



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

Notice of Decision

Decision Date: December 01, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023296

[REDACTED]

[REDACTED],

On November 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 6, 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).

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DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: December 01, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023296

[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 wife's enrollment in an Essential Plan was effective November 1, 2017?

Procedural History

On January 26, 2017, NY State of Health (NYSOH) received your application for financial assistance with health insurance for your household.

On January 27, 2017, NYSOH issued a notice of eligibility determination stating in part, that your wife was eligible to enroll in the Essential Plan for a limited time, effective March 1, 2017. That notice directed your wife to provide documentation confirming her social security number and proof of citizenship status by April 26, 2017.

Also on January 27, 2017, NYSOH issued an enrollment confirmation notice stating that your wife was enrolled into an Essential Plan effective March 1, 2017.

On February 7, 2017, NYSOH issued a notice of eligibility determination stating in part, that your wife was eligible to enroll in the Essential Plan for a limited time, effective March 1, 2017. That notice directed your wife to again provide documentation confirming her social security number and proof of citizenship status by April 26, 2017.

No documentation or updates to your account were received by April 26, 2017.

On May 3, 2017, NYSOH issued a discontinuance notice stating that your wife was no longer eligible for health insurance through NYSOH effective June 1, 2017 because she did not provide documentation confirming her social security number and proof of citizenship status.

Also on May 3, 2017, NYSOH issued a disenrollment notice stating that your wife's coverage in her Essential Plan would end on May 31, 2017 because she was no longer eligible to enroll in health insurance through NYSOH.

On October 5, 2017, you submitted an application to NYSOH on behalf of your wife for financial assistance for health insurance.

On October 6, 2017, NYSOH issued a notice of eligibility determination, based on your October 5, 2017 application, stating that your wife was eligible to enroll in the Essential Plan, effective November 1, 2017.

Also on October 6, 2017, NYSOH issued a notice of enrollment, based on your plan selection on October 5, 2017, stating that your wife was enrolled in an Essential Plan, and that her plan would start November 1, 2017.

On October 12, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your wife's enrollment in the Essential Plan, because it did not begin on October 1, 2017.

On November 28, 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 submitted an application to NYSOH for financial assistance for your household on January 26, 2017.
- 2) You testified that you did not know your wife was enrolled in the Essential Plan for a limited time, and needed to submit additional documentation to confirm her social security number and citizenship status by April 26, 2017.
- 3) You testified that you received the May 3, 2017 disenrollment notice terminating your wife's health insurance.

- 4) You testified that you contacted NYSOH in May to re-enroll your wife after receiving the May 3, 2017 disenrollment notice.
- 5) You testified that your wife was not able to be reenrolled into the Essential Plan at the time you contacted NYSOH in May 2017 because there was an issue with your wife's married name and maiden name and that this issue was not resolved until September 30, 2017.
- 6) During the hearing, you gave the Hearing Officer permission to listen to phone calls that you placed to NYSOH between May through September 2017.
- 7) The phone records reflect there were no phone calls between you and NYSOH for the months of April through September 2017. Those records reflect your first telephone contact with NYSOH after your wife's disenrollment was October 5, 2017.
- 8) You testified, and the record reflects, that you submitted an application to NYSOH on behalf of your wife for financial assistance on October 5, 2017.
- 9) You testified, and the record reflects, that your wife was reenrolled in an Essential Plan on October 5, 2017.
- 10) You testified that you want your wife's enrollment in an Essential Plan to begin on October 1, 2017 for two reasons. You testified the first reason was because you contacted NYSOH in May 2017 to reenroll your wife in an Essential Plan but she was not re-enrolled until you called again on October 5, 2017. You testified the second reason was because the NYSOH representative you spoke with on October 5, 2017 told you there would be "no problem" enrolling your wife into an Essential Plan, but did not tell you that your wife's enrollment would begin November 1, 2017. As a result, your wife has medical bills for the month of October.

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

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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 wife's enrollment in the Essential Plan was effective November 1, 2017.

Your wife was initially enrolled into an Essential Plan effective March 1, 2017. However, her eligibility for this plan was only conditional pending submission of documentation confirming her social security number and citizenship status. No documentation was received by NYSOH by the deadline stated. As a result, NYSOH issued discontinuance and disenrollment notices on May 3, 2017 stating that your wife was disenrolled from the Essential Plan as of May 31, 2017.

You testified that you contacted NYSOH in May to re-enroll your wife after receiving the May 3, 2017 disenrollment notice. However, she was not able to be reenrolled into the Essential Plan at that time because there was an issue with your wife's married name and maiden name and that this issue was not resolved until September 30, 2017.

During the hearing, you gave the Hearing Officer permission to listen to phone calls that you placed to NYSOH from May through September 2017 in order to verify your testimony that you contacted NYSOH in May 2017. However, the credible evidence reflects that you did not call NYSOH until October 5, 2017, nor were there any changes or updates to your account until October 5, 2017.

Therefore, the first time you contacted NYSOH to reenroll your wife into the Essential Plan was October 5, 2017. As a result, your wife was found eligible for and enrolled in the Essential Plan as of November 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

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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.

You selected an Essential Plan for your wife on October 5, 2017, so her enrollment properly took effect on the first day of the first month following October; that is, on November 1, 2017.

You further testified that an NYSOH representative you spoke with on October 5, 2017 told you there would be “no problem” enrolling your wife into an Essential Plan, but did not tell you that your wife’s enrollment would not begin until November 1, 2017. As a result, your wife has medical bills for the month of October. However, NYSOH sent notices to you on October 6, 2017 advising you that your wife was eligible for and enrolled into an Essential Plan effective November 1, 2017. Furthermore, there is no current recourse in the law for backdating an Essential Plan due to a representative failing to inform you of an enrollment start date.

Therefore, the October 6, 2017 enrollment confirmation notice stating that your wife’s enrollment in the Essential Plan was effective November 1, 2017, is correct and must be AFFIRMED.

Decision

The October 6, 2017 eligibility determination is AFFIRMED.

Effective Date of this Decision: December 01, 2017

How this Decision Affects Your Eligibility

This decision does not change your wife’s eligibility.

The effective date of your wife’s Essential Health 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

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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

Summary

The October 6, 2017 eligibility determination is **AFFIRMED**.

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This decision does not change your wife's eligibility.

The effective date of your wife's Essential Health 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।

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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&btumi ama wo obi a okyerε 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 דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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