



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: AP000000022274

[REDACTED]

Dear [REDACTED],

On November 9, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 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 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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: November 21, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022274

[REDACTED]

## 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 enrollment in your Essential Plan was effective October 1, 2017?

## Procedural History

On April 15, 2017, NYSOH issued an eligibility determination notice, based on your April 14, 2017 application, stating that you were eligible to enroll in the Essential Plan, effective May 1, 2017. You were subsequently enrolled in an Essential Plan with a May 1, 2017 start date.

On July 20, 2017, NYSOH issued an eligibility determination notice, based on updated information it received from federal data sources, stating that you were eligible for a tax credit of up to \$160.00 per month to help pay for your health coverage, effective September 1, 2017. The notice stated that you no longer qualified for the Essential Plan as of August 31, 2017.

Also on July 20, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your Essential Plan would end on August 31, 2017.

On July 21, 2017, NYSOH issued an eligibility determination notice, based on updated income information, stating that you were eligible for the Essential Plan with a \$20.00 monthly premium, effective September 1, 2017. The notice stated that you would receive written confirmation from NYSOH once you have selected a plan.

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On September 2, 2017, you updated your application for financial assistance with health insurance through NYSOH.

On September 3, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective October 1, 2017.

Also on September 3, 2017, NYSOH issued a plan enrollment notice confirming your September 2, 2017 selection of your Essential Plan, with a plan enrollment start date of October 1, 2017.

On September 8, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan insofar as it did not begin on September 1, 2017.

On November 9, 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) According to your NYSOH account and your testimony, on April 15, 2017, you were determined eligible for the Essential Plan with a \$20.00 monthly premium for a limited period of time, effective May 1, 2017 and you were enrolled in a plan with a plan enrollment start date of May 1, 2017.
- 2) According to your NYSOH account and your testimony, you receive your notices from NYSOH by electronic alert.
- 3) You testified that you are receiving these electronic alerts from NYSOH.
- 4) You testified that you received the July 20, 2017 disenrollment notice stating that your Essential Plan was ending on August 31, 2017.
- 5) You testified that you received the July 21, 2017 eligibility determination notice that stated you were eligible to enroll in the Essential Plan effective September 1, 2017 and that you needed to select a plan.
- 6) You testified that after receiving the July 21, 2017 eligibility determination notice, you assumed you would be automatically re-enrolled in the Essential Plan that you had previously.

- 7) You testified that you did not know that you needed to select a plan until you received an email on September 1, 2017 from the health plan stating that your automatic \$20.00 monthly premium payment was being returned.
- 8) The record reflects that, on September 2, 2017, NYSOH received your updated application for health insurance and you were redetermined eligible for the Essential Plan, effective October 1, 2017.
- 9) You re-enrolled into an Essential Plan on September 2, 2017.
- 10) You testified that you are seeking to have coverage in the Essential Plan start effective September 1, 2017, because you had [REDACTED] visits that month for ongoing [REDACTED] which you had to pay for out of pocket.

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)).

### 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)).

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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)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your enrollment in the Essential Plan was effective October 1, 2017.

On April 15, 2017, you were originally found eligible for the Essential Plan and were enrolled in a plan effective May 1, 2017. The record reflects that on July 19, 2017 NYSOH updated your household income based on data received from federal sources. Based on that July 19, 2017 update, your eligibility was redetermined and NYSOH issued the July 20, 2017 eligibility determination that stated you were eligible for \$160.00 per month in advance premium tax credit effective September 1, 2017. Also on July 20, 2017, NYSOH issued a disenrollment notice stating that your Essential Plan would end August 31, 2017. On July 21, 2017, NYSOH issued an eligibility determination notice, based on updated income documentation you submitted, that stated you were eligible for the Essential Plan, effective September 1, 2017. You testified that you received all these notices.

You testified that when you received and read the July 21, 2017 eligibility determination, you assumed you would be automatically re-enrolled into the Essential Plan you had previously selected back in April 2017. You testified that it was not until September 2017, when you received an email from the health plan stating that they were returning your \$20.00 premium payment for September 2017, that you realized that you did not have health insurance.

According to your NYSOH account and your testimony, you contacted NYSOH on September 2, 2107 and updated your account. As a result of this update, you were found eligible for the Essential Plan as of October 1, 2017. Also on September 2, 2017 you selected a plan with an enrollment start date of October 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 September 2, 2017, you selected an Essential Plan, so your enrollment properly took effect on the first day of the first month following September 2017; that is, on October 1, 2017.

Therefore, the September 3, 2017 plan enrollment notice stating that your enrollment in the Essential Plan was effective October 1, 2017, is correct and must be AFFIRMED.

## **Decision**

The September 3, 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 eligibility.

The effective date of your Essential Health Plan is October 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

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).

- 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 September 3, 2017 plan enrollment notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Health Plan is October 1, 2017.

### **Legal Authority**

We are issuing this determination in accordance with 45 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).



**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 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 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 איר געבן א דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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