



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

**Notice of Decision**

Decision Date: April 07, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014145

[REDACTED]

Dear [REDACTED],

On March 29, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health’s December 20, 2016 eligibility determination notice and the December 20, 2016 enrollment confirmation 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

Decision Date: April 07, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014145

[REDACTED]

## Issues

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

Was NY State of Health (NYSOH) responsible for your enrollment in a more expensive third-party health insurance than your qualified health plan for the month of January 2017?

Did NYSOH properly determine that your enrollment in a Silver level qualified health plan was effective February 1, 2017?

## Procedural History

On December 19, 2016, NY State of Health (NYSOH) received your application for health insurance. That same day a preliminary eligibility determination was made finding you eligible to purchase a qualified health plan at full cost effective as of February 1, 2017 and you enrolled in a silver level qualified health plan.

Also on December 19, 2016 you spoke to NYSOH's Account Review Unit and appealed that preliminary determination insofar as it began your enrollment in a qualified health plan on February 1, 2017, and not January 1, 2017.

On December 20, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to purchase a qualified health plan at full cost effective February 1, 2017.

Also on December 20, 2016, NYSOH issued a letter confirming your enrollment in a silver level qualified health plan with a monthly premium responsibility of \$472.49, effective February 1, 2017.

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On March 29, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During your telephone hearing, you testified you are no longer seeking a start date of January 1, 2017 for your qualified health plan, but are seeking to be reimbursed the difference between the premium payment you made to your third-party health insurance and your qualified health plan which began February 1, 2017. 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 on December 19, 2016.
- 2) You testified, and the record reflects, that you selected a silver level qualified health plan on December 19, 2016.
- 3) Your enrollment in the plan became effective February 1, 2017.
- 4) You testified that you wanted your enrollment to begin on January 1, 2017.
- 5) You testified you purchased third-party health insurance at a cost of \$699.85 for the month of January, 2017 while you waited for your NYSOH coverage to start (See Document [REDACTED]).
- 6) You testified you are no longer seeking a start date of January 1, 2017, but are seeking to be reimbursed the difference in premium between your third-party health insurance and your qualified health plan.
- 7) You testified you initially appealed the start date of your qualified health plan because you believed the deadline for a January 1, 2017 start date was extended from December 15, 2016 to December 19, 2016.

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

## **Applicable Law and Regulations**

### Appealable Issues

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax

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credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

### 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)).

NYSOH extended the deadline for qualified health plan enrollments to December 17, 2016 for individuals seeking a January 1, 2017 start date. (See Press Release: NY State of Health Deadline Extended! New Yorkers Now Have Until December 17 to Enroll in or Renew Health Insurance Coverage Beginning January 1, 2017, December 15, 2016, <https://info.nystateofhealth.ny.gov/news/press-release-ny-state-health-deadline-extended-new-yorkers-now-have-until-december-17-enroll>).

## **Legal Analysis**

The first issue is whether NYSOH was responsible for your enrollment in a more expensive third party health insurance than your qualified health plan for the month of January 2017.

You testified you had requested an appeal hearing to challenge the start date of your qualified health plan of February 1, 2017, requesting it begin January 1, 2017 as you believed you had met the enrollment period that would have made you eligible for the early start date. You explained this was because you believed the deadline for a January 1, 2017 start date was extended from December 15, 2016 to December 19, 2016.

During your telephone hearing you testified you were now seeking to be found eligible for a reimbursement for the difference in premium amount between your qualified health plan and the third-party health insurance you purchased for the month of January, 2017. This issue relates to payment of premiums for health plans not offered by NYSOH which is not an issue that the NY State of Health

Appeals Unit is authorized to address. Therefore, we must DISMISS your appeal on this issue.

The second issue under review is whether NYSOH properly determine that your enrollment in a Silver level qualified health plan, was effective no earlier than February 1, 2017.

The record shows that on December 19, 2016 you filed an application for enrollment to NYSOH and submitted a request to enroll in a Silver level qualified health plan. On December 20, 2016 NYSOH issued an eligibility determination notice and enrollment confirmation notice stating that your enrollment in your qualified health plan was effective February 1, 2017.

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 after the fifteenth day of the month is effective the first day of the second following month.

NYSOH extended the enrollment deadline for individuals seeking a January 1, 2017 start date from December 15, 2016 to December 17, 2016.

Since you applied and submitted an enrollment in your Silver level qualified health plan on December 19, 2016, it properly began February 1, 2017.

Therefore, NYSOH's December 20, 2016 eligibility determination notice and enrollment confirmation notice are AFFIRMED because it properly began your enrollment in your qualified health plan on February 1, 2017.

## **Decision**

Your appeal seeking reimbursement for the difference in the amount of premium responsibility between your third-party health insurance and your qualified health plan is DISMISSED.

The December 20, 2016 eligibility determination notice is AFFIRMED.

The December 20, 2016 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** April 07, 2017

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

Your enrollment in your qualified health plan properly began as of February 1, 2017.

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).

## **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 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):**

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 December 20, 2016 eligibility determination notice is AFFIRMED.

The December 20, 2016 enrollment confirmation notice is AFFIRMED.

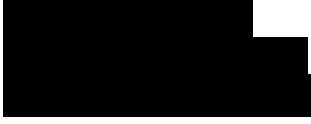
Your enrollment in your qualified health plan properly began as of February 1, 2017.

## **Legal Authority**

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



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



## 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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