



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

Notice of Decision

Decision Date: October 26, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021068

[REDACTED]

Dear [REDACTED],

On October 16, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 25, 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: October 26, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021068



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), and the application of advance payments of the premium tax credit (APTC), were effective July 1, 2017?

Procedural History

On June 25, 2017, you filed an application with NYSOH for financial assistance.

On June 26, 2017, NYSOH issued notice of eligibility determination stating that you were eligible to receive up to \$128.00 per month in APTC, effective August 1, 2017.

Also on June 26, 2017, NYSOH issued a notice of enrollment confirmation, based on your plan selection on June 25, 2017, stating that you were enrolled in a QHP, effective August 1, 2017.

On June 30, 2017, incident # [REDACTED] was created regarding the issue of the start date of your QHP and APTC. 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 25, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in a QHP with the application of APTC, effective July 1, 2017.

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On August 1, 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.

On October 16, 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 June 25, 2017. Your NYSOH account reflects that you selected a QHP for enrollment that day.
- 2) You testified that you had health insurance coverage through your employer, but that it ended on June 30, 2017, and your employer did not inform you that it would be ending until June 18 or 19, 2017.
- 3) You testified that you applied for coverage with NYSOH as soon as possible, but could not apply in time for a July 1, 2017 start date, so you requested the backdating of your coverage.
- 4) On June 30, 2017, incident [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.
- 5) On July 7, 2017, a note was entered in incident # [REDACTED], stating that you called NYSOH to request an update on your backdate request.
- 6) On July 15, 2017, a note was entered in incident [REDACTED] indicating that you called for an update on your backdate request, and that you reported having urgent medical needs.
- 7) You testified that you called NYSOH on July 3, 2017, July 7, 2017, and July 15, 2017 to check on your backdate request, and were informed each time that NYSOH was still reviewing it.
- 8) On July 24, 2017, a note was entered in incident [REDACTED] indicating that NYSOH was backdating your enrollment to July 1, 2017.
- 9) That same day, a note was also entered in incident [REDACTED] stating that you called NYSOH and asked to withdraw your request for a backdate, as it was already late July 2017.

- 10) You testified that, by the time NYSOH informed you that your request for a backdate had been granted, it did not do you any good, as you had cancelled all of your doctor visits because you did not know whether you were going to have coverage.
- 11) On July 25, 2017, NYSOH issued an enrollment confirmation notice, indicating that your enrollment in your QHP, with the application of your APTC, was effective July 1, 2017.
- 12) On August 1, 2017, a note was entered into incident [REDACTED] stating that you were informed that your request to cancel the backdating of your coverage was denied because you did not make the cancellation request within ten days of the original request to backdate coverage.
- 13) You testified that you called your QHP, and they informed you that the determination as to when your coverage starts is made by NYSOH.
- 14) You testified that you are being billed by your QHP for your premium for the month of July 2017, and that you do not believe you should have to pay this bill, as you were not able to use your coverage in that month.

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)).

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, as well as the application of APTC, was effective July 1, 2017.

The record shows that on June 25, 2017, you updated the information in your NYSOH account and submitted a request to enroll in a QHP. On June 26, 2017, NYSOH issued an enrollment confirmation notice stating that your enrollment in your QHP was effective August 1, 2017, and that APTC would be applied to your monthly premium 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 employer ended on June 30, 2017, and you became aware that it was going to end on June 18 or 19, 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 June 30, 2017, and that you called on July 7, 2017 and July 15, 2017 to check on the request. During the hearing, you credibly testified that you actually called three different times to check on the status of your request: on July 3, 2017, July 7, 2017, and July 15, 2017.

On July 24, 2017, NYSOH backdated your enrollment in your QHP, as well as your receipt of APTC, to July 1, 2017. When NYSOH called you to notify you that your request for a backdate had been approved, you asked to cancel that request, as it was almost the end of July 2017, and you had been unable to utilize the coverage.

By law, your coverage should have started on July 1, 2017, based on the date you lost minimum essential coverage, and the date you enrolled in 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 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 25, 2017 enrollment confirmation notice is [REDACTED].

Your case is RETURNED to NYSOH to disenroll you from your QHP for the month of July 2017.

Decision

The July 25, 2017 enrollment confirmation notice is [REDACTED].

Your case is RETURNED to NYSOH to disenroll you from your QHP for the month of July 2017.

Effective Date of this Decision: October 26, 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.

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

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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):

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- 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 July 25, 2017 enrollment confirmation notice is [REDACTED].

Your case is [REDACTED] to NYSOH to disenroll you from your QHP for the month of July 2017.

Your case is being sent back to NYSOH to disenroll you from your QHP for the month of July 2017.

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Legal Authority

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

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