



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

Notice of Decision

Decision Date: May 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014599

[REDACTED]

Dear [REDACTED]

On May 3, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 27, 2016 eligibility determination and enrollment confirmation notices.

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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DEPARTMENT OF HEALTH
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Decision

Decision Date: May 11, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000014599

[REDACTED]

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 (QHP) was effective no earlier than February 1, 2017?

Procedural History

On October 19, 2016, NYSOH issued a renewal notice stating that it was time to renew your NYSOH coverage. The notice directed you to update the information in your NYSOH account by December 15, 2016 so that a decision about your eligibility for coverage in 2017 could be made. The notice further stated that, if you missed this deadline, the financial assistance you were receiving might end.

On November 27, 2016, NYSOH issued a notice of disenrollment stating that your enrollment in your full cost QHP would end on December 31, 2016.

On December 7, 2016, you updated your NYSOH account and changed your application to a financial assistance application. You also uploaded documentation to your NYSOH account on that day.

On December 8, 2016, NYSOH issued a notice stating that your December 7, 2016 application had been reviewed, but that more information was needed to confirm the information in your application. The notice directed you to submit documentation of your income by December 22, 2016.

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On December 23, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective February 1, 2017.

On December 26, 2016, you updated your NYSOH account and changed your application to a non-financial assistance application.

On December 27, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in a QHP at full cost, effective February 1, 2017.

Also on December 27, 2016, NYSOH issued a notice of enrollment confirmation confirming your enrollment in a QHP with an enrollment start date of February 1, 2017.

On January 5, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination and enrollment confirmation notices insofar as they began your eligibility for, and enrollment in, a QHP on February 1, 2017, and not January 1, 2017.

On May 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 submitted an application to NYSOH for financial assistance on December 7, 2016, and uploaded income documentation that day.
- 2) You testified that you had a drastic change in income in 2016, so you thought you would see whether you were eligible for any assistance with your health insurance.
- 3) You testified that when you did the application, it resulted in a finding that more information was needed to determine whether you were eligible for financial assistance.
- 4) You testified that you contacted NYSOH on approximately December 14, 2016 to ask what would happen to your coverage, as you knew the deadline for January 1, 2017 coverage was December 15, 2016.
- 5) You testified that the representative you spoke with informed you that, regardless of whether you were found eligible for financial assistance, you

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would still be able to re-enroll in the full cost coverage you were enrolled in during 2016, and have that coverage begin on January 1, 2017.

- 6) You testified that, when you found out that you were determined eligible for financial assistance, you decided nevertheless to re-enroll in your former full cost coverage.
- 7) You testified that you made the decision not to enroll in the plan with financial assistance because you take a very expensive medication, and you were concerned that the plan you were found eligible for might not cover the cost.
- 8) Your NYSOH account reflects that you updated your application again on December 26, 2016 and changed your application to a non-financial assistance. That same day, you selected the same QHP you had been enrolled in during 2016 for 2017 enrollment.
- 9) You testified that, when you found out that your enrollment in your QHP would not begin until February 1, 2017, you called NYSOH to try to get the coverage backdated, but were informed that you were too late to get coverage for January 2017.
- 10) You testified that you also called your QHP to ask whether you could pay your January 2017 premium to them and have coverage for that month, and were told by your QHP that your coverage could only be backdated by NYSOH.
- 11) You testified that you do not have medical bills for January 2017, but you are concerned about having any gap in your coverage, as you have a medical condition and do not want to have any problem getting health insurance coverage in the future.
- 12) You testified that, if you had not been told by a NYSOH agent that you would absolutely have coverage for January 2017, you would never have waited to re-enroll in your QHP while your eligibility for financial assistance was determined.
- 13) You testified that you always pay your premiums and have never had a day without health insurance coverage in your life.
- 14) After the hearing, the Hearing Officer listened to a total of three recordings of your phone calls with NYSOH agents on December 7, 2016 and December 14, 2016 in their entirety. The following findings of fact are taken from these recordings:

- a. On December 7, 2016, you spoke with a male NYSOH agent to find out whether you might qualify for financial assistance and you updated your NYSOH application;
- b. Your eligibility came back as pending, and you were informed by the NYSOH agent that you needed to supply documentation of your income;
- c. At the end of the call, the NYSOH agent stated that the 15th of the month was the date you needed to renew by to have coverage start on the 1st;
- d. On December 14, 2016, you had three calls with NYSOH: the first was a full call, the second went no further than you asking the NYSOH agent to repeat his name, and the third was a full call;
- e. During the first call on December 14, 2016, you spoke with a male NYSOH agent to further discuss your income and your potential eligibility and the fact that you did not want to end up being eligible for Medicaid;
- f. You were informed by this NYSOH agent that you could always choose to enroll in a full cost QHP if you were found eligible for Medicaid and did not want that coverage;
- g. At the end of this call, you were told that your current coverage would expire on December 31, 2016;
- h. During the second full phone call on December 14, 2016, you spoke with a female NYSOH agent and told her that you wanted to know what amount of income would make you eligible for a tax credit, but not for Medicaid;
- i. You spoke with the NYSOH agent about what documentation you might be able to submit to prove your income;
- j. You asked the NYSOH agent whether you would be able to remain enrolled in your current health plan, even if you were found eligible for a tax credit;
- k. You were told by the NYSOH agent three separate times during the last part of your call that you needed to enroll in a plan by the 15th of the month to have coverage start on the 1st of January;
- l. The NYSOH agent told you that if you didn't enroll in coverage by the 15th of December (the day after the phone call), your coverage would not begin 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

Enrollment in a Qualified Health Plan

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 your eligibility for enrollment in a QHP was effective no earlier than February 1, 2017

The record shows that on December 7, 2016, you updated the information in your NYSOH account. In that application, you listed your income as \$15,000.00 after deductions. As a result, your case was placed in a pending Medicaid status, and you were asked to submit documentation to prove your income. That same day, you uploaded 2015 tax information to your NYSOH account.

On December 23, 2016, NYSOH issued a notice stating that you were eligible to enroll in an Essential Plan for \$20.00 per month; however, you chose instead to re-enroll in your platinum QHP at full cost, which you did on December 26, 2016. On December 27, 2016, NYSOH issued an enrollment confirmation notice stating that your enrollment in your QHP was effective February 1, 2017.

When an individual changes information in their application after the 15th of any month, NYSOH will make the redetermination that results from the change effective the first day of the second following month. Additionally, the date on which a QHP can take effect depends on the day a person selects the plan for enrollment. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month.

You testified that you were misinformed by NYSOH agents regarding when you had to choose a plan to have coverage begin on January 1, 2017. You testified that you were told by NYSOH that you would be able to enroll in coverage through early January 2017, and still have coverage begin on January 1, 2017. You testified that you have a health condition with expensive medication, so you would not have waited to select a plan if you had known that your coverage would not begin until February 1, 2017.

After the hearing, the Hearing Officer listened to the recordings of your phone conversations with NYSOH from December 7, 2016 and December 14, 2016. In both the first and second call, you were informed that your current coverage was ending as of December 31, 2016. Most relevant, however, is that you were told three separate times by the female NYSOH representative you spoke with on December 14, 2016 that you needed to choose a plan by December 15, 2016 to have coverage as of January 1, 2017. Moreover, this representative informed you that, if you did not enroll in a plan by the 15th, your coverage would not begin until the following month. The representative told you that you needed to make a decision by “tomorrow,” (as the call took place on December 14, 2016), in order to have coverage for January 1, 2017.

Since you were informed three separate times during your final phone call with NYSOH on December 14, 2016 that you needed to enroll in a plan by the next day to have January 1, 2017 coverage, you were on notice that you needed to select a plan by December 15, 2016. Nevertheless, you did not select your platinum QHP for enrollment until December 26, 2016.

Therefore, NYSOH's December 27, 2016 eligibility determination notice and enrollment confirmation notice are AFFIRMED because they properly began your eligibility for, and enrollment in, your QHP on February 1, 2017.

Decision

The December 27, 2016 eligibility determination notice is AFFIRMED.

The December 27, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: May 11, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your enrollment in your QHP properly began as of February 1, 2017.

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.

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).

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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

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Summary

The December 27, 2016 eligibility determination notice is AFFIRMED.

The December 27, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

Your enrollment in your QHP 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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