



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

Notice of Decision

Decision Date: July 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016484

[REDACTED]

Dear [REDACTED]

On June 13, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's the January 31, 2017 plan 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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Decision

Decision Date: July 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016484

[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 gold-level qualified health plan was effective March 1, 2017?

Procedural History

On October 19, 2016, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2016 or you might lose the financial assistance you were currently receiving.

On December 2, 2016, NYSOH received your updated application for health insurance.

On December 3, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a QHP at full cost through NYSOH, effective January 1, 2017.

Also on December 3, 2016, NYSOH issued an enrollment notice confirming your December 2, 2016 enrollment in a gold-level QHP, HMO Hybrid 23 Gold NS INN Dep25 ([REDACTED]) with CDPHP, and a monthly premium responsibility of \$598.06, effective January 1, 2017.

On January 31, 2017, NYSOH issued a disenrollment notice stating that your gold-level QHP, [REDACTED], would end effective February 28, 2017. This was because you asked NYSOH to end this coverage on January 30, 2017.

Also, on January 31, 2017, NYSOH issued a plan enrollment notice confirming your January 30, 2017 enrollment in a gold-level QHP, HMO Copayment 20 Gold ST INN Dep25 [REDACTED]) with CDPHP, with a monthly premium responsibility of \$616.61 and a plan enrollment start date of March 1, 2017.

On March 2, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your gold-level [REDACTED] Copayment plan insofar as it began on March 1, 2017 and not January 1, 2017.

On June 13, 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 testified that you are appealing the start date of your gold-level [REDACTED] Copayment plan in that it started March 1, 2017, and not January 1, 2017.
- 2) According to your NYSOH account, you were enrolled in a gold-level [REDACTED] Copayment plan for the period of January 1, 2016 to December 31, 2016.
- 3) According to your NYSOH account and your testimony, on December 2, 2016, you contacted a NYSOH and a NYSOH customer service representative (CSR) assisted you in updating your account.
- 4) You testified that, when it came time to select a plan on December 2, 2016, you told the CSR that you wanted the same health insurance plan you were presently in and that it was a CDPHP gold-level plan.
- 5) A review of the recording of the December 2, 2016 call with the NYSOH CSR confirms that you asked for the same plan for 2017 in which you were presently enrolled. The CSR advised that there were two different gold-level plans offered by CDPHP and stated their price and deductible levels and asked if either of those sounded familiar to what you were presently enrolled.

- 6) The recording indicates that you were not sure but, based on the price of the first option being close to the monthly premiums you were paying for 2016, you selected HMO Hybrid 23 Gold NS INN Dep25 with a plan enrollment start date of January 1, 2017.
- 7) According to your testimony, you re-filled prescriptions in January 2017 and received a \$1,900.00 bill for those prescriptions, which would not have happened under your plan that was in place for 2016.
- 8) According to your NYSOH account and your testimony, on January 30, 2017, you contacted NYSOH and cancelled the gold-level CDPHP HMO Hybrid plan and enrolled in the gold-level CDPHP HMO Copayment plan with a plan start date of March 1, 2017.
- 9) You testified that you want the gold-level CDPHP HMO Copayment plan to begin on January 1, 2017, so the cost of your prescriptions will be covered.

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

NYSOH must provide annual open enrollment periods during which time qualified individuals may enroll in a qualified health plan and enrollees may change qualified health plans (45 CFR § 155.410(a)(1)).

For the benefit year beginning on January 1, 2017, the annual open enrollment period began on November 1, 2016, and extended through January 31, 2017 (45 CFR § 155.410(e)(2)).

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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in HMO Copayment 20 Gold ST INN Dep25 with CDPHP was effective March 1, 2017.

Generally, the date on which a QHP plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

According to your NYSOH account and your testimony, you contacted a NYSOH CSR on December 2, 2016 and updated your account. A review of the recording of that conversation indicates that when it came time to select a plan for 2017, you clearly stated that you wanted the same plan in which you were presently enrolled. You told the CSR that it was a gold-level plan with CDPHP. The CSR advised that there were two different gold-level plans offered by CDPHP and stated their price and deductible levels and asked if either of those sounded familiar to what you were presently enrolled. The recording indicates that you were not sure, but based on the price of the first option being close to the monthly premiums you were paying for 2016 you selected the gold-level CDPHP HMO Hybrid plan.

Had the NYSOH CSR fully reviewed your NYSOH account, which they had access to, it would have shown that you were enrolled in a gold-level CDPHP HMO Copayment plan for the period of January 1, 2016 to December 31, 2016. Further, the CSR should have informed you that pricing of plans from one year to the next varies and might be greater than you were currently paying such that the premium was not determinative of the plan you were seeking to enroll in for 2017.

Therefore, it is reasonable to conclude that your enrollment in the gold-level CDPHP HMO Hybrid plan instead of the gold-level CDPHP HMO Copayment plan was due to the CSR's unintentional, inadvertent or erroneous actions or inaction in your enrollment on December 2, 2016. But for the CSR's actions or inaction on that date, your coverage in the gold-level CDPHP HMO Copayment plan should have started on January 1, 2017.

Therefore, the December 3, 2016 plan enrollment notice stating that you were enrolled in the gold-level CDPHP HMO Hybrid plan is RESCINDED. The January 31, 2017 plan enrollment notice stating that your enrollment in the gold-level CDPHP HMO Copayment plan that was effective March 1, 2017, is MODIFIED to reflect a January 1, 2017 enrollment start date.

Your case is RETURNED to NYSOH to effectuate the above changes in your gold-level QHP plan and to notify you accordingly.

You will be responsible for any additional premiums due for the months of January 2017 and February 2017 for your gold-level QHP.

Decision

The December 3, 2016 plan enrollment notice stating that you were enrolled in gold-level CDPHP HMO Hybrid plan is RESCINDED.

The January 31, 2017 plan enrollment notice stating that your enrollment in the gold-level CDPHP HMO Copayment plan was effective March 1, 2017, is MODIFIED to reflect a January 1, 2017 enrollment start date.

Your case is RETURNED to NYSOH to effectuate the above changes in your gold-level QHP plan and to notify you accordingly.

You will be responsible for any additional premiums due to your gold-level QHP for the months of January 2017 and February 2017.

Effective Date of this Decision: July 17, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your plan enrollment start date in HMO Copayment 20 Gold ST INN Dep25 with CDPHP is January 1, 2017.

Your case is being sent back to NYSOH to effectuate the change in the start date of your HMO Copayment 20 Gold ST INN Dep25 with CDPHP from March 1, 2017 to January 1, 2017. NYSOH will notify once this has been completed.

You will be responsible for any additional premiums due for the months of January 2017 and February 2017 for your gold-level QHP.

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 3, 2016 plan enrollment notice stating that you were enrolled in gold-level CDPHP HMO Hybrid plan is RESCINDED.

The January 31, 2017 plan enrollment notice stating that your enrollment in the gold-level CDPHP HMO Copayment plan was effective March 1, 2017, is MODIFIED to reflect a January 1, 2017 enrollment start date.

Your case is RETURNED to NYSOH to effectuate the above changes in your gold-level QHP plan and to notify you accordingly.

You will be responsible for any additional premiums due to your gold-level QHP for the months of January 2017 and February 2017.

This decision does not change your eligibility.

Your plan enrollment start date in HMO Copayment 20 Gold ST INN Dep25 with CDPHP is January 1, 2017.

Your case is being sent back to NYSOH to effectuate the change in the start date of your HMO Copayment 20 Gold ST INN Dep25 with CDPHP from March 1, 2017 to January 1, 2017. NYSOH will notify once this has been completed.

You will be responsible for any additional premiums due for the months of January 2017 and February 2017 for your gold-level QHP.

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。我们可以为您免费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)

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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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&btumi 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.

שׂוֹדֵשׁ (Yiddish)

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).

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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