



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

Notice of Decision

Decision Date: January 30, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010817

[REDACTED]

Dear [REDACTED]

On December 22, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's July 14, 2016 eligibility determination and enrollment confirmation notices.

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: January 30, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010817

[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 (QHP) was effective no earlier than August 1, 2016?

Procedural History

On July 13, 2016, NYSOH received your completed application for health insurance. That day, a preliminary eligibility determination was prepared, stating that you were enrolled in a Catastrophic QHP, effective August 1, 2016.

Also on July 13, 2016, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as it began your enrollment in a QHP effective August 1, 2016 and not January 1, 2016.

On July 14, 2016, NYSOH issued a notice of eligibility determination, based on your July 13, 2016 application, stating that you were newly eligible to purchase a QHP at full cost, effective August 1, 2016.

Also on July 14, 2016, NYSOH issued a letter confirming your enrollment in a Catastrophic QHP with a monthly premium responsibility of \$125.47 per month, effective August 1, 2016.

On December 22, 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) You submitted an application to NYSOH for financial assistance in 2016 on July 13, 2016. You were found eligible to enroll in a QHP at full cost, effective August 1, 2016.
- 2) According to your NYSOH and your testimony, you selected a Catastrophic QHP on July 13, 2016.
- 3) According to your NYSOH account, your enrollment in the plan became effective August 1, 2016.
- 4) You testified that you need your Catastrophic QHP to begin on January 1, 2016 because you were previously enrolled in your parents' employer sponsored health coverage outside of NYSOH and that the health plan never notified you that you were terminated due to your age.

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 QHP was effective no earlier than August 1, 2016.

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The record shows that on July 13, 2016 you completed your initial application for health insurance through NYSOH and submitted a request to enroll in a Catastrophic QHP that same day. On July 14, 2016, NYSOH issued an enrollment confirmation notice stating that your enrollment in your Catastrophic QHP was effective August 1, 2016.

When an individual submits their initial application, NYSOH must make the determination that results from the date of that application. You testified that you need your Catastrophic QHP to begin on January 1, 2016 because you were previously enrolled in your parents' employer sponsored health coverage outside of NYSOH and that the health plan never notified you that you were terminated due to your age. Although you may have been dis-enrolled from your parent's health coverage without your knowledge, that health plan's actions are outside the jurisdiction of NYSOH.

Therefore, based on your application on July 13, 2016, the date on which your QHP can take effect, depends on the day you selected 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 your Catastrophic QHP on July 13, 2016, your plan properly began on the first day of the month following July 2016; that is, on August 1, 2016.

Therefore, NYSOH's July 14, 2016 eligibility determination and enrollment confirmation notices properly began your enrollment in your Catastrophic QHP on August 1, 2016 and, therefore, are AFFIRMED.

Decision

The July 14, 2016 eligibility determination notice is AFFIRMED.

The July 14, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: January 30, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You were eligible to enroll in a QHP at full cost, effective August 1, 2016.

Your enrollment in your Catastrophic QHP properly began as of August 1, 2016.

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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:
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Albany, NY 12211
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Summary

The July 14, 2016 eligibility determination notice is AFFIRMED.

The July 14, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

You were eligible to enroll in a QHP at full cost, effective August 1, 2016.

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Your enrollment in your Catastrophic QHP properly began as of August 1, 2016.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

