



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

Notice of Decision

Decision Date: February 2, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023857

[REDACTED]

On December 27, 2017, you and your spouse appeared by telephone at a hearing on your appeal of NY State of Health's October 31, 2017 and November 1, 2017 enrollment confirmation 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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Decision

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023857



Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health properly determine the enrollment of you and your spouse in an Essential Plan with MVP became effective no earlier than December 1, 2017?

Procedural History

On September 19, 2017, NYSOH received the initial application for financial assistance with health insurance submitted on behalf of you and your spouse.

On September 22, 2017, NYSOH issued an enrollment notice, based on your September 19, 2017 plan selections, confirming you and your spouse were both enrolled in an Essential Plan with medical, vision, and dental coverage with United Healthcare, effective November 1, 2017.

On September 30, 2017, NYSOH issued an eligibility determination notice, based on the September 19, 2017 application, stating you and your spouse were eligible for the Essential Plan, for a limited time, with a \$20.00 monthly premium, effective November 1, 2017. The notice directed you to submit proof of your household income by December 18, 2017 or you and your spouse might lose your insurance or receive less help paying for your coverage.

On October 31, 2017, NYSOH issued an enrollment notice, based on your October 30, 2017 plan selection, confirming your spouse was enrolled in an

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Essential Plan with MVP Healthcare, effective December 1, 2017. The notice indicated you were still enrolled in an Essential Plan with United Healthcare.

Also on October 31, 2017, NYSOH issued a disenrollment notice stating your spouse's coverage with her United Healthcare Essential Plan would end on November 30, 2017, because you requested to end that coverage.

Additionally, on October 31, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as the enrollment of you and your spouse in an Essential Plan with MVP did not become effective earlier than December 1, 2017.

On November 1, 2017, NYSOH issued an enrollment notice, based on your October 31, 2017 plan selection, confirming you were enrolled in an Essential Plan with MVP Healthcare, effective December 1, 2017.

Also on November 1, 2017, NYSOH issued a disenrollment notice stating your United Healthcare Essential Plan coverage would end on November 30, 2017, because you requested to end that coverage.

On December 27, 2017, you and your spouse had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed thereafter.

Findings of Fact

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

- 1) You testified you are only appealing the effective date of coverage for you and your spouse. This appeal does not involve your child's coverage.
- 2) According to your account, the first application for financial assistance with health insurance submitted on behalf of you and your spouse was received by NYSOH on September 19, 2017.
- 3) You and your spouse were determined eligible for the Essential Plan, effective November 1, 2017.
- 4) Your account confirms that an enrollment request in an Essential Plan with United Healthcare was submitted on behalf of you and your spouse on September 19, 2017. Coverage through those plan was effective November 1, 2017.
- 5) You testified that you selected the United Healthcare plans based on information provided by the NYSOH representative on September 19, 2017.

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- 6) You testified that you specifically asked the representative if the United Healthcare plan was accepted by your spouse's medical providers and the representative indicated that it was. You testified that you relied upon that information in selecting the plan.
- 7) The Appeals Unit reviewed the recording of the September 19, 2017 telephone call and concluded the following:
 - a. The NYSOH representative provided you with a list of available Essential Plans.
 - b. You indicated that you wanted a plan with medical, dental, and vision coverage.
 - c. The representative stated that the only plans available with medical, dental, and vision coverage were Wellcare and United Healthcare.
 - d. You indicated both you and your spouse wanted the United Healthcare plan.
 - e. You did not ask any questions regarding what plans were accepted by your spouse's medical providers, and the NYSOH representative made no statements indicating what plans were accepted by any medical providers.
 - f. The representative stated that if you wanted your coverage to begin sooner than November 1, 2017 you would have to contact the health plan directly to request an earlier start date.
- 8) Your spouse testified that she subsequently learned her medical providers did not accept the United Healthcare Essential Plan.
- 9) You testified that you first contacted NYSOH to switch health plans for you and your spouse at the end of October 2017.
- 10) According to your account, a new enrollment in an Essential Plan with MVP was submitted on behalf of your spouse on October 30, 2017. Coverage through her MVP plan became effective on December 1, 2017.
- 11) According to your account, a new enrollment in an Essential Plan with MVP was submitted on your behalf on October 31, 2017. Coverage through your MVP plan became effective on December 1, 2017.
- 12) You testified you are seeking to backdate the coverage of you and your spouse in your MVP Essential Plans to November 1, 2017, because your

spouse has an outstanding medical bill from that month from a provider that does not accept the United Healthcare plan.

