



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

Notice of Decision

Decision Date: February 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025578

[REDACTED]

[REDACTED]

On February 14, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 12, 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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Decision

Decision Date: February 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025578

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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 daughter's enrollment in an Essential Plan with dental and vision benefits was effective January 1, 2018?

Is your request for reimbursement for payments of services rendered by a provider who does not accept your daughter's Essential Plan with medical benefits only valid?

Procedural History

On October 12, 2017, NYSOH issued a notice of eligibility determination, based on your October 11, 2017 application on behalf of your daughter, stating that your daughter was eligible to enroll in the Essential Plan with a \$0.00 monthly premium for a limited time, effective November 1, 2017.

Also on October 12, 2017, NYSOH issued a notice of enrollment, based on your plan selection on October 11, 2017, stating that your daughter was enrolled in an Essential Plan with medical benefits only through [REDACTED]. That notice also states that your daughter's plan would start on November 1, 2017. That notice further states "[t]he plan selected does not cover dental and vision services. You can change to a plan that covers these services for an additional monthly premium."

On December 11, 2017, you updated your daughter's application for health insurance and enrolled her into the same Essential Plan, but added dental and

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vision benefits through UnitedHealthcare Community Plan Medical with Dental and Vision with a \$32.35 monthly premium. That day, a preliminary eligibility determination was prepared stating that your daughter's enrollment for her Essential Plan with dental and vision benefits would be effective January 1, 2018.

Also on December 11, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your daughter's enrollment in the Essential Plan that included dental and vision benefits insofar as it did not begin on December 1, 2017.

On December 12, 2017, NYSOH issued a notice of plan disenrollment stating that your daughter's enrollment in her Essential Plan with medical benefits only and a \$0.00 monthly premium ended December 31, 2017. The notice stated this was because you requested that coverage end on December 11, 2017.

Also on December 12, 2017, NYSOH issued a notice of plan enrollment, stating that your daughter's enrollment in her Essential Plan that included dental and vision benefits with a premium of \$32.35 monthly premium, began January 1, 2018.

On February 14, 2018, 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 originally submitted an application on behalf of your family, including your daughter, to NYSOH for financial assistance on October 11, 2017.
- 2) You testified, and the record reflects, that your daughter was enrolled in an Essential Plan with medical benefits only and a \$0.00 monthly premium on November 1, 2017.
- 3) You testified that you contacted NYSOH to change your daughter's Essential Plan to one that included dental and vision benefits in December.
- 4) The record reflects you contacted NYSOH and updated your daughter's plan enrollment on December 11, 2017.
- 5) The record reflects that your daughter's enrollment in her Essential Plan with medical benefits only and a \$0.00 monthly premium ended on December 31, 2017, upon your request.

- 6) The record reflects that your daughter's enrollment in her Essential Plan that included dental and vision benefits with a premium of \$32.35 monthly premium, began January 1, 2018.
- 7) You testified that you want your daughter's enrollment in an Essential Plan that includes dental and vision benefits with a \$32.35 monthly premium to begin on December 1, 2017.
- 8) You testified that you are also seeking financial assistance with medical bills for your daughter through this appeal. You testified that your daughter saw a provider in late November or early December 2017 who does not accept her Essential Plan with medical benefits only, and that she received a bill for the full amount of services rendered. You testified that your daughter took out a loan to repay that bill and that you are seeking financial assistance or full reimbursement of the amount your daughter borrowed to pay the provider.

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)).

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,

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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)).

Legal Analysis

The first issue is whether NYSOH properly determined that that your daughter's enrollment in an Essential Plan that includes dental and vision benefits was effective January 1, 2018.

The record reflects that on October 11, 2017, you selected an Essential Plan for your daughter's enrollment that only included medical benefits. The October 12, 2017 notice of enrollment confirms your daughter's enrollment in an Essential Plan with only medical coverage, and states "[t]he plan selected does not cover dental and vision services. You can change to a plan that covers these services for an additional monthly premium."

You testified, and the record indicates, that on December 11, 2017, you changed your daughter's Essential Plan to one that included vision and dental benefits. As a result, on December 12, 2017, NYSOH issued a notice of plan enrollment confirming your daughter's enrollment into an Essential Plan with dental and vision benefits and a \$32.35 monthly premium, began January 1, 2018.

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.

On December 11, 2017, you selected an Essential Plan with dental and vision benefits for your daughter, so her enrollment properly took effect on the first day of the next month following December; that is, on January 1, 2018.

Therefore, the December 12, 2017 enrollment confirmation notice stating that your daughter's enrollment in her Essential Plan that includes dental and vision benefits was effective January 1, 2018, is correct and must be AFFIRMED.

The second issue is whether your request for reimbursement of payments for services rendered by a provider who does not accept your daughter's Essential Plan with medical benefits only is valid.

An applicant has the right to appeal to NYSOH's Appeals Unit an eligibility determination or redetermination made by NYSOH, a failure by NYSOH to provide timely notice of an eligibility determination, and a denial of a request for a special enrollment period by NYSOH.

You testified that your daughter saw a provider in late November or early December 2017 who does not accept her Essential Plan with medical benefits only. Subsequently, your daughter received a bill for the full amount of services rendered. You testified that your daughter took out a loan to repay that bill and that you are seeking financial assistance or full reimbursement of the amount of money your daughter borrowed to pay the provider through this appeal.

This issue disputes the type of health insurance your daughter's provider accepts, and is not an issue that the NY State of Health Appeals Unit is authorized to address. Therefore, your appeal of this issue is **DISMISSED**.

Decision

The December 12, 2017 eligibility determination is **AFFIRMED**.

You appeal for reimbursement for payments of services rendered by a provider who does not accept your daughter's Essential Plan with a \$0.00 monthly premium is **DISMISSED**.

Effective Date of this Decision: February 22, 2018

How this Decision Affects Your Eligibility

This decision does not change your daughter's eligibility.

The effective date of your daughters Essential Plan Essential Plan Plus Vision and Dental with a \$32.35 monthly premium is January 1, 2018.

You may have additional options outside of the Appeals Unit of New York State of Health, such as through your plan or through the Department of Financial Services.

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.

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

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Summary

The December 12, 2017 eligibility determination is AFFIRMED.

This decision does not change your daughter's eligibility.

The effective date of your daughters Essential Plan Essential Plan Plus Vision and Dental with a \$32.35 monthly premium is January 1, 2018.

You appeal for reimbursement for payments of services rendered by a provider who does not accept your daughter's Essential Plan with a \$0.00 monthly premium is DISMISSED.

You may have additional options outside of the Appeals Unit of New York State of Health, such as through your plan or through the Department of Financial Services.

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&etumi ama wo obi a okyerE 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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