



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: AP000000014987

[REDACTED]

Dear [REDACTED],

On April 12, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 21, 2017 eligibility determination and January 21, 2017 enrollment 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.

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014987



Issues

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

Did NY State of Health (NYSOH) properly enroll your three youngest children in a qualified health plan (QHP) effective March 1, 2017?

Is NYSOH responsible to reimburse you for your children's health insurance premiums for February 2017?

Procedural History

On November 17, 2016, NYSOH issued an enrollment notice confirming that you, your spouse, and four children were enrolled in a platinum-level QHP, through CareConnect, with an enrollment start date of January 1, 2017.

On January 3, 2017, your NYSOH account was updated.

On January 4, 2017, NYSOH issued three notices:

- (1) An eligibility redetermination notice stating that you, your spouse and eldest child were eligible to share in up to \$618.00 per month in advance payments of the premium tax credit, effective February 1, 2017, and your three youngest children were eligible for Child Health Plus with a \$30.00 premium each, effective February 1, 2017.
- (2) A disenrollment notice stating that your three youngest children's QHP coverage would end January 31, 2017, because they were no longer eligible to enroll in that health plan.

- (3) An enrollment notice stating that health with Child Health Plus would not begin for your youngest three children until you picked a plan. The notice further confirmed that you, your spouse, and your eldest child were enrolled in the same platinum-level QHP with an enrollment start date of January 1, 2017.

On January 20, 2017, your NYSOH account was updated. NYSOH rendered a preliminary eligibility determination notice stating that you, your spouse, and four children were eligible to enroll in a QHP at full cost.

Also on January 20, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as the enrollment start date of your three youngest children's QHP.

On January 21, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that your three youngest children were newly eligible to purchase a QHP at full cost effective March 1, 2017.

Also on January 21, 2017, NYSOH issued an enrollment notice confirming that you, your spouse, and children were enrolled in the same platinum-level QHP, with an enrollment start date of January 1, 2017.

On April 12, 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) According to your NYSOH account, all the changes to your account on January 3, 2017, were initiated by [REDACTED].
- (2) According to your NYSOH account, on January 3, 2017, your family's non-financial application was changed to a financial assistance application. Your household's eligibility was redetermined, and your enrollments were updated.
- (3) According to your NYSOH, at 3:50:24 p.m. on January 3, 2017, your three youngest children's enrollments were deleted.
- (4) You testified you first learned that your three youngest children were not enrolled in your family's QHP when you received the February 2017 health insurance invoice.

- (5) According to your NYSOH account, your three youngest children were re-enrolled in the same QHP on January 20, 2017.
- (6) You testified that the health insurance premium remained the same for the family QHP in which only you, your spouse, and eldest child were covered for February 2017.
- (7) You testified that you purchased additional health insurance through the same insurance carrier for your three youngest children for February 2017, because they had been disenrolled from your family's QHP without your knowledge or consent.
- (8) You testified that you spent \$917.00, in addition to the premium you had to pay for your family's QHP, to ensure your three youngest children were enrolled in coverage in February 2017. You believe this was a double-payment for which you should be reimbursed or credited.
- (9) You testified that you tried to resolve your three youngest children's health insurance for February 2017 with CareConnect and NYSOH, but were unable to get them reinstated into your family's QHP.
- 10) You testified that you want your three youngest children enrolled in your family's QHP for the month of February 2017 and to be reimbursed the \$917.00 paid for the additional health insurance coverage.

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 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)).

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)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your three youngest children were enrolled in the platinum-level QHP, with an enrollment start date of March 1, 2017.

The record reflects that your entire family was initially enrolled in a platinum-level QHP effective January 1, 2017. However, you testified it was first discovered that your three youngest children had been disenrolled from your family's QHP when you received the February 2017 invoice from your health plan. You testified that your children had been disenrolled without your consent and knowledge.

The record reflects that on January 3, 2017, changes to your NYSOH account were initiated by [REDACTED]. On that date the type of application was changed, your family's financial assistance was redetermined, and enrollments were updated. During the updates to your account, your three youngest children's enrollments were deleted.

The record reflects that on January 20, 2017 your account was changed to a non-financial assistance application, and a request to re-enroll your three youngest children in the platinum-level QHP was submitted.

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.

Since the request to enroll your three youngest children in the platinum-level QHP was submitted on January 20, 2017, they were properly enrolled effective March 1, 2017.

The January 21, 2017 eligibility determination notice, insofar as stating that your three youngest children were newly eligible to enroll in QHP effective March 1, 2017 is AFFIRMED.

The January 21, 2017 is MODIFIED to state that your three youngest children were enrolled in the platinum-level QHP, with an enrollment start of March 1, 2017.

The second issue is whether NYSOH is responsible to reimburse you for your children's health insurance premiums in February 2017.

You testified that you spent \$917.00, in addition to the premium you had to pay for your family's QHP, to ensure your three youngest children were enrolled in coverage in February 2017. You believe this was a double-payment for which you should be reimbursed or credited.

This issue relates to payment of premiums for a health plan not offered through NYSOH. This issue is not within NY State of Health Appeals Unit's jurisdiction. Therefore, we must DISMISS your appeal on this issue.

Decision

The January 21, 2017 eligibility determination notice, insofar as stating that your three youngest children were newly eligible to enroll in QHP effective March 1, 2017 is AFFIRMED.

The January 21, 2017 is MODIFIED to state that your three youngest children were enrolled in the platinum-level QHP, with an enrollment start of March 1, 2017.

Your appeal seeking reimbursement for the health insurance premiums paid in February 2017 is DISMISSED.

Effective Date of this Decision: May 11, 2017

How this Decision Affects Your Eligibility

Your three youngest children were enrolled in the platinum-level QHP, with an enrollment start date of March 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.

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

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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):

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

Summary

The January 21, 2017 eligibility determination notice, insofar as stating that your three youngest children were newly eligible to enroll in QHP effective March 1, 2017 is AFFIRMED.

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The January 21, 2017 is MODIFIED to state that your three youngest children were enrolled in the platinum-level QHP, with an enrollment start of March 1, 2017.

Your appeal seeking reimbursement for the health insurance premiums paid in February 2017 is DISMISSED.

Your three youngest children were enrolled in the platinum-level QHP, with an enrollment start date of March 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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