



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

Notice of Decision

Decision Date: November 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021273

[REDACTED]

Dear [REDACTED],

On October 16, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 8, 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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Decision Date: November 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021273



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 spouse's enrollment in an Essential Plan was effective September 1, 2017?

Procedural History

On November 3, 2016, NYSOH issued an eligibility determination notice stating that your spouse and your adult child (hereinafter referred to as "child") were eligible to enroll in the Essential Plan with a \$20.00 monthly premium each, effective December 1, 2016.

On November 3, 2016, December 4, 2016, and January 28, 2017, NYSOH issued notices confirming your spouse's and child's enrollment in an Essential Plan 1 Plus Vision and Dental with a \$47.49 premium each, with your spouse's plan enrollment start date of December 1, 2016 and your child's plan enrollment start date of February 1, 2016.

On May 5, 2017, NYSOH issued a disenrollment notice stating that your spouse and child's enrollment in their Essential Plan 1 Plus Vision and Dental was terminated, effective April 30, 2017, because a premium payment had not been received by the health plan by the payment deadline.

On June 9, 2017, NYSOH issued an eligibility determination notice stating that your spouse and child were eligible to enroll in the Essential Plan, with a \$20.00 monthly premium each, effective July 1, 2017.

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Also on June 9, 2017, NYSOH issued an enrollment confirmation notice that stated your child was enrolled in Essential Plan 1 Plus Vision and Dental with a \$47.49 monthly premium with a plan enrollment start date of February 1, 2016. The notice further stated that your spouse was not enrolled in a plan and that her coverage with Essential Plan would not begin until you picked a plan for her.

On August 8, 2017, NYSOH issued a plan enrollment notice that stated your spouse was enrolled in Essential Plan 1 Plus Vision and Dental with a premium of \$47.49 per month with a plan enrollment start date of September 1, 2017. The notice also stated that your child was enrolled in Essential Plan 1 Plus Vision and Dental with a premium of \$47.49 per month with a plan enrollment start date of February 1, 2016.

On August 9, 2017, NYSOH issued a notice confirming that on August 8, 2017, your authorized representative spoke to NYSOH's Account Review Unit and appealed that plan enrollment notice insofar as your spouse's Essential Plan started September 1, 2017 and not August 1, 2017.

On October 16, 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 your spouse's enrollment start date for her Essential Plan.
- 2) According to your NYSOH account, your spouse was eligible for the Essential Plan effective December 1, 2016 and was enrolled in Essential Plan 1 Plus Vision and Dental with a monthly premium of \$47.49 with a plan enrollment start date of December 1, 2016.
- 3) According to your NYSOH account, on May 5, 2017, your spouse and child were disenrolled from their Essential Plan effective April 30, 2017 due to non-payment of premium.
- 4) You testified that, on June 7, 2017, you visited the health plan's local office and requested reinstatement for both your spouse and child. You testified that you paid your premiums to your Essential Plan for the three months that were due.
- 5) According to your NYSOH account, on June 8, 2017, the health plan re-instated only your child's Essential Plan coverage.

- 6) According to your NYSOH account, on June 8, 2017, your account was systematically updated and a new application for health insurance was submitted for your spouse and your child.
- 7) According to your NYSOH account, on June 9, 2017 an eligibility determination notice was issued that stated your spouse and child were eligible for the Essential Plan with a \$20.00 monthly premium each, effective July 1, 2017.
- 8) Also on June 9, 2017, NYSOH issued a plan enrollment notice stating that your child was enrolled in an Essential Plan Plus Vision and Dental with a \$47.49 monthly premium with a plan enrollment start date of February 1, 2016. That notice stated that your spouse was not enrolled in a plan and her coverage with the Essential Plan would not begin until you picked a plan for her.
- 9) You testified that you did not receive the June 9, 2017 eligibility determination or plan enrollment notices.
- 10) According to your NYSOH account, you receive your notices from NYSOH by electronic alerts.
- 11) You testified that both your regular mail and electronic mail addresses are accurate in your NYSOH account.
- 12) You testified that you may not have seen the June 9, 2017 electronic alert because you had your own health issues at around that time.
- 13) You testified that your spouse [REDACTED] and had [REDACTED] treatment in the month of August 2017.
- 14) You testified that you were not aware your spouse did not have health insurance until early August 2017, when you received a bill from the hospital for the services your spouse received in the [REDACTED] in August 2017.
- 15) According to your NYSOH account and your testimony, on August 7, 2017, you visited the health plan office and, using a certified application counselor, you selected an Essential Plan for your spouse with a plan enrollment start date of September 1, 2017.
- 16) You testified that you need to have your spouse's Essential Plan start August 1, 2017, because of the [REDACTED] treatment she had in August 2017.

