



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: AP000000026078

[REDACTED]

Dear [REDACTED]

On February 23, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 20, 2017 enrollment confirmation notice and December 20, 2017 disenrollment 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: March 1, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000026078

[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 enrollment in an Essential Plan with vision and dental ended effective January 31, 2018, and that your enrollment in an Essential Plan with medical only was effective February 1, 2018?

## Procedural History

On December 15, 2017, NY State of Health (NYSOH) issued a notice of eligibility determination, based on your December 14, 2017 application, stating that you were eligible to enroll in the Essential Plan, effective January 1, 2018.

Also on December 15, 2017, NYSOH issued a notice of enrollment, based on your plan selection on December 14, 2017, stating that you were enrolled in an Essential Plan with vision and dental, and that your plan would start January 1, 2018.

On December 19, 2017, you contacted NYSOH and requested to change your Essential Plan enrollment.

Also on December 19, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date in an Essential Plan with medical only insofar as it did not begin January 1, 2018.

On December 20, 2017, NYSOH issued a notice of enrollment, based on your plan selection on December 19, 2017, stating that you were enrolled in an Essential Plan with medical only, and that your plan would start February 1, 2018.

Also on December 20, 2017, NYSOH issued a disenrollment notice stating that your enrollment with your Essential Plan with vision and dental would end on January 31, 2018. This was because you had requested to end your coverage in this plan on December 19, 2017.

On February 23, 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 submitted an application to NYSOH for financial assistance on December 14, 2017.
- 2) You testified that you selected a Health First Essential Plan with vision and dental on December 14, 2017. You explained that you selected this plan because you were not sure about certain covered services and wanted to follow-up directly with the plan as you did not believe the NYSOH representative could answer your question about whether certain services would be covered under the medical only plan or the vision and dental plan. You further testified that the NYSOH representative did not advise you that any changes would need to be made by December 15<sup>th</sup> in order for those changes to be effective for January 1, 2018.
- 3) During the hearing, you gave permission for the hearing officer to listen to recordings of phone calls you had with NYSOH.
- 4) On December 14, 2017, you placed a phone call to NYSOH. A review of the recording of that phone call reflects that you completed your application for financial assistance for health insurance with an NYSOH representative during that call. The NYSOH representative advised you that you had been found eligible for the Essential Plan. The NYSOH representative advised you that Essential Plans with medical only had a premium of \$20.00 and that Essential Plans with vision and dental coverage had a monthly premium of \$48.02. You inquired regarding MetroPlus coverage. You then inquired if you could change your plan selection if you needed to. The NYSOH representative advised you that you could change your plan selection if you needed to. You made no inquiry of the NYSOH

representative regarding the effective date of any changes. You stated that you wanted the NYSOH representative to enroll you in an Essential Plan with vision and dental through Health First.

- 5) You testified that on December 19, 2017, you contacted NYSOH and requested to change your enrollment to an Essential Plan through Health First with medical only.
- 6) You testified that you wanted your enrollment in an Essential Plan with medical only to begin on January 1, 2018, because you did not need vision or dental coverage for the month of January 2018.
- 7) There is no indication in the record that your plan selection on December 14, 2017 was based on any misinformation provided by NYSOH.

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/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 is whether NYSOH properly determined that your enrollment in an Essential Plan with vision and dental ended effective January 31, 2018, and that your enrollment in an Essential Plan with medical only was effective February 1, 2018.

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 testified, and the record indicates, that you updated your NYSOH application on December 14, 2017. As a result, you were found eligible for the Essential Plan as of January 1, 2018. That day you selected an Essential Plan with vision and dental for enrollment.

Thereafter, on December 19, 2017, you contacted NYSOH and requested to change your enrollment to an Essential Plan with medical only.

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 19, 2017, you selected an Essential Plan with medical only, so your enrollment properly took effect on the first day of the second month following December 2017; that is, on February 1, 2018.

Additionally, there is no indication that your enrollment in an Essential Plan with vision and dental was a mistake or the result of misinformation provided by NYSOH.

Therefore, the December 20, 2017 enrollment confirmation notice stating that your enrollment in an Essential Plan with medical only was effective February 1, 2018, is correct and must be AFFIRMED.

The December 20, 2017 disenrollment notice stating that your enrollment in an Essential Plan with vision and dental ended effective January 31, 2017 is AFFIRMED.

## **Decision**

The December 20, 2017 notice of enrollment confirmation is AFFIRMED.

The December 20, 2017 disenrollment notice is AFFIRMED.

**Effective Date of this Decision:** March 1, 2018

## **How this Decision Affects Your Eligibility**

This decision does not change your eligibility.

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).

The effective date of your Essential Plan with medical only is February 1, 2018.

Your enrollment in your Essential Plan with vision and dental ended as of January 31, 2018.

### **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:

- 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):**

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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- By fax: 1-855-900-5557

## **Summary**

The December 20, 2017 notice of enrollment confirmation is AFFIRMED.

The December 20, 2017 disenrollment notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Plan with medical only is February 1, 2018.

Your enrollment in your Essential Plan with vision and dental ended as of January 31, 2018.

## **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 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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