



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

Notice of Decision

Decision Date: July 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017639

[REDACTED]

Dear [REDACTED],

On July 13, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 7, 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: July 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017639

[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 silver-level qualified health plan (QHP) with family dental was effective January 1, 2017?

Procedural History

On December 17, 2016, NYSOH issued a plan enrollment notice confirming your enrollment in a silver-level QHP with pediatric dental with a monthly premium responsibility of \$171.81, effective January 1, 2017.

On January 4, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in a silver-level QHP with family dental with a monthly premium responsibility of \$190.75, effective February 1, 2017.

On March 10, 2017, NYSOH issued a cancellation notice, based on a system update, stating that your silver-level QHP with pediatric dental was cancelled, effective January 1, 2017.

On April 3, 2017, NYSOH prepared a preliminary determination finding you were enrolled in silver-level QHP with family dental effective January 1, 2017.

Also on April 3, 2017, you spoke to NYSOH's Account Review Unit and appealed that determination insofar as they began your enrollment in a silver-level QHP with family dental on January 1, 2017, and not February 1, 2017.

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On April 7, 2017, NYSOH issued a plan enrollment notice, based on an April 6, 2017 system plan update, confirming your enrollment in a silver-level QHP with family dental with a monthly premium responsibility of \$190.75, effective January 1, 2017.

On July 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 supports the following findings of fact:

- 1) According to your NYSOH account, and your testimony, you submitted an updated application to NYSOH for financial assistance on January 3, 2017, and selected a silver-level QHP with family dental that same day. This was because NYSOH enrolled you in the wrong health plan in the month of December 2016, which was effective January 1, 2017.
- 2) According to your NYSOH account, on March 9, 2017, NYSOH backdated the termination of your silver-level QHP with pediatric dental, effective January 1, 2017. NYSOH also updated your enrollment in the silver-level QHP with family dental to be effective January 1, 2017.
- 3) You testified that you paid your January 2017 premium for the silver-level QHP with pediatric dental, that NYSOH incorrectly enrolled you in and that the health plan will not refund that payment because your current health plan was backdated to January 1, 2017.
- 4) You testified that you want your silver-level QHP with family dental to begin on February 1, 2017 because you were initially told, in mid-January 2017, by a NYSOH representative that the plan could not be backdated to January 1, 2017 and, therefore, you did not use the insurance that month.

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

Applicable Law and Regulations

Redetermination During a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the

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first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that its policy will be that any change made after the 15th of any month will not be effective until the first of the second following month (45 CFR § 155.330(f)(2)).

Enrollment in a Qualified Health Plan

The effective date of coverage by a QHP 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 a silver-level QHP with family dental was effective January 1, 2017.

On December 17, 2016, NYSOH issued a plan enrollment notice confirming your enrollment in a silver-level QHP with pediatric dental with a monthly premium responsibility of \$171.81, effective January 1, 2017. Because NYSOH enrolled you in the incorrect health plan, on January 3, 2017, you updated your account and enrolled in a silver-level QHP with family dental, effective February 1, 2017.

You credibly testified that in mid-January 2017, you were told by a NYSOH representative that the silver-level QHP with family dental could not be backdated to January 1, 2017. Therefore, you did not use the insurance that month.

On March 9, 2017, NYSOH backdated the termination of your silver-level QHP with pediatric dental, effective January 1, 2017 at your request. Then, NYSOH updated your enrollment in the silver-level QHP with family dental to be effective January 1, 2017 and on April 7, 2017, NYSOH issued a plan enrollment notice, stating that your enrollment in your silver-level QHP with family dental was effective January 1, 2017.

The date on which a QHP can take effect depends on the day a person selects the plan for enrollment. A plan that is selected from the first day to and including fifteenth day of a month goes into effect on the first day of the following month.

Since you selected your plan on January 3, 2017, and you credibly testified that you did not use your health plan in January 2017 because you believed you were not covered that month, it must take effect on the first day of the month following January 2017; that is, on February 1, 2017.

NYSOH improperly began your enrollment in your silver-level QHP with family dental on January 1, 2017, therefore, NYSOH's April 7, 2017 plan enrollment notice is MODIFIED to state that your enrollment in your silver-level QHP with family dental is effective as of February 1, 2017.

Your case is RETURNED to NYSOH to facilitate the change in your enrollment in your silver-level QHP with family dental, effective as of February 1, 2017, and to notify you accordingly.

Decision

The April 7, 2017 plan enrollment notice is MODIFIED to state that your enrollment in your silver-level QHP with family dental is effective as of February 1, 2017.

Your case is RETURNED to NYSOH to facilitate the change in your enrollment in your silver-level QHP with family dental, effective as of February 1, 2017, and to notify you accordingly.

Effective Date of this Decision: July 18, 2017

How this Decision Affects Your Eligibility

Your enrollment in your silver-level QHP with family dental, began as of February 1, 2017.

Your case is being sent back to NYSOH to facilitate the change in your enrollment in your silver-level QHP with family dental, as of February 1, 2017. NYSOH will notify you once this has been completed.

Once the enrollment date is modified to February 1, 2017, you will not have health insurance coverage in your QHP in the month of January 2017.

You can seek from the QHP directly reimbursement of the January 2017 premium payment that was paid.

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:
NY State of Health Appeals
P.O. Box 11729

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The April 7, 2017 plan enrollment notice is MODIFIED to state that your enrollment in your silver-level QHP with family dental is effective as of February 1, 2017.

Your enrollment in your silver-level QHP with family dental, began as of February 1, 2017.

Your case is being sent back to NYSOH to facilitate the change in your enrollment in your silver-level QHP with family dental, as of February 1, 2017. NYSOH will notify you once this has been completed.

Once the enrollment date is modified to February 1, 2017, you will not have health insurance coverage in your QHP in the month of January 2017.

You can seek from the QHP directly reimbursement of the January 2017 premium payment that was paid.

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 مجانًا.

বাংলা (Bengali)

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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. 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.

שׂוֹדֵיִשׁ (Yiddish)

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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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