



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

Notice of Decision

Decision Date: June 16, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006793

[REDACTED]

Dear [REDACTED],

On June 14, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 8, 2016 eligibility determination notice and the January 8, 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 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: June 16, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006793

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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 a qualified health plan was effective no earlier than February 1, 2016?

Procedural History

On February 21, 2015, NYSOH issued a letter confirming your enrollment in Affinity Access Silver ST INN Dep25 (Affinity) as your qualified health plan (QHP) with a monthly premium responsibility of \$371.75, effective April 1, 2015.

On August 5, 2015, NYSOH issued a disenrollment notice stating that your coverage with Affinity was terminated effective June 30, 2015 for failure to pay premium amounts.

On January 7, 2016, NYSOH received a revised application.

On January 8, 2016, NYSOH issued an eligibility determination notice based on the information contained in your January 7, 2016 application. It stated that you were eligible to enroll in a QHP and receive an advance premium tax credit (APTC) of \$0.00 per month. This eligibility determination was effective February 1, 2016.

On January 8, 2016, NYSOH issued a letter confirming your reenrollment in Affinity as your QHP with a monthly premium responsibility of \$394.73, effective February 1, 2016.

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On February 3, 2016, you spoke to NYSOH's Account Review Unit and appealed the January 8, 2016 eligibility determination and enrollment confirmation notices insofar as they began your enrollment in a qualified health plan on February 1, 2016, and not January 1, 2016.

On June 14, 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 supports the following findings of fact:

- 1) You originally enrolled in Affinity as your QHP with such coverage beginning April 1, 2015.
- 2) NYSOH issued a disenrollment notice on August 5, 2015 stating that your coverage with Affinity had been terminated effective June 30, 2015 due to non-payment of premium amounts.
- 3) You testified that contrary to the information contained in the disenrollment notice, you continued to make timely payments to Affinity; however, this notice may have been issued because one of your monthly payments had been inadvertently credited to another account. You further testified that Affinity had reinstated your insurance coverage during 2015 through the end of the plan year.
- 4) You testified that during 2015, you had continuously and timely paid the \$371.75 monthly premium amount.
- 5) You testified that revised your account on January 7, 2016 when you began to have billing issues with Affinity. You testified that Affinity automatically withdrew \$371.75 from your checking account premium amount for coverage during January 2016; however, Affinity sent you a separate bill for the difference in premium cost due, which was approximately \$22.98. You testified that you paid this by physical check, rather than automatic withdrawal.
- 6) You testified, and the record reflects, that you revised your account and reenrolled in Affinity as your QHP on January 7, 2016.
- 7) Your enrollment in the plan became effective February 1, 2016.

- 8) You testified that you need your QHP to begin on January 1, 2016 or, in the alternative, to be reimbursed the premium amount you paid for coverage during January 2016, which you claim was a total of \$394.73.

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

Applicable Law and Regulations

Redetermination During a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that its policy will be that any change made after the 15th of any month will not be effective until the first of the second following month (45 CFR § 155.330(f)(2)).

Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health 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)). 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 enrollment in a qualified health plan was effective no earlier than February 1, 2016.

The record shows that on January 7, 2016 you updated the information in your NYSOH account and submitted a request to reenroll in Affinity as your QHP. On January 8, 2016, NYSOH issued an enrollment confirmation notice stating that your enrollment in your Affinity as your QHP was effective February 1, 2016.

When an individual changes information in their application on or before the 15th of any month, NYSOH must make the redetermination that results from the change effective the first day of the following month. Additionally, the date on which a qualified health plan can take effect depends on the day a person selects

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the plan for enrollment. A plan that is selected from the first day to and including fifteenth day of a month goes into effect on the first day of the following month.

Therefore, NYSOH's January 8, 2016 eligibility determination notice and enrollment confirmation notice are **AFFIRMED** because it properly began your enrollment in your qualified health plan on February 1, 2016.

However, since NYSOH properly determined that your coverage with Affinity, as your QHP, began as of February 1, 2016, your case is **RETURNED** to NYSOH to facilitate a return of premium payments made to Affinity, if any, for coverage during the month of January 2016.

Decision

The January 8, 2016 eligibility determination notice is **AFFIRMED**.

The January 8, 2016 enrollment confirmation notice is **AFFIRMED**.

Your case is **RETURNED** to NYSOH to facilitate a return of premium payments made to Affinity, if any, for coverage during the month of January 2016.

Effective Date of this Decision: June 16, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your reenrollment in Affinity as your QHP properly began as of February 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.

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.

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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 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

The January 8, 2016 eligibility determination notice is AFFIRMED.

The January 8, 2016 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to NYSOH to facilitate a return of premium payments made to Affinity, if any, for coverage during the month of January 2016.

This decision does not change your eligibility.

Your reenrollment in Affinity as your QHP properly began as of February 1, 2016.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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A Copy of this Decision Has Been Provided To:

