



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

## Notice of Decision

Decision Date: June 28, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015745

[REDACTED]

Dear [REDACTED],

On May 12, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 20, 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 Code of 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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: June 28, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015745



## Issue

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

Was your appeal of the NY State of Health's (NYSOH) September 20, 2016 enrollment notice timely?

## Procedural History

On August 15, 2016, NYSOH received your updated application for health insurance.

On August 16, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan with a monthly premium of \$20.00, effective September 1, 2016.

Also on August 16, 2016, NYSOH issued an enrollment notice advising you to select an Essential Plan for your coverage.

On August 22, 2016, NYSOH received an updated application for health insurance.

On August 23, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan with a monthly premium of \$0.00, effective October 1, 2016.

Also on August 23, 2016, NYSOH issued an enrollment notice confirming your selection of an Essential Plan as of August 22, 2016. The notice stated that your coverage under the Essential Plan would begin effective October 1, 2016.

On September 19, 2016, NYSOH received an updated application for health insurance.

On September 20, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan with a monthly premium of \$0.00, effective November 1, 2016.

Also on September 20, 2016, NYSOH issued an enrollment notice confirming your selection of an Essential Plan as of September 19, 2016. The notice stated that your coverage under this Essential Plan would begin effective October 1, 2016.

On February 10, 2017, you spoke with NYSOH's Account Review Unit, and appealed the September 20, 2016 enrollment notice insofar as your Essential Plan coverage began as of October 1, 2016, rather than September 1, 2016.

On May 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) Your NYSOH account reflects that you updated your application on August 15, 2016, and were found eligible to enroll in the Essential Plan with a monthly premium of \$20.00, effective September 1, 2016.
- 2) Your NYSOH account reflects that you did not select an Essential Plan as of August 15, 2016.
- 3) You testified, and your NYSOH account reflects, that you further revised your application on August 22, 2016 and September 19, 2016, and were found eligible for the Essential Plan at \$0.00 per month.
- 4) Your NYSOH account reflects that you first selected an Essential Plan for your enrollment on August 22, 2016.
- 5) You testified that you wanted your Essential Plan coverage to begin effective September 1, 2016, rather than October 1, 2016, to cover several medical bills you incurred during the month of September 2016.

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- 6) You testified that you first contacted NYSOH to file a complaint and request an appeal of your Essential Plan coverage start date on February 10, 2017.

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

## **Applicable Law and Regulations**

### Valid Appeal Requests

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 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) a failure by NYSOH to provide timely notice of an eligibility determination; and (4) a denial of a request for a special enrollment period (45 CFR § 155.505, 45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Individual applicants and enrollees must request a hearing within 60 days of the date of their notice of eligibility determination by NYSOH (45 CFR § 155.520(b)(2); 18 NYCRR § 358-3.5(b)(1)).

## **Legal Analysis**

The only issue under review is whether your appeal of NYSOH's September 20, 2016 enrollment notice was timely.

On September 20, 2016, after you updated your NYSOH account, NYSOH issued an eligibility determination stating you were eligible for the Essential Plan with monthly premium of \$0.00, effective October 1, 2016. That same day, you selected an Essential Plan for your coverage. On September 20, 2016, NYSOH issued an enrollment notice stating that your Essential Plan coverage would begin, effective October 1, 2016.

You testified that because of not having had Essential Plan coverage during the month of September 2016, you incurred several medical bills. However, you did not contact NYSOH to dispute your eligibility for the month of September 2016 until February 10, 2017.

Individual applicants and enrollees must request a hearing within 60 days of the date of their notice of eligibility determination by NYSOH.

For an appeal to have been valid on the issue of your Essential Plan enrollment beginning October 1, 2016, as indicated in the September 20, 2016 enrollment notice, an appeal should have been filed by November 19, 2016. According to the credible evidence in the record, you did not contact NYSOH until February 10, 2017 to file a formal appeal, which is well beyond 60 days from the September 20, 2016 enrollment notice at issue.

Therefore, there has been no timely appeal of the September 20, 2016 enrollment notice, and your appeal on the issue of your Essential Plan enrollment as of October 1, 2016 is DISMISSED.

## **Decision**

Your appeal of the September 20, 2016 enrollment notice is untimely and is DISMISSED.

**Effective Date of this Decision:** June 28, 2017

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

Your eligibility has not changed.

Your Essential Plan enrollment began effective October 1, 2016, and your appeal of this issue was untimely.

## **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 of 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 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 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

### **Summary**

Your appeal of the September 20, 2016 enrollment notice is untimely and is DISMISSED.

Your eligibility has not changed.

Your Essential Plan enrollment began effective October 1, 2016, and your appeal of this issue was untimely.

### **Legal Authority**

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

**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।

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).

## **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 bɛtumi ama wo obi a okyerɛ 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 איר געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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).