



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

Notice of Decision

Decision Date: July 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016940

[REDACTED]

Dear [REDACTED]

On June 26, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 30, 2016 plan enrollment notice and request to be reimbursed for health insurance premiums.

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).

This page intentionally left blank.



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

Decision

Decision Date: July 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016940



Issues

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

Did NY State of Health (NYSOH) properly determine that you, your spouse, and eldest child were enrolled in the platinum-level qualified health plan (QHP), with a plan enrollment start date of February 1, 2017?

Whether NYSOH's Appeals Unit can consider your request for reimbursement of your health insurance premiums?

Procedural History

On December 5, 2016, you submitted an application for financial assistance through NYSOH.

On December 6, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, that you, your spouse, and eldest child were eligible for a tax credit up to \$516.00 per month, effective as of January 1, 2017.

Also on December 6, 2016, NYSOH issued a plan enrollment notice confirming, in relevant part, that you, your spouse, and eldest child were enrolled in a bronze-level QHP with an enrollment start date of January 1, 2017.

On December 30, 2016, NYSOH issued another plan enrollment notice confirming, in relevant part, that you, your spouse, and eldest child were enrolled in a platinum-level QHP with an enrollment start date 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).

Also on December 30, 2016, NYSOH issued a disenrollment notice stating that your enrollment in the bronze-level QHP would end on January 31, 2017, because you requested to end the coverage on December 29, 2016.

On January 26, 2017, you submitted an application for financial assistance for you and your spouse.

On January 27, 2017, NYSOH issued a plan enrollment notice confirming that, as of January 26, 2017, you and your spouse were enrolled in a platinum-level QHP with an enrollment start date of February 1, 2017.

On March 17, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the plan enrollment start date of the platinum-level QHP and the reimbursement of the February 2017 health insurance premium.

On June 26, 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, on December 5, 2016 a bronze-level QHP was selected for you, your spouse, and eldest child.
- 2) You testified the NYSOH representative selected the bronze-level QHP in error, and a platinum-level QHP should have been selected.
- 3) You testified you discovered that the wrong QHP was selected when you received the monthly premium invoice from the health insurance company.
- 4) You testified you contacted NYSOH once you discovered the error and enrolled in the correct QHP.
- 5) According to the event history in your NYSOH account, your, your spouse, and eldest child's enrollments were deleted and new enrollments were processed on December 29, 2016.
- 6) On December 30, 2016, NYSOH issued an enrollment notice stating, in relevant part, that you, your spouse, and eldest child were enrolled in a platinum-level QHP with an enrollment start date of February 1, 2017 (see Document [REDACTED]; uploaded 12/30/2016).

- 7) You testified that you do not recall receiving a plan enrollment notice stating that your platinum-level QHP would have a start date of February 1, 2017.
- 8) According to your NYSOH account and testimony, you receive notices from NYSOH via regular mail.
- 9) You testified that you want your platinum-level QHP to start effective March 1, 2017.
- 10) You testified that you want to be reimbursed for the February 2017 health insurance premium you paid for the platinum-level QHP.

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 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 NYSOH 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 you, your spouse, and eldest child were enrolled in the platinum-level QHP, with a plan enrollment start date of February 1, 2017.

On December 5, 2016, you, your spouse, and eldest child were enrolled in a bronze-level QHP. You testified that you were enrolled in the bronze-level QHP in error. You contacted NYSOH once you discovered the error and enrolled in the correct platinum-level QHP.

The record reflects that your, your spouse, and eldest child's enrollments were deleted and new enrollments were processed on December 29, 2016. On December 30, 2016, NYSOH issued a plan enrollment notice stating, in relevant part, that you, your spouse, and eldest child were enrolled in a platinum-level QHP with an enrollment start date of February 1, 2017 (see Document [REDACTED]).

You testified that you do not recall receiving a plan enrollment notice stating that your platinum-level QHP would have a start date of February 1, 2017. The record indicates that the relevant notice was issued to the mailing address you have listed on your NYSOH account, and there is no indication that the notice was returned to NYSOH as undeliverable. Therefore, the notice is deemed to have been properly sent and delivered.

A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month.

Since the platinum-level QHP was selected on December 29, 2016, it must take effect on the first day of the second following month after December 29, 2016; that is, on February 1, 2017.

Therefore, the December 30, 2016 plan enrollment notice properly stated that you, your spouse, and eldest child's plan enrollment start date in the platinum-level QHP would be February 1, 2017, and is AFFIRMED.

The second issue under review is whether NYSOH's Appeals Unit can consider your appeal to seek reimbursement of the February 2017 health insurance premium.

NYSOH Appeals Unit only has the authority to review issues related to the following: (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

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).

premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure to provide timely notice of an eligibility determination and (5) a denial of a special enrollment period.

The Appeals Unit does not have the authority to review whether an individual should be reimbursed for a premium paid to a health plan. We cannot reach the merits as to whether you are entitled to be reimbursed for that payment. Therefore, your request for reimbursement for the premium paid to the health insurance company for your family's QHP coverage during the month of February 2017 is DISMISSED as a non-appealable issue.

Decision

The December 30, 2016 plan enrollment notice is AFFIRMED.

Your request for reimbursement for the premium paid to the health insurance company for your family's QHP coverage during the month of February 2017 is DISMISSED as a non-appealable issue.

Effective Date of this Decision: July 10, 2017

How this Decision Affects Your Eligibility

Your, your spouse, and eldest child's enrollment in the platinum-level 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.

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 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 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

Summary

The December 30, 2016 plan enrollment notice is AFFIRMED.

Your request for reimbursement for the premium paid to the health insurance company for your family's QHP coverage during the month of February 2017 is DISMISSED as a non-appealable issue.

Your, your spouse, and eldest child's enrollment in the platinum-level QHP 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).

Legal Authority

We are issuing this determination in accordance with 45 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).

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).

000 00 00000000000000 0000 000 00000 00000 000 0000000000 000000000 00 000000,
00000000 000 1-855-355-5777 0000000 00 000000 00000 00 0000000 0000 00000 00000000000 00000
0000000 00000 0000000 00000 000000

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. y&b&tumi 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.

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).