



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

Notice of Decision

Decision Date: November 16, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021020

[REDACTED]

On October 12, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 24, 2017 grant of a retroactive enrollment start date.

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: November 16, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021020



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 qualified health plan (QHP) was effective July 1, 2017?

Procedural History

On May 23, 2017, NYSOH received your initial application for health insurance.

On May 24, 2017, NYSOH issued an eligibility determination stating you were eligible to purchase a full cost QHP, effective July 1, 2017. That notice stated that you must confirm your health plan selection by September 7, 2017 or you could not get coverage for 2017.

On July 1, 2017, NYSOH issued an enrollment notice, based on your June 30, 2017 plan selection, confirming you were enrolled in a QHP, effective August 1, 2017.

On July 6, 2017, [REDACTED] was created regarding the issue of the start date of your QHP. This incident shows that you requested a backdating of your coverage to July 1, 2017, and this request was granted on July 24, 2017.

On July 31, 2017, you spoke to NYSOH's Account Review Unit and filed an appeal, insofar as you no longer wanted your QHP coverage to begin as of July 1, 2017.

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On October 12, 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 applied for health insurance through NYSOH on May 23, 2017. You were determined eligible to enroll in a full cost QHP, effective July 1, 2017.
- 2) According to your account, you did not select a QHP until June 30, 2017 and coverage through that plan did not begin until August 1, 2017.
- 3) You testified that you were previously enrolled in health coverage through your spouse's employer sponsored health plan until June 30, 2017. You testified that coverage ended, because your spouse became eligible for Medicare and was no longer eligible to enroll in coverage through his employer.
- 4) You testified you did not enroll in a QHP prior to June 30, 2017, because your certified application counselor told you that you did not have to enroll into a new plan until July 1, 2017, because you had coverage through your prior plan until June 30, 2017.
- 5) On July 6, 2017, [REDACTED] was created, wherein it is noted that you requested your enrollment in your QHP be made effective as of July 1, 2017, instead of August 1, 2017.
- 6) Notes from July 7, 2017 related to the same incident indicate that your backdate request was being "[forwarded] to DOH for resolution."
- 7) According to your account, that incident was not updated until July 24, 2017, when a note was entered indicating that NYSOH was backdating your enrollment to July 1, 2017.
- 8) The following day, on July 25, 2017, a note was also entered in [REDACTED] indicating that you were contacted by phone and advised, for the first time, that your request to backdate your QHP coverage to July 1, 2017 had been approved. Additional notes from that day state that you indicated you no longer needed the backdate and you requested your coverage begin August 1, 2017 instead.
- 9) [REDACTED] was created on July 26, 2017 regarding your request to cancel your prior backdate request.

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- 10) You testified that, by the time NYSOH informed you that your request for a backdate had been granted, the month was almost over, and you had not sought medical treatment that month because you did not know whether you would have health coverage.
- 11) Notes in [REDACTED] from August 1, 2017 indicate that NYSOH denied your request to cancel backdating, because “all request (*sic*) to cancel backdating must be received with-in 10 days of the original request.”
- 12) There is no record of NYSOH issuing an updated enrollment notice confirming your QHP coverage had been backdated to July 1, 2017.
- 13) According to your account, your health plan initiated termination of your coverage for non-payment of the premium on August 17, 2017.
- 14) NYSOH issued a disenrollment notice on August 18, 2017 indicating that your QHP coverage was terminated, effective July 1, 2017, because “you did not pay your insurance bill by the payment deadline.”
- 15) You testified that you made the initial August 2017 premium payment on July 5, 2017, and you have made all subsequent premium payments to the health plan.
- 16) You testified you did not pay a premium to the health plan for July 2017.
- 17) You testified that your health plan has advised you that your coverage is active.
- 18) You testified you are appealing to correct your QHP enrollment start date.

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 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)).

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Special Effective Dates

If an individual loses minimum essential coverage, such as employer-sponsored coverage, and the individual makes a plan selection on or before the date when the coverage ends, NYSOH must make the individual's coverage in a QHP effective on the first day of the month following the date that coverage ends (45 CFR § 155.420(b)(2)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in a QHP was effective July 1, 2017.

The record shows that on June 30, 2017, you submitted a request to enroll in a QHP. On July 1, 2017, NYSOH issued an enrollment confirmation notice stating that your enrollment in your QHP was effective August 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. A plan that is selected from the sixteenth day of the month through the end of the month goes into effect on the first day of the second following month.

However, when an individual is newly eligible for coverage in a QHP because of the loss of employer-sponsored coverage, and that individual selects a QHP for enrollment before the employer-sponsored coverage ends, NYSOH must make that individual's enrollment in a QHP effective as of the first of the month following the loss of coverage.

You testified that your coverage through your spouse's employer ended on June 30, 2017. Since you applied for coverage and chose a QHP for enrollment prior to the loss of your employer-sponsored coverage, NYSOH should have made your eligibility and enrollment in coverage effective as of July 1, 2017.

However, NYSOH instead issued a notice stating that your coverage began as of August 1, 2017, and you were forced to specifically request that NYSOH backdate your coverage to July 1, 2017.

Notes in NYSOH's system in incident [REDACTED] reflect that you requested the backdating of your coverage on July 6, 2017. Your account confirms that this request was not approved until July 24, 2017 and you were not notified that your coverage had been backdated to July 1, 2017 until you received a phone call from NYSOH on July 25, 2017. The same day you asked to cancel the backdate request, as it was almost the end of July 2017, and you had been unable to utilize the coverage.

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By law, your coverage should have started on July 1, 2017, based on the date you lost minimum essential coverage and the date you applied for and selected a plan. However, since NYSOH did not actually backdate your coverage to that date until July 24, 2017, you were left without meaningful access to coverage in the month of July 2017 and you should not be required to pay a premium for that coverage; you should have been allowed to decline the change in start date when it was offered so late in July.

As such, NYSOH's July 24, 2017 backdate of your QHP coverage to July 1, 2017 is RESCINDED.

Your case is RETURNED to NYSOH to disenroll you from your QHP for the month of July 2017 and to assist you in resolving with your health plan any resulting payment issues.

Decision

NYSOH's July 24, 2017 backdate of your QHP coverage to July 1, 2017 is RESCINDED.

Your case is RETURNED to NYSOH to disenroll you from your QHP for the month of July 2017 and to assist you in resolving with your health plan any resulting payment issues.

Effective Date of this Decision: November 16, 2017

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to disenroll you from your QHP for the month of July 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.

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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

Summary

NYSOH's July 24, 2017 backdate of your QHP coverage to July 1, 2017 is **RESCINDED**.

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).

Your case is RETURNED to NYSOH to disenroll you from your QHP for the month of July 2017 and to assist you in resolving with your health plan any resulting payment issues.

Your case is being sent back to NYSOH to disenroll you from your QHP for the month of July 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 مجانًا.

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 אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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