



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

Notice of Decision

Decision Date: August 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019120

[REDACTED]

Dear [REDACTED],

On August 22, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 20, 2017 enrollment confirmation 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: August 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019120

[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 full cost qualified health plan (QHP) began on July 1, 2017?

Procedural History

On May 11, 2017, your application for financial assistance was updated.

On May 12, 2017, NYSOH issued a notice of eligibility redetermination stating that you were newly eligible to purchase a QHP at full cost through NYSOH. This eligibility was effective June 1, 2017.

Also on May 12, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your Essential Plan coverage was ending, effective May 31, 2017, because you were no longer eligible to remain enrolled in that coverage.

On May 19, 2017, a QHP was selected for enrollment on your behalf.

That same day, you spoke to NYSOH's Account Review Unit and appealed, insofar as your enrollment in your QHP began on July 1, 2017, and not June 1, 2017.

On May 20, 2017, NYSOH issued a notice of enrollment confirmation confirming your notice in a full cost QHP, beginning July 1, 2017.

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On August 22, 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 submitted an updated application to NYSOH for financial assistance on May 11, 2017.
- 2) You testified that you had a change in income, so you contacted your broker, "[REDACTED]."
- 3) You testified that your broker told you that your application needed to be updated, and went over your information with you over the phone.
- 4) You testified that you had a few phone calls with him, beginning in late April 2017. You testified that he told you your new premium would probably be between \$400.00 and \$500.00 a month, but that he would get back to you with the exact amount.
- 5) You testified that your broker called you back approximately a week or a week and a half after your initial conversation.
- 6) You testified that you believe you chose a plan over the phone with your broker, and that you chose it around [REDACTED] 2017.
- 7) Your NYSOH account reflects that your application for financial assistance was updated by "[REDACTED]" on May 11, 2017. On that day, you were found newly eligible to enroll in a full cost QHP. No plan selection was made on that day.
- 8) You testified that you believe you spoke with NYSOH regarding the plan you selected at some point in early May 2017.
- 9) A review of the records of your telephone calls to NYSOH's customer service line indicates that you had no calls with NYSOH in 2017 until May 19, 2017.
- 10) Your NYSOH account reflects that a plan was selected for enrollment on May 19, 2017, and an appeal was filed that same day.
- 11) You testified that you are appealing to have your QHP enrollment begin on June 1, 2017, instead of July 1, 2017.

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- 12) You testified that you believe you have one medical bill from the month of June 2017.
- 13) You testified that you spoke to your broker about the fact that your enrollment did not begin until July 1, 2017, and he told you that he could not do anything about it, and that you needed to contact NYSOH.
- 14) You testified that you reported your change in income within thirty days, as you understand you are required to do, and that you believe NYSOH should make sure that you have no gap in insurance if you comply with these requirements.

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 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 QHP was effective no earlier than July 1, 2017.

The record shows that on May 11, 2017, the information in your NYSOH account was updated, and you were found newly eligible to enroll in a QHP at full cost, effective June 1, 2017.

When an individual changes information in their application on or before the 15th of any month, NYSOH must make the redetermination that results from the change effective the first day of the following month. Since "[REDACTED]" updated your application on May 11, 2017 – prior to the fifteenth of the month – NYSOH properly determined that you were newly eligible to enroll in a QHP as of the first day of the following month: that is, on June 1, 2017.

You testified that you spoke to your broker and updated your information with him over the phone. You testified that you thought you selected a plan for enrollment in early May 2017, and that, shortly after that, you spoke with NYSOH about your enrollment.

However, a review of your NYSOH account shows that a plan was not selected until May 19, 2017. Additionally, there is no record of any phone calls between you and NYSOH's customer service line in 2017, prior to May 19, 2017.

On May 20, 2017, NYSOH issued an enrollment confirmation notice stating that your enrollment in your QHP was effective July 1, 2017.

The date on which a QHP enrollment 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, the fifteenth day of a month goes into effect on the first day of the following month. A plan that is after the fifteenth day of a month goes into effect on the first day of the second following month.

Since a QHP was not selected on your behalf until May 19, 2017, your enrollment in coverage properly began on the first day of the second month following May: July 1, 2017.

You testified that you do not believe it is right that you experienced a gap in coverage when you reported your income change, as you understand you are required to do. However, your new eligibility went into effect as of June 1, 2017 because your application was updated before the fifteenth of May 2017, on May 11, 2017. If you had selected a plan before or on the fifteenth of May as well, then you would have had coverage as of June 1, 2017, and would not have had a gap. However, since no plan was selected until after the fifteenth of the month, on May 19, 2017, your coverage did not begin until July 1, 2017.

Therefore, NYSOH's May 20, 2017 enrollment confirmation notice is AFFIRMED because it properly began your enrollment in your QHP on July 1, 2017.

Decision

The May 20, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: August 28, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your enrollment in your QHP properly began as of July 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 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 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

The May 20, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

Your enrollment in your QHP properly began as of July 1, 2017.

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)

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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।

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.

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