



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

Notice of Decision

Decision Date: January 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010563



Dear [REDACTED],

On December 27, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's determination to start your spouse's qualified health plan on June 1, 2016.

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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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did New York State of Health (NYSOH) properly determine that your spouse was enrolled in a qualified health plan (QHP) with a plan enrollment start date of June 1, 2016?

Can NYSOH Appeals Unit consider your appeal to seek reimbursement for the portion paid for your spouse's health insurance premium for the month of June 2016?

Procedural History

On June 4, 2016, your spouse was added to your NYSOH account, and an application was submitted on their behalf.

On June 5, 2016, NYSOH issued an eligibility determination notice, in relevant part, that your spouse was eligible to purchase a QHP at full cost through NYSOH effective as of July 1, 2016.

Also on June 5, 2016, NYSOH issued an enrollment notice confirming, in relevant part, that your spouse was enrolled in a QHP with a plan enrollment start date of January 1, 2016.

On June 9, 2016, your NYSOH account was updated.

On June 10, 2016, NYSOH issued two notices:

(a) A disenrollment notice stating that a request to end your and your spouse's insurance coverage was made on June 9, 2016, and the coverage would end effective June 30, 2016.

(b) An enrollment notice confirming that as of June 9, 2016, you and your spouse were enrolled in a QHP with a plan enrollment start date of July 1, 2016.

Also on June 27, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as the plan enrollment start date of your spouse's QHP and reimbursement of the portion of the health insurance premium paid for your spouse's coverage for June 2016.

On December 27, 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 NYSOH account, you were enrolled in a Platinum-level Oscar QHP since January 1, 2016.
2. According to your NYSOH account, your spouse was added to your account on June 4, 2016.
3. According to the June 4, 2016 application, "Marriage or domestic partnership" was entered as the reason for a special enrollment period.
4. According to your June 4, 2016 application and testimony, you were married on [REDACTED].
5. On June 4, 2016, your spouse was enrolled in a Platinum-level Oscar QHP.
6. According to your NYSOH account, your spouse was enrolled in the Oscar QHP with a plan enrollment start date of June 1, 2016.
7. You testified that you wanted your spouse's health insurance to start July 1, 2016 because their previous insurance did not end until June 30, 2016.
8. You testified that your spouse did not use the Oscar QHP in June 2016.
9. You testified that you are seeking reimbursement of the portion of the June 2016 premium that was paid for your spouse's enrollment.

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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 SEP when a qualified individual gains a dependent or becomes a dependent through marriage, birth, adoption, placement for adoption, or placement in foster care, or through a child support order or other court order (45 CFR § 155.420(d)(2)(i)).

When a qualified individual or dependent is given a SEP in the case of marriage, NYSOH must ensure that coverage is effective for a qualified individual or enrollee on the first day of the month following plan selection (45 CFR § 155.420(b)(2)(ii)).

Appealable Issues

An applicant has the right to appeal to the Appeals Unit of NYSOH: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination; and (5) the denial of a request for a special enrollment period (45 CFR § 155.505, 45 CFR § 155.420(d)).

Legal Analysis

The first issue under review is whether NYSOH correctly determined that your spouse's QHP start date was June 1, 2016.

The record reflects that your spouse was added to your NYSOH on June 4, 2016, and an application was submitted on their behalf. Marriage or domestic partnership was selected as the reason for a special enrollment period. On that same day your spouse was added to your Oscar QHP. Your spouse was enrolled in the Oscar QHP with a plan enrollment start date of June 1, 2016.

When a qualified individual or dependent is given a SEP in the case of marriage, NYSOH must ensure that coverage is effective for a qualified individual or enrollee on the first day of the month following plan selection.

Your spouse was enrolled on June 4, 2016, so it must take effect on the first day of the following month after June 2016, which is July 1, 2016.

Therefore, NYSOH improperly enrolled your spouse in a QHP with a start date of June 1, 2016.

The second issue under review is whether you are entitled to be reimbursed for the portion of the June 2016 health insurance premium that was paid for your spouse's coverage.

Since the NYSOH Appeals Unit is not given the authority to review the reimbursement health insurance premiums, we cannot reach the merits as to whether you were eligible for a reimbursement of the portion paid for your spouse's enrollment in the Oscar QHP during the month of June 2016. Therefore, your request for reimbursement for amount paid to Oscar for your spouse's coverage during the month of June 2016 is **DISMISSED** as a non-appealable issue.

However, your case is **RETURNED** to NYSOH's Plan Management Unit to facilitate a possible reimbursement of the portion of the premium paid in connection with the enrollment of your spouse in Oscar during the month of June 2016.

Decision

Therefore, NYSOH's determination to enroll your spouse in a QHP with an enrollment start date of June 1, 2016 is **MODIFIED** to July 1, 2016.

Your case is **RETURNED** to NYSOH's Plan Management Unit to facilitate a possible reimbursement of the portion of the premium paid in connection with the enrollment of your spouse in Oscar during the month of June 2016.

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).

Effective Date of this Decision: January 27, 2017

How this Decision Affects Your Eligibility

Your spouse's enrollment start date is MODIFIED from June 1, 2016 to July 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 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
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Albany, NY 12211
- By fax: 1-855-900-5557

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Summary

Therefore, NYSOH's determination to enroll your spouse in a QHP with an enrollment start date of June 1, 2016 is MODIFIED to July 1, 2016.

Your case is RETURNED to NYSOH's Plan Management Unit to facilitate a possible reimbursement of the portion of the premium paid in connection with the enrollment of your spouse in Oscar during the month of June 2016.

Your spouse's enrollment start date is modified from June 1, 2016 to July 1, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

