supporting documentation. On September 19, 2017, you uploaded a copy of a screenshot from your Essential Plan account [REDACTED] and a copy of a letter dated September 14, 2017 from your Essential Plan [REDACTED]. These documents are incorporated into the record. The record is now closed.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) You testified that you are appealing your and your spouse's disenrollment from your Essential Plan as of May 31, 2017.
- 2) You and your spouse were enrolled into an Essential Plan, effective February 1, 2017.

- 3) You testified that you were late in paying your and your spouse's premium to your Essential Plan for the month of May 2017.
- 4) You testified that you received a letter dated June 8, 2017 from your and your spouse's Essential Plan stating that your coverage had ended.
- 5) You testified that you contacted your and your spouse's Essential Plan on June 12, 2017 and you were advised that if you overnighted your premium payment for May 2017 and June 2017, your plan would reinstate you and your spouse.
- 6) The record reflects that on June 15, 2017 you contacted NYSOH to file an appeal of your and your spouse's disenrollment from your Essential Plan.
- 7) You testified that on June 16, 2017 you received a call from your and your spouse's Essential Plan advising you that you had been reinstated into your coverage.
- 8) You testified that you are seeking confirmation from NYSOH that you and your spouse have been reenrolled in your coverage for June 2017, July 2017, and August 2017.
- 9) You testified that your plan accepted the June 2017, July 2017, and August 2017 premium payments from you. You also stated that you believe that bills submitted to your Essential Plan for those months were paid by your plan.
- 10) You testified that you initially did not reenroll yourself and your spouse in an Essential Plan because you knew you would not need coverage through NYSOH soon, as you would have coverage through your employer as of September 1, 2017. Additionally, you also believed that you and your spouse were already enrolled in a plan, based on information provided by your Essential Plan.
- 11) On July 20, 2017, NYSOH received your request to reenroll yourself and your spouse in an Essential Plan.
- 12) On September 19, 2017, you uploaded a screenshot from your Essential Plan account showing that your policy was terminated as of August 31, 2017.
- 13) Also on September 19, 2017 you uploaded a letter from your Essential Plan dated September 14, 2017 stating that your May 2017 and June

2017 premium payments were received on June 13, 2017 and that your July 2017 premium payment was received on July 28, 2017.

- 14) The enrollment tab within your NYSOH now reflects that you and your spouse were enrolled in your Essential Plan from February 1, 2017 through August 31, 2017.

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 NYSOH's Appeals Unit: (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 NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

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

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 first issue under review is whether NYSOH properly terminated your and your spouse's Essential Plan for non-payment of premium effective, May 31, 2017.

On December 27, 2016, you and your spouse were enrolled in an Essential Plan, effective February 1, 2017.

You testified that you were late paying your and your spouse's premium payment for May 2017.

On June 11, 2017, NYSOH issued a notice stating that you and your spouse were disenrolled from your Essential Plan for non-payment of premiums, effective May 31, 2017.

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 to provide timely notice of an eligibility determination and (5) a denial of a special enrollment period.

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 you and your spouse were properly terminated from your Essential Plan for non-payment of premiums. Therefore, your appeal of the June 11, 2017 disenrollment notice is DISMISSED as a non-appealable issue.

The second issue is whether NYSOH properly determined that your and your spouse's reenrollment in your Essential Plan was effective September 1, 2017.

The record reflects that you reenrolled yourself and your spouse in an Essential Plan on July 20, 2017.

The date on which an Essential Plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and 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 and the end of the month goes into effect on the first day of the second following month.

As you reenrolled yourself and your spouse into an Essential Plan on July 21, 2017, your and your spouse's reenrollment should have taken effect the first day of the second following month after July 2017; that is, on September 1, 2017.

Therefore, the July 21, 2017 enrollment confirmation notice stating that your and your spouse's reenrollment in your Essential Plan was effective September 1, 2017 is AFFIRMED.

However, it is noted that the enrollment tab within your NYSOH now reflects that you and your spouse were enrolled in your Essential Plan from February 1, 2017 through August 31, 2017.

Decision

Your appeal of the insurer's termination of your and your spouse's enrollment in the Essential Plan for non-payment of premiums, effective May 31, 2017, is DISMISSED as a non-appealable issue.

The July 21, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: September 28, 2017

How this Decision Affects Your Eligibility

This decision does not change your and your spouse's eligibility.

Your and your spouse's reenrollment in an Essential Plan was effective September 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 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 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 insurer's termination of your and your spouse's enrollment in the Essential Plan for non-payment of premiums, effective May 31, 2017, is **DISMISSED** as a non-appealable issue.

The July 21, 2017 enrollment confirmation notice is **AFFIRMED**.

This decision does not change your and your spouse's eligibility.

Your and your spouse's reenrollment in an Essential Plan was effective September 1, 2017.

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).

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 مجانًا.

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).

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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. y&b&tumi 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.

שׂוֹדֵיִשׁ (Yiddish)

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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).