- 13) According to your account, you and your spouse have subsequently been determined ineligible for financial assistance and disenrolled from your Essential Plans, effective January 31, 2018, based on your purported failure to submit sufficient documentation of your household income to confirm your eligibility.

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 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 issue under appeal is whether NYSOH properly determined the enrollment of you and your spouse in an Essential Plan with MVP was effective no earlier than December 1, 2017.

According to your account, the first application for financial assistance with health insurance for you and your spouse was received by NYSOH on September 19, 2017. You and your spouse were determined eligible for the Essential Plan, effective November 1, 2017, and a request for enrollment in an Essential Plan with United Healthcare was submitted on behalf of you and your spouse the

same day. Coverage through those plans became effective on November 1, 2017.

According to your account, on October 30, 2017 and October 31, 2017, new enrollments in an Essential Plan with MVP were submitted on behalf of you and your spouse. Coverage through the MVP Essential Plans was not effective until December 1, 2017. You appealed the effective date of the MVP Essential Plans for you and your spouse insofar as that coverage was not effective November 1, 2017.

Although you testified that you and your spouse only selected the United Healthcare Essential Plans on September 19, 2017 because the NYSOH representative assisting you with the enrollment indicated that your spouse's medical providers accepted that plan, a review of the telephone call recording from that day contradicts that testimony. The recording confirms that you selected the United Healthcare plan for you and your spouse without asking any questions regarding whether the plan was accepted by your spouse's providers. The representative made no statements regarding whether any plan was accepted by any provider. Thus, there is no evidence that the September 19, 2017 enrollment of you and your spouse in an Essential Plan with United Healthcare because of an error or misrepresentation attributable to NYSOH.

It is noted that if you and/or your spouse subsequently contacted the health plan and received the alleged misinformation from a representative of the health plan, any such error or misrepresentation on the part of the health plan is not imputed to NYSOH. Therefore, any such error or misrepresentation by the health plan would not be grounds for NYSOH to backdate your coverage.

Pursuant to the above regulations, 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.

Since the evidence establishes that you and your spouse did not select the MVP Essential Plan until October 30, 2017 and October 31, 2017, respectively, coverage through those plans could not become effective until the first day of the second following month; that is, on December 1, 2017, because the plan selection occurred after the fifteenth day of the month.

Therefore, the October 31, 2017 and November 1, 2017 enrollment notices confirming you and your spouse were enrolled in Essential Plan with MVP, effective December 1, 2017, were correct and are AFFIRMED.

It is noted that, according to your account, you and your spouse have subsequently been determined ineligible for financial assistance and disenrolled

from your Essential Plans, effective January 31, 2018, based on your purported failure to submit sufficient documentation of your household income to confirm your eligibility. Although neither that determination or the subsequent disenrollment are properly under review, you are encouraged to contact NYSOH to resolve any alleged outstanding documentation requests and/or reapply for coverage.

Decision

The October 31, 2017 and November 1, 2017 enrollment confirmation notices are AFFIRMED.

Effective Date of this Decision: February 2, 2018

How this Decision Affects Your Eligibility

This decision does not change the eligibility or enrollment dates for you or your spouse.

The MVP Essential Plans you and your spouse enrolled in did not become effective until December 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:

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 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 31, 2017 and November 1, 2017 enrollment confirmation notices are AFFIRMED.

This decision does not change the eligibility or enrollment dates for you or your spouse.

The MVP Essential Plans you and your spouse enrolled in did not become effective until December 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:



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&etumi 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 איר געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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