



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

## Notice of Decision

Decision Date: November 22, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000009027

[REDACTED]

Dear [REDACTED],

On November 3, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's April 5, 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 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

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NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000009027



## Issue

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

Did NY State of Health properly determine that your enrollment in your silver-level qualified health plan was effective March 1, 2016?

## Procedural History

On March 1, 2016, NY State of Health (NYSOH) issued an eligibility redetermination notice that stated you were eligible to receive up to \$179.00 per month in advance payments of the premium tax credit (APTC) and eligible for cost sharing reductions, effective April 1, 2016.

On April 5, 2016, NYSOH issued an enrollment confirmation notice that stated you were enrolled in a silver-level qualified health plan (QHP), effective March 1, 2016, with a premium responsibility of \$195.10 after your monthly APTC of \$179.00 was applied.

On April 20, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of the enrollment start date of your health insurance.

On April 21, 2016, NYSOH issued a notice acknowledging your request for a telephone hearing that described the appeal as follows, "Appellant requesting start date to change from 03/01/2016 to 04/01/2016. Appellant states a 03/01/2016 start date was selected and he never agreed to this date. States he inquired about coverage 02/29/2016 however he informed representative that he

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would like time to go over plans. He stated he received a notice from CAC stating coverage would begin in April. Appellant states this is causing a delay in coverage and would like this resolved.”

On November 3, 2016, you had a telephone hearing with a Hearing Officer from NYSOH’s Appeals Unit. The record was developed during the hearing and held open up to November 17, 2016 for you to submit supporting documentation. As of November 18, 2016, the Appeals Unit did not receive any documents from you nor were any viewable in your NYSOH account. Therefore, the record was closed that same day and this Decision is based on the record as developed at the end of the hearing.

## **Findings of Fact**

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

- 1) You testified that you are appealing only the enrollment start date of your QHP in that it began March 1, 2016, when you believe it should have begun April 1, 2016.
- 2) According to your NYSOH account, you first completed your application for health insurance coverage for 2016 on March 10, 2016.
- 3) You testified that you selected a QHP in March 2016, so coverage should have begun April 2016.
- 4) You were directed by the Hearing Officer to produce the email sent to you by the certified application counselor (CAC), who had assisted you, but did not timely provide it.
- 5) You testified that you paid the March 2016 premium of \$195.10 and now want a credit or to be reimbursed for it.
- 6) You testified that you are unsure if you received any medical services during March 2016, but recall one visit to the emergency room that month or in April 2016.
- 7) You were directed by the hearing Officer to produce the explanation of benefits (EOB) from the claim processed by your QHP, but did not timely provide it.

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

NY State of Health (NYSOH) must provide annual open enrollment periods during which time qualified individuals may enroll in a qualified health plan (QHP) and enrollees may change QHPs (45 CFR §155.410(a)(1)).

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)).

### Special Enrollment Periods

After each open enrollment period ends, NYSOH provides special enrollment periods to qualified individuals. During a special enrollment period, a qualified individual may enroll in a QHP, and an enrollee may change their enrollment to another plan. This is generally permitted when the enrollee or enrollee's dependent is newly eligible or ineligible for advance payments of the premium tax credit, or has a change in eligibility for cost-sharing reductions.

(45 CFR § 155.420(d)(6)).

### 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 determine that your enrollment in a QHP, as well as the application of APTC, was effective March 1, 2016 and not as of April 1, 2016.

The record shows that on March 10, 2016, you submitted your initial completed application for health insurance coverage in 2016 through NYSOH. Since the open enrollment period ended as of January 31, 2016, you did not submit your application within the open enrollment period. However, you were permitted to

enroll in a QHP through a special enrollment period because you were determined newly eligible to receive APTC as of April 1, 2016.

Since the only reliable evidence in the record is contained in your NYSOH and suggests that you submitted a request to enroll in a QHP on March 10, 2016, that is the date this Decision will rely upon as the date you selected a QHP.

As a result, on March 11, 2016, NYSOH issued an enrollment confirmation notice stating that your enrollment in your QHP was effective March 1, 2016 and that APTC would be applied to your monthly premium effective as of that date.

A QHP 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 QHP 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. In your case, you selected a QHP on March 10, 2016, so it should have taken effect the first day of the next following month; that is, on April 1, 2016.

However, you did not comply and submit proof as to whether you received medical services in March 2016 or April 2016, or whether those services were processed by your QHP for payment. Therefore, the record is incomplete on this issue. Further, in the interest of justice and as a general rule, NYSOH Appeals Unit finds the enrollment start date contained in enrollment confirmation notices to be binding, especially when payment of premium has been made and services may have been received, as in your case. Therefore, the March 1, 2016 enrollment start date of your silver-level QHP as stated in the March 11, 2016 enrollment confirmation notice will not be disturbed at this time and remains effective.

## **Decision**

The March 11, 2016 enrollment confirmation notice will not be disturbed at this time and remains effective.

No further action is required of NYSOH.

This Decision does not affect any subsequent determinations made or actions taken by NYSOH.

**Effective Date of this Decision:** November 22, 2016

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

This decision does not change your enrollment star date.

The enrollment start date of your silver-level QHP remains effective March 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
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## **Summary**

The March 11, 2016 enrollment confirmation notice will not be disturbed at this time and remains effective.

No further action is required of NYSOH.

This Decision does not affect any subsequent determinations made or actions taken by NYSOH.

This decision does not change your enrollment star date.

The enrollment start date of your silver-level QHP remains effective March 1, 2016.

## **Legal Authority**

We are sending you this notice in accordance with 45 CFR § 155.545.



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

