



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

Notice of Decision

Decision Date: March 1, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025445

[REDACTED]

Dear [REDACTED]

On February 13, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 7, 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(b).

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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NY State of Health Account ID: [REDACTED]
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Issue

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

Did New York State of Health (NYSOH) properly determine that you were enrolled in an Essential Plan with an enrollment start date of January 1, 2018?

Procedural History

On November 1, 2017, three applications for financial assistance were submitted through NYSOH.

On November 2, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with a \$20.00 premium per month for a limited time, effective as of December 1, 2017. The notice directed you to provide proof of income by January 30, 2018, to confirm your eligibility.

On December 6, 2017, you contacted NYSOH's Account Review Unit and requested an appeal relative to the enrollment start date of your Essential Plan.

On December 7, 2017, NYSOH issued a plan enrollment notice confirming that as of December 6, 2017, you enrolled in an Essential Plan with an enrollment start date of January 1, 2018.

On February 13, 2018, you had a telephone hearing with a Hearing Officer from NYSOH Appeals Unit. Testimony was taken during the hearing, and the record

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was left open to allow the Hearing Officer to request the recording of your December 6, 2017 conversation with NYSOH's Customer Service Center.

On February 14, 2018, NYSOH Appeals Unit received the recording of your December 6, 2017 conversation with NYSOH's Customer Service Center. That recording was made part of the record as "Appellant Exhibit A." The record is now complete and closed.

Findings of Fact

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

- 1) You testified that you want your Essential Plan to begin on December 1, 2017, to cover any medical expenses that were incurred during the month of December 2017.
- 2) According to your NYSOH account, your account was updated on November 1, 2017, by username [REDACTED]."
- 3) You testified that your NYSOH account was updated with the assistance of a representative from Northwell Health. During your application process, the representative selected an Essential Plan and confirmed that your Healthfirst plan would begin on December 1, 2017.
- 4) You testified that you did not receive any eligibility or enrollment notice from NYSOH after your application was submitted on November 1, 2017.
- 5) According to your NYSOH account, notices are sent to you by U.S. mail.
- 6) According to your NYSOH account, on December 6, 2017, "[REDACTED]" enrolled you in a health plan.
- 7) According to the telephone recording between you and NYSOH's Customer Service representative, on December 6, 2017, you contacted NYSOH's Customer Service Center after learning that you would not be enrolled in a health plan during the month of December 2017. The NYSOH agent stated that a certified application counselor from Northwell Health submitted your application on November 1, 2017 (Appellant Exhibit A).

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 under review is whether NYSOH properly determined that you were enrolled in an Essential Plan with an enrollment start date of January 1, 2018.

On November 1, 2017, three applications for financial assistance were submitted through NYSOH by username "[REDACTED]". Based on those applications, you were determined eligible to enroll in the Essential Plan, with a \$20.00 premium per month for a limited time, effective as of December 1, 2017. You testified that your applications were submitted with assistance from a representative at Northwell Health. Further, you testified that, during the application process, the representative enrolled you in an Essential Plan through Healthfirst and confirmed that the health plan would begin on December 1, 2017.

The record reflects that on December 6, 2017, your application was updated, and you were enrolled in an Essential Plan by "[REDACTED]". You contacted NYSOH's Customer Service Center after learning that you would not be enrolled in a health plan during the month of December 2017. During that conversation, the NYSOH agent acknowledged that a certified application counselor from Northwell Health had submitted the applications on November 1, 2017 (Appellant Exhibit A).

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 from the first day to and including the fifteenth day of a month will go into effect on the first day of the

following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

The available record reflects that the certified application counselor from Northwell Health did not properly process your Essential Plan enrollment on November 1, 2017. If you had been properly enrolled in an Essential Plan on November 1, 2017, your enrollment start date would have been December 1, 2017.

Therefore, the December 7, 2017 plan enrollment notice is MODIFIED to state that you were enrolled in an Essential Plan with an enrollment start date of December 1, 2017.

Your case is RETURNED to NYSOH to enroll you in an Essential Plan for the month of December 2017.

Decision

The December 7, 2017 plan enrollment notice is MODIFIED to state that you were enrolled in an Essential Plan with an enrollment start date of December 1, 2017.

Your case is RETURNED to NYSOH to enroll you in an Essential Plan for the month of December 2017, and to notify you accordingly.

Effective Date of this Decision: March 1, 2018

How this Decision Affects Your Eligibility

Your Essential Plan enrollment start date should be December 1, 2017.

Your case is being sent back to NYSOH to change the start date of your Essential Plan enrollment to December 1, 2017. NYSOH will notify you once this is done.

You will be responsible to pay the monthly health insurance premium to effectuate this coverage.

If You Disagree with this Decision (Appeal Rights)

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 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 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
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- By fax: 1-855-900-5557

Summary

The December 7, 2017 plan enrollment notice is MODIFIED to state that you were enrolled in an Essential Plan with an enrollment start date of December 1, 2017.

Your case is RETURNED to NYSOH to enroll you in an Essential Plan for the month of December 2017, and to notify you accordingly.

Your Essential Plan enrollment start date should be December 1, 2017.

Your case is being sent back to NYSOH to change the start date of your Essential Plan enrollment to December 1, 2017. NYSOH will notify you once this is done.

You will be responsible to pay the monthly health insurance premium to effectuate this coverage.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545(a).

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 1-855-355-5777번으로 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.

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).

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।

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. y&b&tumi ama wo obi a okyer& 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.