



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: AP000000017227

[REDACTED]

Dear [REDACTED]

On July 5, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 16, 2017 and March 23, 2017 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).

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: AP000000017227

[REDACTED]

## Issues

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

Did NY State of Health (NYSOH) properly determine that your enrollment in a qualified health plan was effective February 1, 2017?

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

## Procedural History

On March 13, 2017, you submitted an application for health insurance to NYSOH.

On March 14, 2017, NYSOH issued a notice of eligibility determination, based on the March 13, 2017 application, stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective April 1, 2017. This notice also stated that you must confirm your health plan selection by April 1, 2017.

On March 15, 2017, you updated your application to NYSOH.

On March 16, 2017, NYSOH issued a notice of eligibility redetermination, based on your March 15, 2017 application, stating that you were eligible to receive \$0.00 per month in advance payments of the premium tax credits (APTC). This eligibility was effective April 1, 2017. This notice also stated that you must confirm your health plan selection by April 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 March 16, 2017, NYSOH issued a notice of enrollment confirmation stating that your enrollment in your qualified health plan was effective February 1, 2017.

On March 23, 2017, NYSOH issued another notice of enrollment confirmation stating that your enrollment in your qualified health plan was effective February 1, 2017.

Also on March 23, 2017, you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation notices insofar as they began your enrollment in your qualified health plan on February 1, 2017, and not April 1, 2017.

On June 1, 2017, NYSOH issued a notice of enrollment confirmation stating that your enrollment in your qualified health plan was effective April 1, 2017.

On July 5, 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) You testified that your coverage outside NYSOH ended on January 31, 2017.
- 2) You submitted applications to NYSOH for financial assistance on March 13, 2017 and March 15, 2017. These applications reflect that you lost coverage through your employer on January 31, 2017.
- 3) You testified, and the record reflects, that you selected a qualified health plan on March 15, 2017.
- 4) You further testified that when you selected a qualified health plan for enrollment, the NYSOH representative advised you that your enrollment would begin on April 1, 2017.
- 5) Your enrollment in the plan initially became effective February 1, 2017.
- 6) On March 17, 2017 an incident [REDACTED] was created. The notes in that incident reflect that you were requesting a start date of April 1, 2017. This incident was closed on March 28, 2017 with a note that a coverage start date override had been granted to April 1, 2017.

- 7) You testified that you did not use your qualified health plan at all in February 2017 or March 2017.
- 8) On June 1, 2017, NYSOH issued an enrollment confirmation notice stating that your enrollment in your qualified health plan was effective April 1, 2017.
- 9) You testified that you paid a premium to your qualified health plan for February 2017 and March 2017 as they were threatening to disenroll you if you did not pay the premium, and that you have not been reimbursed for these premiums.
- 10) You testified that you are seeking to have your qualified health plan begin on April 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 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)).

However, if a consumer loses minimum essential coverage, if the plan selection is made on or before the last day the consumer has coverage under his or her previous plan, NYSOH must 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 or on the first day of the second following month for selections received by NYSOH from the sixteenth to the last of day of any month, or in the alternative, on the first day of the following month, at the option of NYSOH (45 CFR §155.420(b)(2)(iv)).

### 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

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).

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 your enrollment in a qualified health plan was effective February 1, 2017.

The record shows that on March 15, 2017 you updated the information in your NYSOH account and submitted a request to enroll in a qualified health plan. On March 16, 2017, NYSOH issued an enrollment confirmation notice stating that your enrollment in your qualified health plan was effective February 1, 2017. Thereafter, on March 23, 2017, NYSOH issued an enrollment confirmation notice stating that your enrollment in your qualified health plan was effective February 1, 2017.

On March 17, 2017, an incident [REDACTED] was created, wherein you requested that your enrollment in your qualified health plan begin on April 1, 2017 and not February 1, 2017.

On March 28, 2017, the above incident [REDACTED] was resolved with an indication that a coverage start date override had been granted to April 1, 2017.

On June 1, 2017, NYSOH issued an enrollment confirmation notice stating that your enrollment in your qualified health plan was effective April 1, 2017.

As NYSOH conceded that your enrollment in your qualified health plan was effective April 1, 2017, rather than February 1, 2017, a discussion of the merits of your case is not necessary.

Therefore, the March 16, 2017 and March 23, 2017 enrollment confirmation notices are MODIFIED to reflect that you were enrolled in your qualified health plan with an effective date of April 1, 2017.

The second issue is whether NYSOH's Appeals Unit can consider your appeal to seek reimbursement of your qualified health plan premiums for February 2017 and March 2017.

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

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).

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 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 premiums paid to a health plan. We cannot reach the merits as to whether you are entitled to be reimbursed for those payments. Therefore, your request for reimbursement for the premiums paid to your qualified health plan for the months of February 2017 and March 2017 is **DISMISSED** as a non-appealable issue.

However, your case is **RETURNED** to NYSOH's Plan Management Unit to facilitate the possible reimbursement of your February 2017 and March 2017 health insurance premiums.

## **Decision**

The March 16, 2017 and March 23, 2017 enrollment confirmation notices are **MODIFIED** to reflect that you were enrolled in your qualified health plan with an effective date of April 1, 2017.

Your case is **RETURNED** to NYSOH to ensure that your enrollment in your qualified health plan began as of April 1, 2017.

Your case is **RETURNED** to NYSOH's Plan Management Unit to facilitate the possible reimbursement of your February 2017 and March 2017 health insurance premiums.

**Effective Date of this Decision:** July 10, 2017

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

Your enrollment in your qualified health plan, should have begun as of April 1, 2017.

Your case is being sent back to NYSOH to ensure that your enrollment in your qualified health plan begins as of April 1, 2017 and not February 1, 2017.

The NYSOH Appeals Unit cannot address reimbursement of your February 2017 and March 2017 premiums, however, your case is being sent back to NYSOH's Plan Management Unit to assist you with possible reimbursement of your February 2017 and March 2017 health insurance premiums.

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 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 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:

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).



NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211

- By fax: 1-855-900-5557

## **Summary**

The March 16, 2017 and March 23, 2017 enrollment confirmation notices are MODIFIED to reflect that you were enrolled in your qualified health plan with an effective date of April 1, 2017.

Your enrollment in your qualified health plan, should have begun as of April 1, 2017.

Your case is RETURNED to NYSOH to ensure that your enrollment in your qualified health plan began as of April 1, 2017.

Your case is RETURNED to NYSOH's Plan Management Unit to facilitate the possible reimbursement of your February 2017 and March 2017 health insurance premiums.

## **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).

0000 00 0000000000000000 0000 000 000000 000000 000 0000000000 0000000000 00 000000,  
00000000 0000 1-855-355-5777 00000000 00 000000 000000 00 00000000 0000 000000000000 000000  
00000000 000000 00000000 000000 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).