



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

Notice of Decision

Decision Date: March 7, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013024

[REDACTED]

Dear [REDACTED],

On February 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 3, 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013024

[REDACTED]

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 December 1, 2016?

Procedural History

On October 29, 2016, you submitted an application for financial assistance through NYSOH.

On October 30, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a qualified health plan at full cost effective as of December 1, 2016.

On November 2, 2016, you requested an appeal insofar as the plan enrollment start date of your qualified health plan.

On November 3, 2016, NYSOH issued an enrollment notice confirming that your qualified health plan would have an enrollment start date of December 1, 2016.

On February 8, 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. The record is now closed.

Findings of Fact

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

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1. According to your October 29, 2016 application, you were applying through NYSOH because a “permanent move to New York State” on October 1, 2016.
2. You testified that you moved from [REDACTED] to the United States on [REDACTED].
3. You testified that you are enrolled in health insurance coverage through your spouse’s employer in [REDACTED]. However, the medical insurance is not being accepted by the medical providers.
4. According to your NYSOH account, you enrolled in a qualified health plan on November 2, 2016.
5. You testified that you had surgery on [REDACTED], and incurred approximately \$28,200.00 in medical expenses because of the medical services received in November 2016.
6. You testified that you wanted your qualified health plan to have an enrollment start date of November 1, 2016 to cover all of the medical expenses that were incurred in November 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 (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 qualified individual or his or her dependent to enroll in a QHP, if either gains access to new QHPs as a result of a permanent move and

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either: (1) had minimum essential coverage as described in 26 CFR 1.5000A-1(b) for one or more days during the 60 days preceding the date of the permanent move; (2) or was living outside of the United States or in a United States territory at the time of the permanent move (45 CFR § 155.420(d)(7)).

Generally, the effective date for a QHP 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)).

If the health plan is selected on or before the day of the permanent move, NYSOH must ensure that the coverage effective date is on the first day of the month following the permanent move. If the plan selection is made after the date of the permanent move, 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 QHP start date was December 1, 2016.

The record reflects that you applied for coverage through NYSOH because you relocated from [REDACTED] to the United States on [REDACTED]. On November 2, 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 December 1, 2016.

When a qualified individual or their dependent enrolls in a QHP through NYSOH based on a permanent move, the date in which the plan can take effect is contingent on the day the individual selects their health plan.

If the health plan is selected on or before the day of the permanent move, NYSOH must ensure that the coverage effective date is on the first day of the month following the permanent move. If the plan selection is made after the date of the permanent move, NYSOH must ensure that coverage is effective with the regular effective dates 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 QHP on November 2, 2016, so it must take effect on the first day of the following month after November 2, 2016, which is December 1, 2016.

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Therefore, the November 3, 2016 enrollment notice is AFFIRMED.

Decision

The November 3, 2016 enrollment notice is AFFIRMED.

Effective Date of this Decision: March 7, 2017

How this Decision Affects Your Eligibility

The enrollment start date of your qualified health plan is December 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:

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P.O. Box 11729

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The November 3, 2016 enrollment notice is AFFIRMED.

The enrollment start date of your qualified health plan is December 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:

