



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: AP000000028545

[REDACTED]

[REDACTED]

On April 11, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 30, 2018 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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STATE OF NEW YORK
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Decision

Decision Date: April 18, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028545



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 the YourCare Health Essential Plan was effective March 1, 2018?

Procedural History

On October 17, 2017, NY State of Health (NYSOH) received your updated application for financial assistance with health insurance submitted by an assistor on your behalf.

Also, on October 17, 2017, you submitted pay stubs as proof of your income.

On October 18, 2017, NYSOH issued an eligibility redetermination notice, based on your October 17, 2017 application, stating that you were eligible to enroll in the Essential Plan for a limited time pending submission of proof of income documentation, effective December 1, 2017.

Also, on October 18, 2017, NYSOH issued an enrollment confirmation notice, based on your plan selection on October 17, 2017, stating that you were enrolled in the Fidelis Care Essential Plan, and that your plan would start December 1, 2017.

Finally, on October 18, 2017, NYSOH verified your submitted pay stubs as proof of income and your eligibility was rerun.

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On October 19, 2017, NYSOH issued an eligibility redetermination notice, based on the rerun eligibility application, stating that you were eligible to enroll in an Essential Plan, effective December 1, 2017.

On December 19, 2017, the Fidelis Care Essential Plan initiated termination of your coverage.

On December 20, 2017, NYSOH issued a disenrollment notice, stating that your coverage with your Fidelis Care Essential Plan would end on December 1, 2017 because you did not pay your insurance bill by the payment deadline.

On January 29, 2018, NYSOH received your updated application for financial assistance with health insurance.

On January 30, 2018, NYSOH issued an eligibility redetermination, based on your January 29, 2018 application, stating that you were eligible to enroll in the Essential Plan, effective March 1, 2018.

Also on January 30, 2018, NYSOH issued a notice of enrollment, based on your plan selection on January 29, 2018, stating that you were enrolled in the YourCare Health Essential Plan, and that your plan would start March 1, 2018.

On February 6, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the YourCare Health Essential Plan insofar as it did not begin October 1, 2017.

On April 11, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you gave permission to the Hearing Officer to listen to your recorded phone calls with NYSOH. 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 testified that you are seeking a start date of October 1, 2017 for your YourCare Health Essential Plan.
- 2) You testified that when you enrolled in the Fidelis Care Essential Plan on October 17, 2017, the assistor did not tell you that Fidelis Care did not cover certain medical services you needed.
- 3) You testified that you did not pay the premiums for the Fidelis Care Essential Plan because you no longer wanted coverage through that provider.

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- 4) You testified that you were given incorrect information when you attempted to change your Fidelis Care Essential Plan to one that would cover your needed medical services.
- 5) On December 13, 2017, you contacted NYSOH seeking assistance changing from the Fidelis Care Essential Plan to another Essential Plan provider. A review of the phone call indicates that, as a result of your conversations, representatives mistakenly made your [REDACTED] account inactive. You were told that you would have to wait seven to ten days, December 22, 2017 at the earliest, for it to reactivate and only after that point could you switch Essential Plan providers.
- 6) The record reflects that, contrary to the representative's statement, your account [REDACTED] was changed to active the same day of your call, December 13, 2017.
- 7) You testified, and the record reflects, that you enrolled in the YourCare Health Essential Plan on January 29, 2018.
- 8) You testified that you have medical bills from the months of October, November, and December of 2017.

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)).

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Legal Analysis

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

During the hearing you testified that you had no longer wanted to be covered by the Fidelis Care Essential Plan and so you did not pay the premium. You further testified that you were given incorrect information when you attempted to change Essential Plan providers.

The record reflects that on December 13, 2017, when you attempted to change Essential Plan providers your account [REDACTED] was mistakenly inactivated as a result of your conversations with NYSOH representatives. You were told that you had to wait seven to ten days, at the earliest December 22, 2017, for your plan to reactivate before you could select a new Essential Plan provider. However, your account [REDACTED] was changed to active that same day, December 13, 2017. The record further reflects that the Fidelis Care Essential Plan initiated termination of your plan on December 19, 2017 and NYSOH subsequently issued a disenrollment notice on December 20, 2017.

You testified, and the record indicates, that following your disenrollment you updated your NYSOH application on January 29, 2018. As a result, you were found eligible for the Essential Plan as of March 1, 2018 and enrolled into the YourCare Health Essential Plan that day.

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.

Because you contacted NYSOH to change Essential Plan providers on December 13, 2017, it stands to reason that you would have selected a new Essential Plan provider that day had your account [REDACTED] not been mistakenly inactivated and had you not been informed that you would not be able to select a new plan provider until December 22, 2017 at the earliest. Had you selected a new Essential Plan provider on December 13, 2017, your new plan would have gone into effect on the first day of the following month; that is January 1, 2018.

Therefore, the January 30, 2018 enrollment confirmation notice is MODIFIED to reflect that your enrollment in the YourCare Health Essential Plan is effective as of January 1, 2018.

Your case is RETURNED to NYSOH to backdate your enrollment in the YourCare Health Essential Plan provider to January 1, 2018.

Decision

The January 30, 2018 enrollment confirmation notice is MODIFIED to reflect that your enrollment in the YourCare Health Essential Plan is effective as of January 1, 2018.

Your case is RETURNED to NYSOH to backdate your enrollment in the YourCare Health Essential Plan to January 1, 2018.

Effective Date of this Decision: April 18, 2018

How this Decision Affects Your Eligibility

The effective date of your YourCare Health Essential Plan provider is January 1, 2018.

Your case is being returned to NYSOH to backdate your enrollment in the YourCare Health Essential Plan to January 1, 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 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).

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

Summary

The January 30, 2018 enrollment confirmation notice is MODIFIED to reflect that your enrollment in the YourCare Health Essential Plan is effective as of January 1, 2018.

Your case is RETURNED to NYSOH to backdate your enrollment in the YourCare Health Essential Plan provider to January 1, 2018.

The effective date of your YourCare Health Essential Plan is January 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).

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 bεtumi 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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