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

Applicable Law and Regulations

Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (42 CFR § 600.330(e); 42 CFR § 435.918(b)(4)).

Additionally, if an electronic alert regarding a notice in an individual's NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

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 your spouse's enrollment in the Essential Plan was effective September 1, 2017.

According to your NYSOH account, your spouse was enrolled in Essential Plan 1 Plus Vision and Dental with a plan enrollment start date of December 1, 2016 and your child was enrolled in Essential Plan 1 Plus Vision and Dental with a

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plan enrollment start date of February 1, 2016, each with a \$47.49 monthly premium. Your spouse and child were disenrolled from their coverage effective April 30, 2017 because you did not pay the insurance bill by the payment deadline. You testified that on June 7, 2017 you went to the health plan office and requested that both your child and your spouse be re-instated in their health plan; however, the record reflects that the health plan only re-instated your child.

According to your NYSOH account, eligibility determination and plan enrollment notices were issued on June 9, 2017. The June 9, 2017 eligibility determination notice stated that your spouse and child were eligible for the Essential Plan effective July 1, 2017. The June 9, 2017 plan enrollment notice confirmed that your child was re-instated in her Essential Plan 1 Plus Vision and Dental with a monthly premium of \$47.49 with an enrollment start date of February 16, 2017. The notice further stated that your spouse was not enrolled in a health plan and her coverage with the Essential Plan would not begin until you picked a plan for her.

You testified that you did not receive the June 9, 2017 eligibility determination or plan enrollment notices. However, you testified that you may not have seen the June 9, 2017 electronic alert because you had your own health issues at around that time.

You testified that you were not aware that your spouse was not covered by the Essential Plan for the months of May 2017, June 2017, July 2017 and August 2017. You testified that your spouse had [REDACTED] medical treatment in early August 2017. You testified that when you received a bill from the hospital for that treatment is when you first became aware she did not have health insurance. However, the Essential Plan your spouse was supposed to have been re-enrolled into on June 7, 2017, would have had a \$47.49 monthly premium due every month. This premium amount would have been invoiced by your health plan each and every month during the four-month period that she was without health insurance. During this same period, you would have been receiving invoices and paying the \$47.49 monthly premiums for your child. As such, your testimony that you were not aware your spouse did not have health insurance coverage until you received the bill from the hospital for the August 2017 emergency room treatment is not credible.

You testified that, on August 7, 2017, you went to the health plan office and using the services of a certified application counselor you selected an Essential Plan for your spouse with a plan enrollment start date of September 1, 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.

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On August 7, 2017, you selected an Essential Plan for your spouse, so her enrollment properly took effect on the first day of the first month following August 2017; that is, on September 1, 2017.

Therefore, the August 8, 2017 plan enrollment notice stating that your spouse's enrollment in her Essential Plan was effective September 1, 2017, is correct and must be AFFIRMED.

Decision

The August 8, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: November 21, 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.

Your spouse did not have health insurance coverage through NYSOH for the months of May 2017, June 2017, 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)).

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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

The August 8, 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.

Your spouse did not have health insurance coverage through NYSOH for the months of May 2017, June 2017, July 2017 and August 2017.

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Legal Authority

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

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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)

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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 bɛtumi ama wo obi a okyerɛ 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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