

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

## Notice of Decision

Decision Date: April 18, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000028198



On April 4, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 12, 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 18, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000028198



## 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 spouse's enrollment in an Essential Plan was effective February 1, 2018?

## Procedural History

On September 13, 2017, NYSOH issued an eligibility determination notice, based on your September 12, 2017 application, stating that your spouse was eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective October 1, 2017.

Also on September 13, 2018, NYSOH issued a plan enrollment notice, advising your spouse to select a health plan in order for her coverage with the Essential Plan to begin.

On January 11, 2018, you contacted NYSOH and selected a plan for your spouse's enrollment.

On January 12, 2018, NYSOH issued a plan enrollment notice stating that your spouse was enrolled in an Essential Plan, effective February 1, 2018.

On January 31, 2018 you spoke to NYSOH's Account Review Unit and appealed the start date of your spouse's enrollment in the Essential insofar as it did not begin on January 1, 2018.

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On April 4, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you gave permission for the Hearing Officer to listen to recordings of telephone calls you had with NYSOH. The record was developed during the hearing and closed after the one telephone recording was reviewed.

## **Findings of Fact**

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

- 1) You testified that you are appealing only your spouse's Essential Plan enrollment start date.
- 2) According to your NYSOH account and your testimony, you contacted NYSOH by telephone on September 12, 2017, and submitted an application for health insurance for you and your spouse with the assistance of a NYSOH representative. You selected an Essential Plan for enrollment for both you and your spouse during that telephone call.
- 3) The NYSOH Appeals Unit reviewed the recording of the September 12, 2017 telephone call between you and a NYSOH representative, at which time you selected a plan for both your and your spouse's enrollment.
- 4) According to your NYSOH account, your spouse did not select a plan for enrollment on September 12, 2107.
- 5) You testified that you discovered your spouse was not enrolled in an Essential Plan when she went to the hospital for [REDACTED] at which time you were told that your spouse was no longer enrolled in an Essential Plan.
- 6) According to your NYSOH account and your testimony, you contacted NYSOH on January 11, 2018, and selected an Essential Plan on behalf of your spouse with an enrollment start date of February 1, 2018.
- 7) You testified that you wanted your spouse's enrollment in an Essential Plan to begin on January 1, 2018, because your spouse incurred medical bills during the month of January.
- 8) According to your NYSOH account, your spouse does not have a gap in her eligibility for health insurance or her enrollment in an Essential Plan.

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 under review is whether NYSOH properly determined that your spouse's enrollment in the Essential Plan was effective February 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.

According to your NYSOH account, you contacted NYSOH on January 11, 2018, and enrolled your spouse into an Essential Plan. Ordinarily, the effective date of an Essential Plan selected on January 11, 2018, would be the first date of the first month following January 2018; that is February 1, 2018.

However, the record reflects that you first selected a plan for your spouse's enrollment on September 12, 2017, during a telephone call between you and NYSOH. Although you selected a plan for her that day, no plan enrollment was submitted by the NYSOH representative on behalf of your spouse. It is therefore reasonable to conclude that your spouse was not enrolled into an Essential Plan on September 12, 2017, due to an error by NYSOH and through no fault of your own.

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).

Since the credible evidence of record reflects that you first selected an Essential Plan for your spouse on September 12, 2017, the effective date would be the first day of the first month following September 2017; that is, as of October 1, 2017.

Therefore, the January 13, 2018 plan enrollment notice stating your spouse's enrollment with her Essential Plan with a \$20.00 per month premium effective February 1, 2018 is MODIFIED to reflect an October 1, 2017 start date.

Your case is RETURNED to NYSOH to enroll your spouse into her Essential Plan as of October 1, 2017, and to notify you accordingly.

According to your NYSOH account, your spouse does not have a gap in either her eligibility for health insurance or her enrollment in her Essential Plan.

Therefore, your case is RETURNED to Plan Management to conduct outreach to your spouse's Essential Plan to investigate why your spouse's medical bills are not being processed.

If you have not already done so, you and/or your spouse are responsible for any premium payments for her as of October 1, 2017.

## **Decision**

The January 13, 2018 plan enrollment notice stating your spouse's enrollment with her Essential Plan with a \$20.00 per month premium, effective February 1, 2018, is MODIFIED to reflect an October 1, 2017 start date.

Your case is RETURNED to NYSOH to enroll your spouse into her Essential Plan as of October 1, 2017, and to notify you accordingly.

Further, your case is RETURNED to Plan Management to conduct outreach to your spouse's Essential Plan to investigate why your spouse's medical bills are not being processed.

If you have not already done so, you and/or your spouse are responsible for any premium payments for her as of October 1, 2017.

**Effective Date of this Decision:** April 18, 2018

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

Your spouse's enrollment start date with her Essential Plan is October 1, 2017.

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).

Your case is being sent back to NYSOH to effectuate the change in your spouse's enrollment start date and notify you accordingly.

If you have not already done so, you and/or your spouse are responsible for any premium payments for her as of October 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:

- 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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## **Summary**

The January 13, 2018 plan enrollment notice stating your spouse's enrollment with her Essential Plan with a \$20.00 per month premium, effective February 1, 2018, is MODIFIED to reflect an October 1, 2017 start date.

Your case is RETURNED to NYSOH to enroll your spouse into her Essential Plan as of October 1, 2017, and to notify you accordingly.

Further, your case is RETURNED to Plan Management to conduct outreach to your spouse's Essential Plan to investigate why your spouse's medical bills are not being processed.

Your spouse's enrollment start date with her Essential Plan is October 1, 2017.

Your case is being sent back to NYSOH to effectuate the change in your spouse's enrollment start date and notify you accordingly.

If you have not already done so, you and/or your spouse are responsible for any premium payments for her as of October 1, 2017.

## **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।

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).

## **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 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.

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