



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

Notice of Decision

Decision Date: January 9, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023068

[REDACTED]

[REDACTED]

[REDACTED], you appeared by telephone at a hearing on your appeal of NY State of Health's September 19, 2017 disenrollment notice and the September 21, 2017 enrollment confirmation 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).

This page intentionally left blank.



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

Decision

[REDACTED]

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023068

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Does the Appeals Unit of NY State of Health (NYSOH) have the authority to review whether your coverage in the Essential Plan was properly ended due to non-payment of premium, effective September 1, 2017?

Did NYSOH properly determine that your re-enrollment in the Essential Plan was effective November 1, 2017?

Procedural History

On August 11, 2017, NYSOH issued an eligibility determination notice stating in part, that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective September 1, 2017.

Also on August 11, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in an Essential Plan 1 Plus Vision and Dental with a monthly premium of \$47.60, effective September 1, 2017.

On September 19, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your Essential Plan 1 Plus Vision and Dental was terminated, effective September 1, 2017, because a premium payment had not been received by the health plan by the payment deadline.

On September 20, 2017, you updated your application for financial assistance.

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).

On September 21, 2017, NYSOH issue a plan enrollment notice, based on your plan selection on September 20, 2017, stating in part, that you were enrolled in an Essential Plan 1 with a \$20.00 monthly premium, effective November 1, 2017.

On September 30, 2017, NYSOH issued an eligibility determination notice, based on the September 20, 2017 updated application, stating, in part, that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective November 1, 2017.

On October 3, 2017, you spoke to NYSOH's Account Review Unit and appealed the termination of your Essential Plan for the months of September 2017 and October 2017.

On December 5, 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 disenrollment from your Essential Plan for the months of September 2017 and October 2017.
- 2) According to your NYSOH account and your testimony, on August 11, 2017, you were determined eligible for the Essential Plan with a \$20.00 monthly premium effective September 1, 2017.
- 3) According to your NYSOH account and your testimony, on August 10, 2017 you enrolled into an Essential Plan 1 Plus Vision and Dental with a monthly premium of \$47.60, effective September 1, 2017.
- 4) According to your NYSOH account on August 18, 2017, the health plan initiated a cancellation of your coverage due to your failure to pay the premium by the due date.
- 5) According to your NYSOH account, a disenrollment notice was issued on September 19, 2017 that stated your Essential Plan 1 Plus Vision and Dental ended on September 1, 2017, because you did not pay your insurance bill by the payment deadline.
- 6) According to your NYSOH account and your testimony, on September 20, 2017 you re-enrolled in your Essential Plan 1 with a \$20.00 monthly premium with a plan enrollment start date of November 1, 2017.

- 7) You testified that while you were late, on September 26, 2017 you did pay the \$47.60 premium due for September 2017 and received a confirmation number of [REDACTED]
- 8) You testified that you want your Essential Plan 1 to start September 1, 2017 because you have incurred medical bills during the months that you were without health insurance.

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

Applicable Law and Regulations

Appealable Issues

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (4) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

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 www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf).

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 first issue under review is whether the Appeals Unit of NYSOH has the authority to review whether your coverage in the Essential Plan was properly ended due to non-payment of premium.

On August 11, 2017, you were enrolled in an Essential Plan 1 Plus Vision and Dental with a \$47.60 monthly premium, with a plan enrollment start date of September 1, 2017.

On September 19, 2017, NYSOH issued a notice stating that you were disenrolled from your Essential Plan 1 Plus Vision and Dental for non-payment of premiums, effective September 1, 2017.

You testified that while you were late, you did pay the September 2017 premium of \$47.60 on September 26, 2017 and received a confirmation number for this payment.

NYSOH Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) a failure to provide timely notice of an eligibility determination, and (4) a denial of a special enrollment period.

Since the Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums, we cannot reach the merits as to whether you were properly terminated from your Essential Plan for non-payment of premiums. Therefore, your appeal of the September 19, 2017 disenrollment notice is **DISMISSED** as a non-appealable issue.

The second issue is whether NYSOH properly determined that your re-enrollment in your Essential Plan was effective November 1, 2017.

According to your NYSOH account, on September 20, 2017, you selected and were re-enrolled in your Essential Plan with a \$20.00 monthly premium, effective November 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.

The record reflects that you selected and were re-enroll into an Essential Plan on September 20, 2017. As such, your re-enrollment properly took effect the first day of the second following month after September 2017; that is, on November 1, 2017.

Therefore, the September 21, 2017 enrollment confirmation notice stating that your re-enrollment in your Essential Plan was effective November 1, 2017 is AFFIRMED.

Decision

Your appeal of the insurer's termination of your enrollment in the Essential Plan for non-payment of premiums, effective September 1, 2017, is DISMISSED as a non-appealable issue.

The September 21, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: January 9, 2018

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your re-enrollment in an Essential Plan was effective November 1, 2017.

You did not have health insurance coverage through NYSOH from September 1, 2017 through October 31, 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, the 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.

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).

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 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

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).

Summary

Your appeal of the insurer's termination of your enrollment in the Essential Plan for non-payment of premiums, effective September 1, 2017, is DISMISSED as a non-appealable issue.

The September 21, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

Your re-enrollment in an Essential Plan was effective November 1, 2017.

You did not have health insurance coverage through NYSOH from September 1, 2017 through October 31, 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)

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।

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).

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 nkyerεkyeremu a, ye sɛ wo, frε 1-855-355-5777. yε&εtumi ama wo obi a ckyerε kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

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 דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.