



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

### Notice of Decision

Decision Date: April 20, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027726

[REDACTED]

[REDACTED],

On March 15, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 13, 2018 disenrollment notice and January 23, 2018 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 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: April 20, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027726

[REDACTED]

## Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health properly determine that your enrollment in your Essential Plan ended effective January 1, 2018, because of non-payment of premiums?

Did NY State of Health properly determine that your re-enrollment in an Essential Plan was effective March 1, 2018?

## Procedural History

On December 1, 2017, NY State of Health (NYSOH) issued an eligibility determination notice, based on your November 30, 2017 updated application, stating that you were eligible to enroll in the Essential Plan with a \$20.00 premium per month for a limited time, effective January 1, 2018. The notice stated that if you do not make your monthly premium payments on time, you could lose your health insurance.

Also on December 1, 2017, a plan enrollment notice was issued confirming your enrollment in an Essential Plan with a premium of \$20.00 per month as of January 1, 2018. The notice stated that you must pay your monthly premium to start your coverage as of January 1, 2018, and to keep it thereafter.

On January 13, 2018, a disenrollment notice was issued stating your Essential Plan coverage was terminated effective January 1, 2018, because a premium payment had not been received by the health plan.

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On January 23, 2018, a plan enrollment notice was issued, based on your January 22, 2018 updated application and plan selection, confirming that you were enrolled in the Essential Plan with a premium of \$20.00 per month as of March 1, 2018. The notice stated that you must pay your monthly premium to start your coverage as of March 1, 2018, and to keep it thereafter.

On January 24, 2018, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as your Essential Plan started on March 1, 2018, and not January 1, 2018.

On March 15, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was held open to March 30, 2018, to allow you time to submit additional documentation.

As of March 30, 2018, the Appeals Unit did not receive any documents from you and none were viewable in your NYSOH account. Therefore, the record was closed that same day and this decision is based on the record as developed at the time of the hearing.

## **Findings of Fact**

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

- 1) According to your NYSOH account, you enrolled in your Essential Plan with a premium of \$20.00, effective January 1, 2018, as is stated on the December 1, 2017 plan enrollment notice. The notice stated that you must pay your monthly premium to start your coverage as of January 1, 2018, and to keep it thereafter.
- 2) You testified that you failed to pay your January 2018 premium because you did not realize that your Essential Plan had a premium payment due and the health plan never sent you a bill.
- 3) You further testified that, although you did receive the December 1, 2017 eligibility determination notice, you did not know you had to pay a premium. You testified that you never received the December 1, 2017 plan enrollment notice.
- 4) On January 13, 2018, NYSOH issued a disenrollment notice stating that your coverage in your Essential Plan was terminated effective January 1, 2018, because of non-payment of premiums.
- 5) You testified that you called the health plan and they denied reinstatement of your coverage and advised you to contact NYSOH.

- 6) You testified you were told you were supposed to pay your premium payment by January 10, 2018.
- 7) According to your NYSOH account and testimony, you updated your NYSOH application and selected an Essential Plan on January 22, 2018, and were re-enrolled in the Essential Plan as of March 1, 2018.
- 8) You testified that you wanted your enrollment in an Essential Plan to begin on January 1, 2018, because you had medical bills in January 2018 and February 2018 and you were not aware that you did not have coverage.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Appealable Issues

An applicant has the right to appeal to the Appeals Unit of NYSOH: (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, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, and (4) a failure by NYSOH to provide timely notice of an eligibility determination (45 CFR § 155.505).

### 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 first issue under review is whether NYSOH properly terminated your enrollment in your Essential plan effective January 1, 2018 because of non-payment of premiums.

The record indicates you were eligible for and enrolled in an Essential Plan with a monthly premium of \$20.00, effective January 1, 2018, as stated in the December 1, 2017 eligibility determination and plan enrollment notices issued by NYSOH. These notices also stated you could lose your health insurance if you failed to pay your premium.

You testified that you failed to pay your January 2018 premium because you did not realize that your Essential Plan had a premium payment due and the health plan never sent you a bill. Although you did receive the December 1, 2017 eligibility determination notice, you did not know you had to pay a premium. You testified that you never received the December 1, 2017 plan enrollment notice. You further testified that when you contacted your health plan they denied you reinstatement in your Essential Plan and advised you to contact NYSOH.

Your testimony is not credible since you testified that you did receive the December 1, 2017 eligibility determination notice advising you that your Essential Plan had a \$20.00 monthly premium. Notwithstanding, NYSOH's Appeals Unit only has the authority to review issues related to the following: (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, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, and (4) a failure by the Exchange to provide timely notice of an eligibility determination.

Since the Appeals Unit is not given the authority to review start date issues due to non-payment of premiums, we cannot reach the merits as to whether you were properly terminated from your Essential Plan for non-payment of premiums. Therefore, your appeal of your Essential Plan termination date of January 1, 2018, is DISMISSED as a non-appealable issue.

The remaining issue is whether NYSOH properly determined that your re-enrollment in the Essential Plan was effective March 1, 2018.

According to your NYSOH account and testimony, you updated your NYSOH application and selected an Essential Plan on January 22, 2018. As a result, you were re-enrolled in the Essential Plan as of March 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.

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 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.

The record reflects that, on January 22, 2018, you updated your application for health insurance and selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following January 2018; that is, on March 1, 2018.

Therefore, the January 23, 2018 plan enrollment notice confirming that your re-enrollment in the Essential Plan was effective March 1, 2018, is correct and must be AFFIRMED.

## **Decision**

Your appeal of your Essential Plan termination date of January 1, 2018, as stated in the January 13, 2018 disenrollment notice, is DISMISSED as a non-appealable issue.

The January 23, 2018 plan enrollment notice is AFFIRMED.

**Effective Date of this Decision:** April 20, 2018

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

The Appeals Unit does not have the authority to review start date issues due to non-payment of premiums and, therefore, cannot reach the merits as to whether you were properly terminated from your Essential Plan for non-payment of premiums as of January 1, 2018.

The effective date of your re-enrollment in your Essential Plan is March 1, 2018.

This decision does not affect any subsequent eligibility determinations made or issued by NYSOH.

## **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**

Your appeal of your Essential Plan termination date of January 1, 2018, as stated in the January 13, 2018 disenrollment notice, is **DISMISSED** as a non-appealable issue.

The January 23, 2018 plan enrollment notice is **AFFIRMED**.

The effective date of your re-enrollment in your Essential Plan is March 1, 2018.

The Appeals Unit does not have the authority to review start date issues due to non-payment of premiums and, therefore, cannot reach the merits as to whether you were properly terminated from your Essential Plan for non-payment of premiums as of January 1, 2018.

This decision does not affect any subsequent eligibility determinations made or issued by NYSOH.

## **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 مجانًا.

### **বাংলা (Bengali)**

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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. ye&btumi 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.

### **אַײַדיש (Yiddish)**

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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.

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).