



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

Notice of Decision

Decision Date: November 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021049

[REDACTED]

Dear [REDACTED],

On October 12, 2017, you both appeared by telephone at a hearing on your appeal of NY State of Health's August 2, 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).

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: November 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021049



Issue

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

Did NY State of Health properly determine that your spouse's enrollment in an Essential Plan was effective September 1, 2017?

Procedural History

On April 11, 2017, NY State of Health (NYSOH) issued an eligibility determination notice, based on your April 10, 2017 updated application, stating in part, that your spouse was eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective May 1, 2017.

Also on April 11, 2017, NYSOH issued an enrollment notice, based on your plan selection on April 10, 2017, stating in part that your spouse was enrolled in an Essential Plan with a \$20.00 monthly premium and an enrollment start date of May 1, 2017.

On June 14, 2017, you submitted a non-financial assistance application for health insurance for your family.

On June 15, 2017, NYSOH issued an eligibility determination notice, based on your June 14, 2017 non-financial assistance application, stating in part that you, your spouse and children were newly eligible to purchase a qualified health plan at full cost through NYSOH, effective July 1, 2017.

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Also on June 15, 2017, NYSOH issued a disenrollment notice stating in part that your spouse's coverage in Essential Plan 1 would end on June 30, 2017.

On June 26, 2017, you updated your account and submitted an application for financial assistance for health insurance for you, your spouse and your children.

On June 27, 2017, NYSOH issued an eligibility determination notice stating in part that your spouse was eligible to enroll in the Essential Plan with a \$20.00 monthly premium for a limited period of time, effective August 1, 2017. You were directed to submit proof of household income by September 24, 2017. The notice also stated that you needed to pick a health plan and that confirmation would be sent to you regarding your selection.

On July 25, 2017, NYSOH issued an eligibility determination notice, based on the system updated application submitted on July 24, 2017, stating in part that your spouse was eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective September 1, 2017.

On August 2, 2017, NYSOH issued a plan enrollment notice, based on your plan selection on August 1, 2017, stating in part that your spouse was enrolled in an Essential Plan with a \$20.00 monthly premium and an enrollment start date of September 1, 2017.

Also on August 2, 2017, NYSOH issued a notice confirming that on August 1, 2017, your spouse spoke to NYSOH's Account Review Unit and appealed the start date of all your family member's health plans insofar as they did not start on July 1, 2017.

On August 30, 2017, your spouse contacted NYSOH Account Review Unit and withdrew the appeal as it related to you and your children and indicated he only wished to appeal the start date of his Essential Plan insofar as it did not start on July 1, 2017.

On October 12, 2017, you and your spouse 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) Your spouse confirmed that you are only appealing his enrollment start date for the Essential Plan.

- 2) According to your NYSOH account and your spouse's testimony, he was enrolled in an Essential Plan with a plan start date of May 1, 2017.
- 3) According to your NYSOH account and your spouse's testimony, you were required to update your account by June 15, 2017 relative to your youngest child's eligibility.
- 4) Your spouse testified that he mistakenly changed the updated June 14, 2017 application from a "Financial Assistance" application to a "Non-Financial Assistance" application.
- 5) According to your NYSOH account, as a result of the change in application made on June 14, 2017, all your family members were determined eligible to purchase a qualified health care plan at full cost through NYSOH effective July 1, 2017.
- 6) Your spouse testified that you received the June 15, 2017 eligibility determination and disenrollment notices in the regular mail.
- 7) Your spouse testified that he thought the June 15, 2017 disenrollment notice stating that all the family's health plans would end effective June 30, 2017 was just a "warning."
- 8) According to your NYSOH account and your spouse's testimony, on June 26, 2017, you updated your account and changed your family's application from "Non-Financial Assistance" to "Financial Assistance."
- 9) According to your NYSOH account, your family's eligibility was redetermined on June 26, 2017, and your spouse was found eligible for the Essential Plan effective August 1, 2017.
- 10) Your spouse testified that you received the June 27, 2017 eligibility determination notice, but you and he did not understand that you needed to pick a health plan for him. Your spouse testified that he thought he was automatically placed back in the Essential Plan he had previously.
- 11) According to your spouse's testimony, he realized that you needed to select health plans for the family after receiving the July 25, 2017 eligibility determination notice.
- 12) According to your NYSOH account and your spouse's testimony, he selected a health plan on August 1, 2017, with a plan enrollment start date of September 1, 2017.
- 13) Your spouse testified that no medical bills were incurred during the months of July 2017 and August 2017.

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14) Your spouse testified that he is appealing to have his Essential Plan start July 1, 2017, so there is no gap in coverage because he is contractually required by his employer and union to have continuous health insurance coverage for the entire year.

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 appeal is whether NYSOH properly determined that your spouse's enrollment in the Essential Plan was effective September 1, 2017.

Your spouse testified and the record indicates that, on June 14, 2017, your family's application for health insurance was updated. Your spouse testified that the June 14, 2017 application was mistakenly changed from "Financial Assistance" to "Non-Financial Assistance". As a result of that change in application on June 14, 2017, all the family members were determined no longer eligible for financial assistance and were instead eligible to purchase a qualified health plan through NYSOH at full cost, effective July 1, 2017.

Your spouse testified that you received the June 15, 2017 eligibility determination and disenrollment notices in the regular mail. He testified that he thought the

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disenrollment notice stating that the family member's health coverage plans would end on June 30, 2017 was a "warning".

The record reflects that on June 26, 2017, your application for health insurance for the family members was changed from "Non-Financial Assistance" to "Financial Assistance". As a result of that update, your family's eligibility was redetermined and your spouse was found eligible for the Essential Plan effective August 1, 2017. Your spouse testified that you received the June 27, 2017 eligibility determination notice in the mail, but he did not understand that he needed to pick a health plan. Your spouse testified that he thought he was automatically placed back in the Essential Plan he had previously.

According to your NYSOH account and your spouse's testimony, he realized that you needed to select health plans for the family after receiving the July 25, 2017 eligibility determination notice.

According to your NYSOH account and your spouse's testimony, he selected an Essential Plan on August 1, 2017 for a plan enrollment start date of September 1, 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.

On August 1, 2017, your spouse selected an Essential Plan for your spouse, so his enrollment properly took effect on the first day of the first month following August 2017; that is, on September 1, 2017. There is no mechanism in the law to account for your spouse's mistake or misunderstanding.

Therefore, the August 2, 2017 plan enrollment notice stating in part that your spouse's enrollment in the Essential Plan with a \$20.00 monthly premium was effective September 1, 2017, is correct and must be AFFIRMED.

Decision

The August 2, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: November 20, 2017

How this Decision Affects Your Eligibility

This decision does not change your spouse's eligibility.

The effective date of your spouse's Essential Health Plan is September 1, 2017.

You spouse did not have health insurance coverage for the months of July 2017 and August 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.

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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 2, 2017 plan enrollment notice is AFFIRMED.

This decision does not change your spouse's eligibility.

The effective date of your spouse's Essential Health Plan is September 1, 2017.

You spouse did not have health insurance coverage through NYSOH for the months of July 2017 and August 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)

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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 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. yebetumi ama wo obi a okyerε 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)

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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).