



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

## Notice of Decision

Decision Date: December 29, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022955

[REDACTED]

Dear [REDACTED],

On November 30, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 30, 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

Decision Date: December 29, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022955



## 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 eligibility for the Essential Plan and enrollment in your Essential Plan 2 were both effective November 1, 2017?

## Procedural History

On July 3, 2016, NYSOH issued a renewal notice stating you were determined eligible for Medicaid and re-enrolled in your current health plan for another year, effective September 1, 2016.

On July 2, 2017, NYSOH issued a renewal notice stating you were determined eligible for Medicaid and re-enrolled in your current health plan for another year, effective September 1, 2017.

On August 3, 2017, NYSOH received your updated application for financial assistance.

On August 4, 2017, NYSOH issued a notice stating the income information in your application did not match what NYSOH received from federal and state data sources. The notice directed you to provide proof of your household income by August 18, 2017.

On August 4, 2017, NYSOH issued a disenrollment notice stating your coverage in your Medicaid Managed Care plan would end on August 31, 2017.

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You submitted income documentation to NYSOH on August 5, 2017.

Your income documentation was verified by a NYSOH representative on August 7, 2017 and an application was submitted on your behalf that day.

On August 8, 2017, NYSOH issued an eligibility determination notice stating you were eligible to enroll in the Essential Plan with a \$0.00 per month premium, effective September 1, 2017.

On September 29, 2017, you enrolled in an Essential Plan 2, effective November 1, 2017.

Also on September 29, 2017, you contacted NYSOH's Account Review Unit and requested an appeal insofar as your enrollment in your Essential Plan 2 began November 1, 2017, and not September 1, 2017.

On September 30, 2017, NYSOH issued an enrollment notice confirming your enrollment in an Essential Plan 2 on September 29, 2017, with an effective date of November 1, 2017.

On November 30, 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 seeking to have coverage in the Essential Plan 2 for September 1, 2017, as you have medical costs and prescriptions not covered for that month.
- 2) You were determined eligible for the Essential Plan on August 7, 2017, with an effective date of September 1, 2017.
- 3) A NYSOH representative submitted your application on August 7, 2017 after reviewing your income documentation.
- 4) No enrollment was submitted on August 7, 2017.
- 5) You testified you called NYSOH on August 7, 2017, and submitted an enrollment in an Essential Plan but the NYSOH representative did not complete the enrollment.

- 6) The Hearing Officer requested that NYSOH produce any calls made for the time period in question for the months of August 2017 and September 2017.
- 7) NYSOH produced two call recordings in response to the Hearing Officer's request: One call was made on August 3, 2017 in which you start an application and do not complete it; and the other call produced was during the September 29, 2017 application resulting in your enrollment that day in an Essential Plan 2.
- 8) A review of the recording of the call you placed to NYSOH on August 3, 2017 shows you submitted a new application with a NYSOH representative. The result of the application submitted while over the phone was that a determination could not be made on your eligibility and you needed to provide income documentation. The call was then ended.
- 9) The record shows you enrolled in an Essential Plan on September 29, 2017, for a start date of November 1, 2017.
- 10) You reside in Orange County, NY.

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

## **Applicable Law and Regulations**

### Essential Plan Start 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)).

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## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your eligibility for and enrollment in your Essential Plan 2 was effective November 1, 2017.

You were originally found eligible for the Essential Plan August 7, 2017, with an effective date of September 1, 2017. The application was submitted by a NYSOH representative after reviewing income documentation you provided on August 5, 2017 as requested. No enrollment was submitted on this date by the NYSOH representative.

The date on which the 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 after the fifteenth day of a month goes into effect on the first day of the second following month.

You testified you called NYSOH on August 7, 2017 and enrolled in a plan that day, but the NYSOH representative failed to submit the enrollment on your behalf.

The Hearing Officer requested all calls be produced which were made by your account during the months of August 2017 and September 2017. The only calls provided included one made on August 3, 2017 where you began an application with a representative and the application was not completed because you were directed to provide income documentation to confirm the information in your application. That call was ended without any enrollment in an Essential Plan. The other call produced was your September 29, 2017 call where you selected an Essential Plan 2 for enrollment.

Since the credible evidence of the record supports you first selected your Essential Plan on September 29, 2017, it must take effect on the first day of the second month after September; that is, on November 1, 2017.

Therefore, NYSOH's September 30, 2017 plan enrollment notice is **AFFIRMED** because your enrollment in the Essential Plan properly began on November 1, 2017.

## **Decision**

The September 30, 2017 plan enrollment notice is **AFFIRMED**.

**Effective Date of this Decision:** December 29, 2017

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

This decision does not change your eligibility.

The effective date of your Essential Plan is November 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
- 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 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).

## **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 30, 2017 plan enrollment notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Plan is November 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 مجانًا.

### **বাংলা (Bengali)**

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).

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

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