



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

## Notice of Decision

Decision Date: October 19, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000020582

[REDACTED]

Dear [REDACTED]

On October 3, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 3, 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 at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(b).

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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: October 19, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000020582



## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did New York State of Health (NYSOH) properly determine that you were enrolled in an Essential Plan with an enrollment start date of August 1, 2017?

## Procedural History

On April 3, 2017, NYSOH issued you a renewal notice stating, in relevant part, that you and your children had Medicaid coverage through Montgomery Department of Social Services through June 30, 2017. The notice stated that an account had been created for your family with NYSOH, and that you needed to complete the renewal process between May 16, 2017, and June 15, 2017.

On July 2, 2017, your NYSOH account was systemically updated.

On July 3, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that you were eligible to enroll in the Essential Plan with a \$20.00 premium per month, effective as of August 1, 2017.

Also on July 3, 2017, NYSOH issued a plan enrollment notice confirming, in relevant part, that on July 2, 2017, you were enrolled in an Essential Plan with an enrollment start date of August 1, 2017.

On July 17, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as your coverage in your Essential Plan did not start earlier than August 1, 2017.

On October 3, 2017, you had a telephone hearing with a Hearing Officer from NYSOH Appeals Unit. Testimony was taken during the hearing, and the record was left open until October 4, 2017, to allow you to submit a list of the dates and times you contacted NYSOH in June 2017.

No additional documentation was submitted to NYSOH's Appeals Unit. The record is complete and closed and this Decision is based on the record as developed at hearing.

## Findings of Fact

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

- 1) You testified that you and your children were enrolled in Medicaid coverage through Montgomery County Social Services.
- 2) On April 3, 2017, NYSOH issued you a notice stating that your family's Medicaid coverage, through [REDACTED], would be ending as of June 30, 2017. The notice informed you that a NYSOH account [REDACTED] had been created, and you needed to complete the renewal process between May 16, 2017, and June 15, 2017 (see Document [REDACTED]).
- 3) According to your [REDACTED] account, you receive notices from NYSOH by U.S. mail.
- 4) According to your [REDACTED] account, none of the notices that have been issued by NYSOH have been returned as undeliverable.
- 5) According to the NYSOH system, account [REDACTED] was created by username [REDACTED] on May 22, 2017.
- 6) According to account [REDACTED], an application was not submitted.
- 7) You testified that you first attempted to submit an application during the first week of June 2017; however, you were unable to access the NYSOH website.
- 8) You testified that you first contacted NYSOH customer service on June 19, 2017, or June 20, 2017. You were informed by a NYSOH representative that there were no issues with your NYSOH account.

- 9) You testified that on June 19, 2017, or June 20, 2017, you attempted to access your NYSOH account; however, an error message appeared.
- 10) According to account [REDACTED], on July 2, 2017, you submitted an application for financial assistance and enrolled in an Essential Plan.
- 11) You testified that you want to be enrolled in an Essential Plan with an enrollment start date of July 1, 2017.
- 12) You testified that you incurred medical expenses in the month of July 2017 and want the Essential Plan to cover those expenses.

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/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 issue under review is whether NYSOH properly determined that you were enrolled in an Essential Plan with an enrollment start date of August 1, 2017.

You and your children were enrolled in Medicaid coverage through [REDACTED] Department Social Services. On April 3, 2017, NYSOH issued you a notice stating that your Medicaid coverage would be ending as of June 30, 2017. Further, a NYSOH account ([REDACTED]) had been created, and you needed

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to complete the renewal process between May 16, 2017, and June 15, 2017 (see Document [REDACTED])

Your account reflects that you receive notifications from NYSOH by regular mail, and there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable. Therefore, it is reasonable to conclude that NYSOH properly notified you needed to complete the renewal process by June 15, 2017, to ensure that your health insurance coverage would continue.

You testified you contacted NYSOH's customer service in June 2017 because you were unable to access the NYSOH website. The record was left open to allow you to submit a list of dates and times that you contacted NYSOH; however, you did not submit any additional documentation.

On July 2, 2017, you accessed your NYSOH account [REDACTED] and submitted an application for financial assistance. Based on that application, you were determined eligible for the Essential Plan, and selected a health plan.

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 from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

Based on the available record, on July 2, 2017, you selected an Essential Plan, so it properly took effect on the first day of the following month after July 2, 2017; that is, on August 1, 2017.

Therefore, the July 3, 2017 plan enrollment notice stating that your enrollment in your Essential Plan should be effective August 1, 2017, was correct and must be AFFIRMED.

## **Decision**

The July 3, 2017 plan enrollment notice is AFFIRMED.

**Effective Date of this Decision:** October 19, 2017

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

Your Essential Plan's enrollment start date was August 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).

You did not have health insurance coverage through NYSOH during the month of July 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

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

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- By mail at:  
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P.O. Box 11729  
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- By fax: 1-855-900-5557

## **Summary**

The July 3, 2017, enrollment notice is AFFIRMED.

Your Essential Plan's enrollment start date was August 1, 2017.

You did not have health insurance coverage through NYSOH during the month of July 2017.

## **Legal Authority**

We are sending you this notice in accordance with 45 CFR § 155.545(a).



**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 1-855-355-5777번으로 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.

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).

## 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।

## 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&btumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

## اردو (Urdu)

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)

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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.