



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

Notice of Decision

Decision Date: November 30, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000022596

[REDACTED]

[REDACTED]

On November 15, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 31, 2017 eligibility determination and plan enrollment notices.

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 30, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022596

[REDACTED]

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 eligibility for and enrollment in your Essential Plan was effective October 1, 2017?

Procedural History

On August 30, 2017, NY State of Health (NYSOH) received your non-financial application. That day a preliminary eligibility determination was prepared stating that you were eligible to enroll in a full pay qualified health plan.

Also on August 30, 2017, NYSOH received your updated application for financial assistance with health insurance.

On August 31, 2017, NYSOH issued an eligibility determination notice, based on your August 30, 2017 financial application, stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective October 1, 2017.

On August 31, 2017, NYSOH issued a plan enrollment notice stating that you were enrolled in an Essential Plan, effective September 1, 2017.

Also on August 31, 2017, NYSOH issued a disenrollment notice indicating that coverage in your qualified health plan would end effective September 30, 2017.

On September 22, 2017, you contacted the NYSOH Account Review Unit and appealed the date you were disenrolled from your qualified health plan,

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requesting the disenrollment be made effective September 1, 2017, and also appealed the start date of your Essential Plan, requesting that your enrollment be effective September 1, 2017.

On October 14, 2017, NYSOH issued a plan disenrollment notice confirming your disenrollment from your qualified health plan, effective September 1, 2017. This notice further stated that your coverage was ending because you did not pay your insurance bill by the payment deadline.

On November 15, 2017, you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. The record was developed during the hearing and the record was closed at the end of the proceeding.

Findings of Fact

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

- 1) You testified that your health insurance coverage, through your parents, ended on August 31, 2017.
- 2) The record indicates, and you testified, that you submitted two applications for health insurance through your NYSOH account on August 30, 2017.
- 3) The record indicates that a non-financial application was submitted on August 30, 2017 [REDACTED]
- 4) The record indicates that a financial application was submitted on August 30, 2017 [REDACTED]
- 5) You testified that, on August 30, 2017, you contacted NYSOH to seek assistance with your applications because you were confused by your eligibility.
- 6) You testified that, on August 30, 2017, the NYSOH representative informed you that you needed to enroll into a qualified health plan even though you disagreed with your eligibility.
- 7) You testified that you never intended to enroll into a full pay qualified health plan, but that you received a premium bill from the qualified health plan.
- 8) You testified that you never paid the monthly premium for the qualified health plan for the month of September 2017.

- 9) The record indicates that you were disenrolled from your qualified health plan as of September 1, 2017 for non-payment of premium.
- 10) The record indicates that you were found eligible for the Essential Plan on August 30, 2017, effective October 1, 2017.
- 11) The record indicates that you selected an Essential Plan for enrollment on August 30, 2017 with a start date of October 1, 2017.
- 12) You testified that you would like to have your Essential Plan enrollment to start as of September 1, 2017.
- 13) You testified that you did not have any medical bills from the month of September 2017.

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

You testified, and the record indicates, that NYSOH received your financial application for health insurance on August 30, 2017. As a result, you were found eligible for the Essential Plan as of October 1, 2017, and you enrolled into a plan that day.

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.

The record reflects that, on August 30, 2017, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following August 2017; that is, on October 1, 2017.

Therefore, the August 30, 2017 eligibility determination notice stating that you were eligible to enroll in the Essential Plan, effective October 1, 2017, is correct, and is AFFIRMED.

The August 30, 2017 plan enrollment notice stating that your enrollment in your Essential Plan was effective September 1, 2017 is MODIFIED to state that your enrollment in your Essential Plan was effective October 1, 2017.

During the hearing, you testified that you also filed the appeal because you wanted to be disenrolled from your qualified health plan as you had erroneously enrolled into the plan. You further testified that you received a premium bill from the qualified health plan, but that you did not pay the premium. The record reflects that, on October 14, 2017, NYSOH issued a plan disenrollment notice stating that you were no longer enrolled in your qualified health plan as of September 1, 2017 due to nonpayment of premium. As a result, the issue involving the end date of your qualified health plan is now moot and is dismissed.

Decision

The August 30, 2017 eligibility determination notice is AFFIRMED.

The August 30, 2017 plane enrollment notice is MODIFIED to state that you were enrolled into an Essential Plan, effective October 1, 2017.

This Decision has no effect on any subsequent eligibility determination or plan enrollment notices issued by NYSOH.

Effective Date of this Decision: November 30, 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).

How this Decision Affects Your Eligibility

This decision does not change your enrollment date.

Your eligibility for and enrollment in the Essential Plan was effective October 1, 2017.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, 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

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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 30, 2017 eligibility determination notice is AFFIRMED.

The August 30, 2017 plan enrollment notice is MODIFIED to state that you were enrolled into an Essential Plan, effective October 1, 2017.

This Decision has no effect on any subsequent eligibility determination or plan enrollment notices issued by NYSOH.

This decision does not change your enrollment date.

Your eligibility for and enrollment in the Essential Plan was effective October 1, 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 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 b e tumi ama wo obi a okyer e 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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