



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

Notice of Decision

Decision Date: April 29, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005964

[REDACTED]

Dear [REDACTED],

On April 5, 2016, your spouse [REDACTED] appeared by telephone at a hearing on your appeal of NY State of Health's January 1, 2016 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 NY State of Health number 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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Appeal Identification Number: AP000000005964



Issue

The issue presented for review by the Appeals Unit of NY State of Health (NYSOH) is:

Did NYSOH properly determine that your, your spouse's, and your children's qualified health plan was effective as of February 1, 2016?

Procedural History

On November 18, 2015, NYSOH received your updated application for non-financial assistance.

On November 24, 2015, an eligibility determination notice was issued based upon that application finding you and your children eligible to purchase a qualified health plan at full cost through NYSOH effective January 1, 2016. Your spouse was found conditionally eligible to purchase a qualified health plan at full cost effective January 1, 2016. This eligibility was based upon the condition that your spouse confirm his Citizenship Status and provide documentation before February 16, 2016.

On November 25, 2015, an enrollment confirmation notice was issued confirming your household's coverage in a platinum level health plan with a premium responsibility of \$2,139.67 and a start date of January 1, 2016.

On December 18, 2015, cancellation notices were issued terminating your, your spouse's, and your two children's enrollment in a platinum level health plan effective January 1, 2016.

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On December 22, 2015, an eligibility determination notice was issued finding your spouse and two children eligible to purchase a qualified health plan at full cost effective February 1, 2016.

On December 22, 2015, an enrollment confirmation notice was issued confirming your spouse and two children's enrollment in a Platinum level health plan with a start date of February 1, 2016.

On December 31, 2015, you were reenrolled into the same Platinum level health plan as your family.

On January 1, 2016, an enrollment confirmation notice was issued confirming your entire household's enrollment in a Platinum level health plan effective February 1, 2016.

On January 5, 2016, you contacted NYSOH Account Review Unit and appealed the start date of your family's health plan coverage insofar as it did not begin January 1, 2016.

On April 5, 2016, you had 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) Your spouse testified that you are seeking enrollment for your entire family in your Platinum level qualified health plan to begin January 1, 2016 and not February 1, 2016.
- 2) The record reflects you and your two children were disenrolled from your qualified health plan as a result of updates made to your account on December 21, 2015. You and your two children were then added back to the health plan resulting in a February 1, 2016 start date.
- 3) Your spouse testified that he had contacted NYSOH around December 21, 2015, in order to remove only himself from the qualified health plan.
- 4) Your spouse testified that you had paid your premium responsibility for your Platinum level health plan for the month of January 2016.

- 5) Your spouse further testified that after his call on December 21, 2015, he contacted the NY State of Health again to add himself back to the qualified health plan. He was then added back to the health plan resulting in a February 1, 2016 start date.
- 6) On December 31, 2015 a complaint was filed (# [REDACTED]) to dispute your family's gap in coverage for the month of January. On January 5, 2016 the complaint was marked as resolved because your family's enrollment was showing a January 1, 2016 start date.
- 7) The Enrollment History and Plans tab in your NYSOH account confirms that you, your spouse, and your children are enrolled into a Platinum level qualified health plan effective as of January 1, 2016.
- 8) Your spouse testified that you had paid your premium responsibility for your Platinum level health plan for the month of January, 2016.

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

Applicable Law and Regulations

Enrollment in a Qualified Health Plan

The Marketplace must provide annual open enrollment periods during which time qualified individuals may enroll or change qualified health plans (45 CFR §155.410(a)).

For the benefit year beginning on January 1, 2016, the annual open enrollment period began on November 1, 2015, and extended through January 31, 2016 (45 CFR §155.410(e)(2)). The Marketplace must ensure that coverage is effective as of January 1, 2016, for qualified health plan selections received by on or before December 19, 2015 (45 CFR §155.410(f)(2)(i), Press Release: NY State of Health Extends Enrollment Deadline for January 1 Coverage, <http://info.nystateofhealth.ny.gov/news/press-release-ny-state-health-extends-enrollment-deadline-january-1-coverage>).

Legal Analysis

The only issue under review is whether NYSOH properly determined that your, your spouse's, and your children's qualified health plan was effective as of February 1, 2016

NYSOH issued an enrollment confirmation notice on January 1, 2016 confirming your entire household's enrollment in a Platinum level health plan effective February 1, 2016. You appealed the start date of your family's qualified health plan seeking for it to begin on January 1, 2016.

On December 31, 2015 a complaint was filed (# [REDACTED]) to dispute your family's gap in coverage for the month of January. On January 5, 2016 the complaint was marked as resolved because your family's enrollment was showing a January 1, 2016 start date.

The Enrollment History and Plans tab in your NYSOH account confirms that you, your spouse, and your children are enrolled into a Platinum level qualified health plan effective as of January 1, 2016. Furthermore, your spouse testified during the telephone hearing that you had paid your premium responsibility for your Platinum level health plan for the month of January, 2016.

Since the issue under appeal has been resolved by NYSOH in your favor, a full discussion of the merits of your case are not necessary to reach a conclusion for the start date of your family's qualified health plan.

Therefore the NYSOH's January 1, 2016 enrollment confirmation notice is MODIFIED to reflect enrollment for you, your spouse, and your two children in your Platinum level health plan effective January 1, 2016.

Decision

The January 1, 2016 enrollment confirmation notice is MODIFIED to reflect enrollment for you, your spouse, and your two children in your Platinum level health plan effective January 1, 2016.

Effective Date of this Decision: April 29, 2016

How this Decision Affects Your Eligibility

You and your household remain enrolled in your Platinum level qualified health plan effective January 1, 2016.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 after the date 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 U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

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

NYSOH's January 1, 2016 enrollment confirmation notice is MODIFIED to reflect enrollment for you, your spouse, and your two children in your Platinum level health plan effective January 1, 2016.

You and your household remain enrolled in your Platinum level qualified health plan effective January 1, 2016.

Legal Authority

We are issuing this determination in accordance with 45 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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A Copy of this Decision Has Been Provided To:

