



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

Notice of Decision

Decision Date: May 15, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030240



Dear [REDACTED]

On May 11, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's March 12, 2018 disenrollment notice and March 16, 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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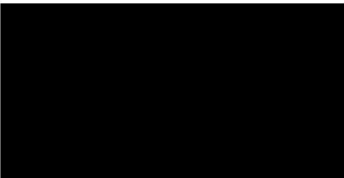


STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: May 15, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030240



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 spouse's enrollment in his Essential Plan ended effective February 28, 2018 because of non-payment of premiums?

Did NY State of Health properly determine that your spouse's re-enrollment in his Essential Plan was effective April 1, 2018?

Procedural History

On October 26, 2017, NY State of Health (NYSOH) issued an eligibility determination notice, based on your October 25, 2017 updated application, stating that your spouse was eligible to enroll in the Essential Plan with a \$20.00 premium per month, effective December 1, 2017. The notice stated that if your spouse could lose his health insurance if he did not make his monthly premium payments on time.

Also on October 26, 2017, a plan enrollment notice was issued confirming that your spouse was enrolled in the Essential Plan with a premium of \$20.00 per month, and that his plan would start December 1, 2017. The notice stated that your spouse must pay his monthly premium to start and to keep his coverage.

On March 12, 2018, a disenrollment notice was issued stating your spouse's Essential Plan coverage was terminated effective February 28, 2018, because a

premium payment had not been received by the health plan. The notice directed your spouse to contact his plan directly to discuss re-enrolling into this plan.

On March 15, 2018, you updated your spouse's application and selected an Essential Plan for enrollment on his behalf. That day, a preliminary eligibility determination was issued stating that your spouse was eligible for and re-enrolled in an Essential Plan effective April 1, 2018.

Also on March 15, 2018, you spoke to NYSOH's Account Review Unit and requested an appeal of that eligibility determination insofar as your spouse's Essential Plan started on April 1, 2018, and not March 1, 2018.

On March 16, 2018, a plan enrollment notice was issued confirming that your spouse was enrolled in the Essential Plan with a premium of \$20.00 per month, and that his plan would start April 1, 2018. The notice stated that your spouse must pay his monthly premium to start and keep his coverage.

On May 11, 2018, your spouse appeared at 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 support the following findings of fact:

- 1) According to your NYSOH account, you enrolled your spouse in an Essential Plan with a premium of \$20.00, effective December 1, 2017, as is stated on the October 26, 2017 plan enrollment notice. The notice stated that your spouse must pay his monthly premium to start his coverage as of December 1, 2017, and to keep it thereafter.
- 2) Your spouse testified that, although he usually pays two months in advance, he failed to pay the February 2018 premium because when he called to make the payment, the health plan's automated payment system stated that he was paid in advance up to either "March 1, 2018 or March 30, 2018."
- 3) On March 12, 2018, NYSOH issued a disenrollment notice stating that your spouse's coverage in his Essential Plan was terminated effective February 28, 2018 because of non-payment of premiums.
- 4) Your spouse testified that he called the health plan and they denied reinstatement of his coverage and advised him to contact NYSOH.

- 5) According to your NYSOH account and spouse's testimony, you updated your spouse's NYSOH application and selected an Essential Plan on March 15, 2018, and he was re-enrolled in the Essential Plan as of April 1, 2018.
- 6) Your spouse testified that he wanted his enrollment in his Essential Plan to begin on March 1, 2018, because he went to visit his doctor that month and is afraid he will be billed for that visit.

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 spouse's enrollment in his Essential plan, effective February 28, 2018, because of non-payment of premiums.

The record indicates your spouse was eligible for and enrolled in an Essential Plan with a monthly premium of \$20.00, effective December 1, 2017, as stated in the October 26, 2017 eligibility determination and plan enrollment notices issued by NYSOH. These notices also stated your spouse could lose his health insurance if he failed to pay his premium.

Your spouse testified that he failed to pay the February 2018 premium because, when he called to make the payment, the health plan's automated payment system stated that he was paid in advance up to either "March 1, 2018 or March 30, 2018." Your spouse further testified that when he contacted his health plan, they denied to reinstate him in his Essential Plan and advised him to contact NYSOH.

The New York State of Health 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 your spouse was properly terminated from his Essential Plan for non-payment of premiums. Therefore, your appeal of your spouse's Essential Plan termination date is DISMISSED as a non-appealable issue.

The second issue under review is whether NYSOH properly determined that your spouse's re-enrollment in his Essential Plan was effective April 1, 2018.

According to your NYSOH account and spouse's testimony, you updated your spouse's NYSOH application and selected an Essential Plan on March 15, 2018, and he was re-enrolled in the Essential Plan as of April 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.

The record reflects, that on March 15, 2018, you updated your spouse's application for health insurance and selected an Essential Plan, so his re-enrollment properly took effect on the first day of the month following March 2018; that is, on April 1, 2018.

Therefore, the March 16, 2018 plan enrollment notice confirming that your spouse's re-enrollment in his Essential Plan was effective April 1, 2018, is correct and must be AFFIRMED.

Decision

Your appeal of your spouse's Essential Plan termination date of February 28, 2018, as stated in the March 12, 2018 disenrollment notice, is DISMISSED as a non-appealable issue.

The March 16, 2018 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: May 15, 2018

How this Decision Affects Your Eligibility

The effective date of your spouse's re-enrollment in his Essential Plan is April 1, 2018.

This decision does not affect any of your spouse's subsequent eligibility determinations.

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.

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).

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

Summary

Your appeal of your spouse's Essential Plan termination date of February 28, 2018, as stated in the March 12, 2018 disenrollment notice, is **DISMISSED** as a non-appealable issue.

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 March 16, 2018 plan enrollment notice is AFFIRMED.

The effective date of your spouse's re-enrollment in his Essential Plan is April 1, 2018.

This decision does not affect any of your spouse's subsequent eligibility determinations.

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.

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).

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।

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.

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).

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.