



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

Notice of Decision

Decision Date: March 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013975

[REDACTED]

Dear [REDACTED]

On March 7, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 18, 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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Appeal Identification Number: AP000000013975



Issues

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

Did NY State of Health (NYSOH) properly determine that the enrollment of you and your spouse in a qualified health plan was effective September 1, 2016?

Procedural History

On September 9, 2016, NYSOH received your initial application for health insurance.

On September 10, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to purchase a qualified health plan (QHP) at full cost, effective October 1, 2016.

On October 17, 2016, NYSOH received an update to your application for health insurance.

On October 18, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to purchase a QHP at full cost, effective December 1, 2016.

Also on October 18, 2016, NYSOH issue an enrollment notice confirming your selection of a QHP as of October 17, 2016. The notice confirmed that your enrollment, with a monthly premium of \$736.19 per month, would begin effective September 1, 2016.

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On November 13, 2016, NYSOH issued a renewal and eligibility redetermination notice for your health insurance for the 2017 plan year. The notice stated that based on the information in the application you submitted on October 17, 2016, you and your spouse were still qualified to buy a health plan at full cost, effective January 1, 2017. The notice also confirmed that you and your spouse had been reenrolled in the same plan, with such coverage scheduled to begin effective January 1, 2017.

On November 19, 2016, NYSOH issued an enrollment notice confirming the reenrollment of you and your spouse in a QHP as of November 18, 2016. The notice confirmed that the QHP coverage for you and your spouse, with a monthly premium of \$851.94, would begin effective January 1, 2017.

On December 13, 2016, you spoke to NYSOH's Account Review Unit and appealed the coverage start date of your QHP insofar as it began September 1, 2016, rather than November 1, 2016.

On December 14, 2016, NYSOH issued a disenrollment notice confirming that the QHP coverage for you and your spouse was cancelled as of January 1, 2017 because of non-payment of premiums.

On December 19, 2016, NYSOH received an update to your application for health insurance.

On December 20, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for advance payments of the premium tax credit (APTC) of up to \$420.00 per month, effective February 1, 2017.

On December 29, 2016, NYSOH issued an enrollment notice confirming the reenrollment of you and your spouse in the QHP as of December 28, 2016. The notice confirmed that the QHP coverage for you and your spouse, with a monthly premium of \$431.94, would begin effective February 1, 2017.

On March 7, 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 supports the following findings of fact:

- 1) You testified that your employer-sponsored insurance policy offered through your former employer ended effective August 31, 2016.

- 2) You submitted your initial application to NYSOH for financial assistance on September 9, 2016.
- 3) You testified that you had difficulty corresponding with your navigator during the month of September 2016 in order to revise your application and to select a plan at that time.
- 4) You testified that after having become frustrated with your navigator, you revised your application during October 2016. The record reflects that your revised application for health insurance was received on October 17, 2016.
- 5) The record reflects that you selected a QHP for you and your spouse on October 17, 2016.
- 6) Your enrollment in the QHP became effective September 1, 2016.
- 7) You testified that you were seeking to have your QHP coverage begin effective November 1, 2016, rather than September 1, 2016.
- 8) You testified that you made two payments of \$736.19 for coverage under your QHP, for what you believe was coverage during the months of November and December 2016. However, you later found out that the insurance carrier had applied these payments for coverage during the months of September and October 2016.
- 9) You testified that you never made a request to either NYSOH or the insurance carrier to begin the QHP coverage for you and your spouse on September 1, 2016.
- 10) You were reenrolled in the QHP as of January 1, 2017. However, you testified, and the record reflects, that your QHP coverage was subsequently cancelled effective January 1, 2017 due to non-payment of premiums.
- 11) You testified that as a result of your disenrollment, you were concerned that you were going to be assessed a penalty on your taxes for not having had insurance for a portion of 2016.
- 12) You testified that as a result of the disenrollment of you and your spouse as of January 1, 2017, your QHP coverage during 2017 ultimately did not resume until February 1, 2017.

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

Applicable Law and Regulations

Special Enrollment Periods

After each open enrollment period ends, NYSOH provides special enrollment periods (SEPs) to qualified individuals. During an SEP, a qualified individual may enroll in a qualified health plan (QHP), and an enrollee may change their enrollment to another plan. This is permitted when certain triggering events occur, including the qualified individual (or his or her dependent) involuntarily losing certain health insurance coverage (45 CFR § 155.420(d)(1)). There are options for different start dates for selections that occur because of a special enrollment period.

Generally, if a triggering life event occurs, the qualified individual or enrollee has 60 days from the date of a triggering event to *select* a QHP (45 CFR § 155.420(c)(1), emphasis added).

Effective Date of Coverage

The effective date of coverage by a QHP 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 in a QHP was effective September 1, 2016.

On October 17, 2016, you submitted your revised application and enrolled you and your spouse in a QHP at that time. Also on October 17, 2016, NYSOH issued an enrollment notice stating that your enrollment in your QHP was effective September 1, 2016.

In general, the date on which a qualified health plan takes effect depends on the day a person selects the plan for enrollment. A plan that is selected from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month. In the case of an enrollment that takes place because of an SEP, there may be occasions where a different start date occurs, but you should have been allowed to follow the general rules for an effective date if you selected your plan before the end of your 60-day SEP.

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There is no evidence in the record to show that you elected to have your coverage start on September 1, 2016.

Therefore, NYSOH's October 17, 2016 is MODIFIED to state that the QHP coverage for you and your spouse began effective December 1, 2016.

Your case is RETURNED to NYSOH to facilitate with your insurance carrier to reflect a correction of the coverage start date from September 1, 2016 to December 1, 2016, and to assist you with a reconciliation of premium amounts paid to the insurance carrier to date.

Decision

The October 17, 2016 enrollment notice is MODIFIED to state that the QHP coverage for you and your spouse began effective December 1, 2016.

Your case is RETURNED to NYSOH to facilitate with your insurance carrier to reflect a correction of the coverage start date from September 1, 2016 to December 1, 2016, and to assist you with a reconciliation of premium amounts paid to the insurance carrier to date.

Effective Date of this Decision: March 27, 2017

How this Decision Affects Your Eligibility

The QHP coverage for you and your spouse began effective December 1, 2016.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. This must be done within 30 days of the

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Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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):

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- 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 October 17, 2016 enrollment notice is MODIFIED to state that the QHP coverage for you and your spouse began effective December 1, 2016.

Your case is RETURNED to NYSOH to facilitate with your insurance carrier to reflect a correction of the coverage start date from September 1, 2016 to December 1, 2016, and to assist you with a reconciliation of premium amounts paid to the insurance carrier to date.

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The QHP coverage for you and your spouse began effective December 1, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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