

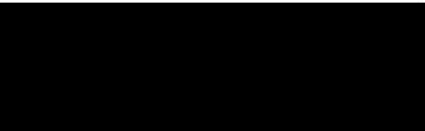


STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: May 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030429



Dear [REDACTED],

On May 1, 2018 you appeared by telephone at a hearing on your appeal of NY State of Health's March 16, 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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Decision

Decision Date: May 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030429



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 enrollment in an Essential Plan through Fidelis Care was effective April 1, 2018?

Procedural History

On January 29, 2018, an NYSOH account was created listing you, and your two children as applicants for health insurance.

On January 29, 2018, January 30, 2018, February 5, 2018, and February 14, 2018, you submitted applications for financial assistance with your health insurance to NYSOH.

On January 30, 2018, January 31, 2018, February 6, 2018, and February 15, 2018, NYSOH issued eligibility determination notices stating that you were eligible to purchase a qualified health plan at full cost, effective March 1, 2018.

On February 20, 2018, NYSOH received your updated application for health insurance.

On February 21, 2018, NYSOH issued an eligibility determination notice, based on your February 20, 2018 application, stating that you were eligible to enroll in the Essential Plan, with a \$20.00 monthly premium, effective March 1, 2018.

On February 27, 2018, NYSOH issued an enrollment confirmation notice stating that you were enrolled in an Essential Plan, with a \$20.00 monthly premium, through MVP Health Care, starting March 1, 2018.

On March 15, 2018, NYSOH issued a disenrollment notice, stating that your enrollment in your Essential Plan with MVP Health Care ended effective March 1, 2018, because you did not pay your insurance premium.

Also on March 15, 2018, you enrolled into an Essential Plan through Fidelis Care.

On March 16, 2018, NYSOH issued an enrollment confirmation notice, stating that you were enrolled in an Essential Plan with a \$20.00 monthly premium through Fidelis Care, effective April 1, 2018.

On March 20, 2018 you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan through Fidelis Care insofar as it did not begin March 1, 2018.

On May 1, 2018 you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you gave the Hearing Officer permission to listen to recordings of your 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 at the end of January 2018 you attempted to obtain coverage for yourself and your children on a separate NYSOH account from your husband.
- 2) On February 6, 2018, a complaint was filed (Tracking # [REDACTED]) stating that you were unable to enroll into coverage in your current account because you had duplicate coverage in another account.
- 3) On February 20, 2018, complaint # [REDACTED] was resolved. The note from that date states that you now have the Essential Plan and you need to pick a plan. A note in your NYSOH account from that date states that your Essential Plan would be effective March 1, 2018 due to the duplicate coverage defect.

- 4) You testified, and your NYSOH account indicates, that you completed your applications for health insurance with the help of an Application Counselor from MVP Health Care.
- 5) You testified that in late February 2018, you told your Application Counselor that you would like to enroll into a Fidelis Care Essential Plan. You testified that your Application Counselor confirmed on that day that you had been enrolled into Fidelis Care and that your plan would start March 1, 2018.
- 6) On February 26, 2018, your Application Counselor enrolled you into an MVP Health Care Essential Plan.
- 7) You testified that you went to a medical appointment on March 15, 2018. You testified you contacted Fidelis Care regarding your insurance documentation and you were told that there was no record of your enrollment in Fidelis Care's system.
- 8) On March 15, 2018, you were enrolled into a Fidelis Care Essential Plan.
- 9) On March 15, 2018, you spoke with a representative from NYSOH. During that call, you asserted that you selected Fidelis Care at the time of your original plan selection.
- 10) On March 19, 2018, you spoke with a representative from NYSOH. During that call, you stated that you selected Fidelis Care in February 2018, not MVP Health Care, and were later told by your assistor that your enrollment did not go through.
- 11) On March 20, 2018, you spoke with a representative from NYSOH. During that call, you stated that MVP Health Care was not the plan you selected, and that this was different from what the assistor informed you when you called him back.
- 12) You testified that you are appealing the start date for your Essential Plan provided through Fidelis Care because your assistor enrolled you in a plan with the wrong insurance provider.

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

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).

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 the Essential Plan through Fidelis Care was effective April 1, 2018.

You testified that at the end of January 2018 you attempted to obtain coverage for yourself and your children on a separate NYSOH account from your husband. On January 29, 2018, an NYSOH account was created listing you, and your two children as applicants for health insurance.

However, your eligibility for financial assistance was unable to be determined in this account due to a “duplicate coverage” defect because you were still listed on a separate NYSOH account.

On February 20, 2018, the defect was resolved. As a result, you were found eligible to enroll in the Essential Plan. A note in your NYSOH account from that day states that your Essential Plan would be effective March 1, 2018 due to the duplicate coverage defect.

On February 26, 2018, an Application Counselor from MVP Health Care enrolled you into an MVP Health Care Essential Plan, effective March 1, 2018. However, you were subsequently terminated from that Essential Plan for failure to pay your premium.

On March 15, 2018, you contacted NYSOH and enrolled into an Essential Plan through Fidelis Care. As a result, you were enrolled into a Fidelis Care Essential Plan, effective April 1, 2018. You are now seeking a March 1, 2018 start date for your Essential Plan through Fidelis Care.

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.

Since you selected an Essential Plan through Fidelis Care on March 15, 2018, your enrollment would properly take effect on the first day of the first month following March; that is, on April 1, 2018.

However, you credibly testified that in late February 2018, when you were first able to select a health plan after the duplicate coverage defect was resolved, you told your Application Counselor that you would like to enroll into a Fidelis Care Essential Plan. You testified that your Application Counselor confirmed on that day that you had been enrolled into a Fidelis Care plan and that your plan would start on March 1, 2018. Review of the phone calls you placed to NYSOH on March 15, 2018, March 19, 2018, and March 20, 2018 also support your testimony that you believed that your assistor had selected an Essential Plan through Fidelis Care for enrollment in February 2018.

Had you been properly enrolled in the Essential Plan through Fidelis Care as you requested at the time of your initial enrollment into a plan on February 26, 2018; that is the plan that would have begun as of March 1, 2018.

Therefore, the March 16, 2018 enrollment confirmation notice is MODIFIED to state that you were enrolled in an Essential Plan through Fidelis Care effective March 1, 2018.

Your case is RETURNED to NYSOH to enroll you into your Fidelis Care Essential Plan for the month of March 2018.

Decision

The March 16, 2018 enrollment confirmation notice is MODIFIED to state that you were enrolled in an Essential Plan through Fidelis Care effective March 1, 2018.

Your case is RETURNED to NYSOH to enroll you into your Fidelis Care Essential Plan for the month of March 2018.

Effective Date of this Decision: May 22, 2018

How this Decision Affects Your Eligibility

NYSOH erred in making your Essential Plan through Fidelis Care effective April 1, 2018.

Your case is being sent back to NYSOH to backdate your coverage in your Fidelis Care Essential Plan to March 1, 2018.

You will be responsible for any premium payments necessary to effectuate coverage for that month.

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

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).

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 March 16, 2018 enrollment confirmation notice is MODIFIED to state that you were enrolled in an Essential Plan through Fidelis Care effective March 1, 2018.

NYSOH erred in making your Essential Plan through Fidelis Care effective April 1, 2018.

Your case is RETURNED to NYSOH to enroll you into your Fidelis Care Essential Plan for the month of March 2018.

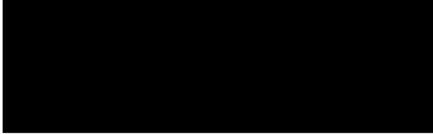
Your case is being sent back to NYSOH to backdate your coverage in your Fidelis Care Essential Plan to March 1, 2018.

You will be responsible for any premium payments necessary to effectuate coverage for that month.

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 मदद 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. y&b&tumi 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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