



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

## Notice of Decision

Decision Date: November 30, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000009192

[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 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 at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(b).

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: November 30, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000009192

[REDACTED]

## Issue

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

Did New York State of Health (NYSOH) properly determine that you were enrolled in a qualified health plan with a plan enrollment start date of March 1, 2016?

## Procedural History

On April 4, 2016, you submitted an application for health insurance with NYSOH. NYSOH rendered a preliminary eligibility determination that you were eligible for up to \$0.00 in advance premium tax credit effective May 1, 2016.

On April 5, 2016, NYSOH issued an eligibility determination notice, in relevant part, that you were eligible to receive up to \$0.00 in advance premium tax credit, effective May 1, 2016.

Also on April 5, 2016, NYSOH issued an enrollment notice confirming that as of April 4, 2016, you were enrolled in a qualified health plan, with a plan enrollment start date of March 1, 2016.

On April 26, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as the plan enrollment start date of your qualified health plan.

On May 6, 2016, NYSOH issued a cancellation notice stating that your qualified health plan was cancelled effective March 1, 2016, because a premium had not been received by the health plan within the required timeframe.

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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 closed at the end of the hearing. The record is now closed.

## **Findings of Fact**

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

1. According to your April 4, 2016 application, you were applying through NYSOH because "[l]oss of essential health coverage or will lose coverage" on February 23, 2016.
2. On April 4, 2016, you enrolled in a MetroPlus qualified health plan.
3. On April 5, 2016, NYSOH issued an enrollment notice stating that your MetroPlus health plan would have a plan enrollment start date of March 1, 2016 (██████████).
4. You testified that you wanted your MetroPlus health plan to have a start date of April 1, 2016.
5. You testified you contacted MetroPlus to pay your April 2016 health insurance premium, but they would not effectuate your coverage until you paid for the March 2016 health insurance premium.
6. On May 6, 2016, NYSOH issued a cancellation notice stating that your qualified health plan was cancelled effective March 1, 2016, because a premium had not been received by the health plan within the required timeframe (██████████).
7. You testified you are not seeking reinstatement of your health coverage for 2016, but are concerned that you will be assessed a penalty on your 2016 federal income tax return for not having health insurance.

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 (QHP)

The NYSOH must provide annual open enrollment periods during which time qualified individuals may enroll in a 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 Period (SEP)

After each open enrollment period ends, NYSOH provides a SEP to qualified individuals or their dependents. During a SEP, a qualified individual may enroll in a QHP and an enrollee may change to another QHP (45 CFR § 155.420(a)(1)).

NYSOH must allow a qualified individual or his or her dependent to enroll in a QHP if the qualified individual or their dependent loses minimum essential coverage (45 CFR § 155.420(d)(1)(i)).

Generally, the effective date for a QHP is the first day of the following month if the enrollment is received by NYSOH on or before the fifteenth day of the month, and enrollments received after the fifteenth day of the month are effective the first day of the second following month (45 CFR § 155.420(b)(1)).

When an individual loses minimum essential coverage, if the plan selection is made on or before the date of the loss of coverage, NYSOH must ensure that the coverage effective date is on the first day of the month following the loss of coverage. If the plan selection is made after the date of the loss of coverage, NYSOH must ensure that coverage is effective with the regular effective dates or the first day of the following month (45 CFR § 155.420(b)(iv)).

## **Legal Analysis**

The issue under appeal is whether NYSOH correctly determined that your QHP start date was March 1, 2016.

The record reflects that you applied for coverage through NYSOH because your previous health insurance coverage was ended on February 23, 2016. On April 4, 2016 you enrolled in a QHP through NYSOH. On the following day NYSOH issued an enrollment notice stating that your enrollment would be effective March 1, 2016.

When a qualified individual or their dependent enrolls in a qualified health plan through NYSOH after their minimum essential coverage has ended, the date in which the plan can take effect is either contingent on the day a person selects the plan for enrollment or the first day of the following month.

When a plan is selected between the first day and fifteenth day of a month, the plan's effective date is on the first day of the following month. However, a plan that is selected between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

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You selected the QHP on April 4, 2016, so it must take effect on the first day of the following month after April 2016, which is May 1, 2016.

Therefore the April 5, 2016 enrollment notice is MODIFIED to state that the plan enrollment start date of your QHP is May 1, 2016.

During the hearing, you testified that you are concerned about receiving a tax penalty as a result of being without coverage.

Sometimes after an appeal decision, an appellant can claim an exemption from the requirement to have health insurance. You might qualify for a health coverage exemption in 2016 if you didn't have health coverage while you were waiting for an appeal decision about coverage eligibility or savings and your appeal was eventually successful.

You must claim this exemption through the United States Department of Health and Human Services (HHS).

You will find the information you need to claim the exemption due to an appeal decision at <https://www.healthcare.gov/exemptions-tool/#/results/2016/details/eligible-based-on-appeal>. You can also call 1-800-318-2596.

Important: If you do not get a response from HHS to your exemption application in time to file your tax return, write the word "pending" in column "c" and file your return. If HHS does not approve your exemption, you will need to file an amended return later.

## **Decision**

Therefore the April 5, 2016 enrollment notice is MODIFIED to state that the plan enrollment start date of your QHP is May 1, 2016.

**Effective Date of this Decision:** November 30, 2016

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

Your enrollment start date is modified from March 1, 2016 to 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.

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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**

Therefore the April 5, 2016 enrollment notice is MODIFIED to state that the plan enrollment start date of your QHP is May 1, 2016.

Your enrollment start date is modified from March 1, 2016 to May 1, 2016.

### **Legal Authority**

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(a).

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

