



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

## Notice of Decision

Decision Date: March 13, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012568

[REDACTED]

Dear [REDACTED],

On March 2, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 30, 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: March 13, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012568



## 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 June 1, 2016?

## Procedural History

On July 6, 2016, you submitted an application for health insurance through NYSOH.

On July 7, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to \$251.00 in advance premium tax credit and cost-sharing reductions effective as of August 1, 2016.

On July 30, 2016, NYSOH issued an enrollment notice confirming that as of July 29, 2016, you were enrolled in a qualified health plan, with a plan enrollment start date of June 1, 2016.

On October 14, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal relative to the plan enrollment start date of your qualified health plan.

On March 2, 2017, you had a telephone hearing, with the assistance of [REDACTED] interpreter (ID [REDACTED]), with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

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## Findings of Fact

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

1. According to your July 6, 2016 application, you were applying through NYSOH because you “lost or will lose health coverage” on May 31, 2016.
2. You testified you lost employer-sponsored health insurance on May 31, 2016.
3. According to your NYSOH account, on July 29, 2016, you enrolled in a CDPHP qualified health plan.
4. On July 30, 2016, NYSOH issued an enrollment notice stating that your qualified health plan would have a plan enrollment start date of June 1, 2016 (see Document [REDACTED]).
5. You testified that you wanted your qualified health plan to have a start date of August 1, 2016.
6. You testified you contacted CDPHP and were told that you were required to pay for health insurance premiums for the months of June 2016 and July 2016.
7. You testified that you paid the June 2016 and July 2016 health insurance premiums to the qualified health plan; however, you are seeking to be reimbursed for those payments because you wanted the start date to be August 1, 2016.

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 NYSOH must provide annual open enrollment periods during which time qualified individuals may enroll in a qualified health plan 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 qualified health plan and an enrollee may change to another qualified health plan (45 CFR § 155.420(a)(1)).

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

Generally, the effective date for a qualified health plan 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 qualified health plan start date was June 1, 2016.

The record reflects that you applied for coverage through NYSOH because your previous health insurance coverage ended on May 31, 2016. On July 29, 2016 you enrolled in a qualified health plan through NYSOH. On the following day NYSOH issued an enrollment notice stating that your enrollment would be effective June 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.

You selected the qualified health plan on July 29, 2016, so it must take effect on the first day of the second following month after July 29, 2016 or the first day of the following month. The record reflects that you are seeking to have your qualified health plan start on August 1, 2016.

Therefore, the July 30, 2016 enrollment notice is MODIFIED to state that the plan enrollment start date of your qualified health plan is August 1, 2016.

You testified that you have paid premiums to the health plan for the months of June and July 2016 and are seeking reimbursement of those premiums.

Your case is RETURNED to NYSOH's Plan Management to facilitate the possible reimbursement of the June 2016 and July 2016 premium payments you made to the qualified health plan.

## **Decision**

The July 30, 2016 enrollment notice is MODIFIED to state that the plan enrollment start date of your qualified health plan is August 1, 2016.

Your case is RETURNED to NYSOH's Plan Management to facilitate the possible reimbursement of the June 2016 and July 2016 premium payments you made to the qualified health plan.

**Effective Date of this Decision:** March 13, 2017

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

Your enrollment start date of your qualified health plan is modified from June 1, 2016 to August 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.

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).

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**

The July 30, 2016 enrollment notice is MODIFIED to state that the plan enrollment start date of your qualified health plan is August 1, 2016.

Your case is RETURNED to NYSOH's Plan Management to facilitate the possible reimbursement of the June 2016 and July 2016 premium payments you made to the qualified health plan.

Your enrollment start date of your qualified health plan is modified from June 1, 2016 to August 1, 2016.

### **Legal Authority**

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

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).

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

