



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

## Notice of Decision

Decision Date: November 08, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000008431

[REDACTED]

Dear [REDACTED],

On September 30, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 30, 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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STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## Decision

Decision Date: October 20, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000008431

[REDACTED]

## 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 May 1, 2016?

## Procedural History

On March 9, 2016 your NYSOH account was created and an application was submitted.

On March 10, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective April 1, 2016. That notice also stated you qualified for a special enrollment period and that you must select a plan no later than May 31, 2016.

On March 29, 2016, you selected a qualified health plan for enrollment.

Also on March 29, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your qualified health plan insofar as it would not start April 1, 2016.

On March 30, 2016, NYSOH issued a notice of eligibility redetermination, based on your March 29, 2016 updated application, stating you were eligible to purchase a qualified health plan at full cost through NYSOH, effective May 1, 2016. That notice also stated you qualified for a special enrollment period and that you must select a plan no later than May 31, 2016.

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On March 30, 2016, NYSOH issued an enrollment confirmation notice, based on your March 29, 2016 enrollment in a qualified health plan, with a monthly premium responsibility of \$361.86 per month, effective May 1, 2016.

On September 30, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was kept open until October 14, 2016 for submittal of proof of the termination date of your employer-sponsored health insurance. You did not provide proof of your termination date of your employer-sponsored health insurance and the record is now closed.

## **Findings of Fact**

A review of the record support the following findings of fact:

- 1) You submitted an application to NYSOH for financial assistance on March 9, 2016.
- 2) You testified that you did not enroll in a health plan on March 9, 2016, when you originally applied, because you had a misunderstanding with your old job and was not sure when your health coverage through your employer was going to end.
- 3) You testified, and the record reflects, that you selected a qualified health plan on March 29, 2016.
- 4) Your enrollment in the plan became effective May 1, 2016.
- 5) You testified that you need your qualified health plan to begin on April 1, 2016 because you had lost minimum essential coverage and were worried about a tax penalty for the month of April 2016.
- 6) You did not provide proof of the termination date of the loss of your employer-sponsored health coverage.

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

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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 15<sup>th</sup> 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 May 1, 2016.

The record shows that May 29, 2016, you updated the information in your NYSOH account and submitted a request to enroll in a qualified health plan. On May 30, 2016, NYSOH issued an enrollment confirmation notice stating that your enrollment in your qualified health plan was effective May 1, 2016.

Although you created your account on March 9, 2016, you did not select a plan until you updated your account on March 29, 2016. The date on which a qualified health plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month. Since you selected a health plan on March 29, 2016, your effective date of your health plan would be the first day of the second following month, or May 1, 2016.

The record was kept open until October 14, 2016, to allow you time to submit proof of the termination date of employer-sponsored health coverage. You did not submit the documentation and this fact was therefore not considered.

Therefore, NYSOH's March 30, 2016 enrollment confirmation notice is **AFFIRMED** because it properly began your enrollment in your qualified health plan on May 1, 2016.

## **Decision**

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The March 30, 2016 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** October 20, 2016

### **How this Decision Affects Your Eligibility**

This decision does not change your eligibility.

Your enrollment in your qualified health plan properly began as of May 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.

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

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Albany, NY 12211

- By fax: 1-855-900-5557

## **Summary**

The March 30, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

Your enrollment in your qualified health plan properly began as of May 1, 2016.

## **Legal Authority**

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

**A Copy of this Decision Has Been Provided To:**

