



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

## Notice of Decision

Decision Date: January 18, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011135

[REDACTED]

[REDACTED]

On January 3, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's the November 17, 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 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

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NY State of Health Account ID: [REDACTED]  
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## 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 January 1, 2017?

## Procedural History

On July 1, 2016, NYSOH issued an eligibility determination notice based on your June 30, 2016 application. The notice stated that you and your spouse were eligible to purchase a qualified health plan (QHP) at full cost, effective August 1, 2016. The notice also stated that you qualified to select a health plan outside of the open enrollment period for 2016, and advised you to select a plan no later than August 29, 2016.

Also on July 1, 2016, NYSOH issued an enrollment notice confirming your selection of Affinity Access 2.0 Platinum (Affinity) as your QHP as of June 30, 2016. The notice stated that your coverage under this QHP would begin effective August 1, 2016.

On July 28, 2016, you spoke to NYSOH's Account Review Unit and appealed insofar as you contend that you were prevented from switching plans outside of the open enrollment period.

On October 13, 2016 NYSOH issued a notice that it was time to renew your family's health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources as of October 1, 2016,

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you and your spouse were found qualified to purchase a QHP at full cost, effective January 1, 2017. The notice also advised you to select a plan between November 16, 2016 and December 15, 2016 to select a plan.

On November 16, 2016, NYSOH received an update to your application for health insurance.

On November 17, 2016, NYSOH issued an eligibility redetermination notice based on the information contained in your November 16, 2016 application. The notice stated that you and your spouse were eligible for an advance premium tax credit (APTC) of up to \$414.00 per month, effective January 1, 2017.

Also on November 17, 2016, NYSOH issued an enrollment notice confirming your selection of Healthfirst Platinum Leaf Premier (Healthfirst) as your QHP as of November 16, 2016.

On January 3, 2017, 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 support the following findings of fact:

- 1) You testified during the hearing that you were no longer seeking to appeal that you were not able to switch you and your spouse's QHP during 2016, since you had subsequently enrolled in a different QHP, Healthfirst, for coverage beginning January 1, 2017. You further testified that you were now seeking a review of whether your Healthfirst coverage should have begun as of December 1, 2016, rather than January 1, 2017.
- 2) The record reflects that you revised your application on November 16, 2016. As a result, you and your spouse were found eligible to enroll in a QHP and receive an APTC of up to \$414.00 per month, effective January 1, 2017.
- 3) You testified, and the record reflects, that you selected for the enrollment of you and your spouse in a Healthfirst QHP on November 16, 2016.
- 4) You testified that you were seeking for your Healthfirst QHP to cover the medical expenses incurred by your spouse during the month of December 2016, since you were having great difficulty in getting Affinity to cover those costs during that month.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Qualified Health Plan Effective Date

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 the enrollment of you and your spouse under the Healthfirst QHP began as of January 1, 2017.

The record shows that on November 16, 2016 you updated the information in your NYSOH account and submitted a request to enroll you and your spouse in Healthfirst as your QHP.

When an individual changes information in their application on or before the 15th of any month, NYSOH must make the redetermination that results from the change effective the first day of the following month. Additionally, 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 an including the fifteenth day of a month goes into effect on the first day of the following month.

Therefore, NYSOH's November 17, 2016 enrollment notice is AFFIRMED because it properly began the enrollment of you and your spouse in Healthfirst as your QHP on January 1, 2017.

## **Decision**

The November 17, 2016 enrollment notice is AFFIRMED.

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 18, 2017

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

This decision does not change your eligibility.

You and your spouse's enrollment in Healthfirst as your QHP properly began as of January 1, 2017.

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

## **Summary**

The November 17, 2016 enrollment notice is AFFIRMED.

This decision does not change your eligibility.

You and your spouse's enrollment in Healthfirst as your QHP properly began as of January 1, 2017.

## **Legal Authority**

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

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

