



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

Notice of Decision

Decision Date: November 15, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009225

[REDACTED]

Dear [REDACTED]

On November 4, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's May 11, 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: November 15, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009225

[REDACTED]

Dear [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 April 7, 2016, you created an NYSOH account ([REDACTED]) and submitted an application for health insurance. That day, you also enrolled into a qualified health plan.

On April 8, 2016, NYSOH issued a notice of eligibility determination stating that you were newly eligible to purchase a qualified health plan. This eligibility was effective May 1, 2016.

On April 8, 2016, NYSOH issued a notice confirming your enrollment in a qualified health plan through [REDACTED] with a monthly premium responsibility of \$607.42, effective May 1, 2016.

On April 27, 2016, your enrollment in a qualified health plan through [REDACTED] was deleted.

Also on April 27, 2016 a second NYSOH account ([REDACTED]) was created, you submitted an application for health insurance through this account and enrolled into a qualified health plan.

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Finally on April 27, 2016 you spoke to NYSOH's Account Review Unit and appealed the start date of your qualified health plan insofar as it did not begin as of April 1, 2016.

On April 28, 2016 NYSOH issued a notice confirming your enrollment in a qualified health plan through [REDACTED] with a monthly premium responsibility of \$510.42, effective June 1, 2016.

On May 9, 2016 NYSOH backdated your enrollment in your qualified health plan through [REDACTED].

On May 11, 2016 NYSOH issued a notice confirming your enrollment in a qualified health plan through [REDACTED] with a monthly premium responsibility of \$510.42, effective May 1, 2016.

On November 4, 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) NYSOH records indicate you had two accounts-- [REDACTED] and [REDACTED]. One has since been made inactive-- [REDACTED].
- 2) You testified that the creation of a second account was a mistake.
- 3) You testified, and the record reflects, that you selected a qualified health plan through [REDACTED] on April 7, 2016. This plan was set to begin as of May 1, 2016.
- 4) The record indicates that on April 27, 2016 you were disenrolled from your qualified health plan through [REDACTED].
- 5) The record indicates that on April 27, 2016 you were enrolled into a qualified health plan through [REDACTED]. This plan was set to begin as of June 1, 2016.
- 6) The record indicates that NYSOH backdated your coverage in the qualified health plan through [REDACTED] so that it would begin as of May 1, 2016.

- 7) You testified that you need your qualified health plan to begin on April 1, 2016 because you incurred medical bills during that month.

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 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 on April 7, 2016 you created an application for health insurance (██████████) and submitted a request to enroll in a qualified health plan. On April 8, 2016 NYSOH issued an enrollment confirmation notice stating that your enrollment in your qualified health plan was effective May 1, 2016.

You testified that you need your qualified health plan to begin on April 1, 2016 because you incurred medical bills during that month.

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 from the first day to and including fifteenth day of a month goes into effect on the first day of the following month.

Since you selected a plan on April 7, 2016, it would properly have gone into effect on the first day of the following month after April that is on May 1, 2016.

Subsequent to enrolling into a plan through ██████████, your enrollment was deleted. A new account was created (██████████) and a qualified health plan was selected on April 27, 2016. Your enrollment in the qualified health plan through ██████████ was originally set to begin as of June 1, 2016. However,

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the record indicates that NYSOH backdated your coverage in the qualified health plan through [REDACTED] so that it would begin as of May 1, 2016 to honor your plan selection date from your other account.

Therefore, NYSOH's May 11, 2016 enrollment confirmation notice is AFFIRMED because it properly began your enrollment in your qualified health plan on May 1, 2016.

Decision

The May 11, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: November 15, 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.

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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:
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- By fax: 1-855-900-5557

Summary

The May 11, 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:

