



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

**Notice of Decision**

Decision Date: January 29, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022964

[REDACTED]

[REDACTED]

On December 13, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health’s September 16, 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: January 29, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022964



## 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 you and your spouse's enrollment in a qualified health plan was effective September 1, 2017?

## Procedural History

On July 2, 2017, NYSOH issued a renewal notice, stating that it was time to renew you and your spouse's health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you and your spouse would qualify for financial help paying for your health coverage, and that you needed to update your account by August 15, 2017 or you might lose the financial assistance you were currently receiving.

No updates were made to your account by August 15, 2017.

On August 17, 2017, NYSOH issued a discontinuance notice stating that you and your spouse were not eligible for financial assistance. You and your spouse also could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. Your eligibility ended effective September 1, 2017.

Also on August 17, 2017, NYSOH issued a disenrollment notice, stating that you and your spouse's coverage would end on August 31, 2017.

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On August 24, 2017, NYSOH received your updated application for financial assistance with health insurance.

On August 25, 2017, NYSOH issued a notice of eligibility redetermination stating that you and your spouse were newly eligible to receive up to \$476.00 per month in advance payments of the premium tax credits (APTC) and, if you selected a silver-level qualified health plan, for cost-sharing reductions (CSR). This eligibility was effective October 1, 2017. You were directed to pick a plan by October 30, 2017.

On September 16, 2017, NYSOH issued an enrollment confirmation notice, based on your plan selection on September 15, 2017, stating that you and your spouse were enrolled in a qualified health plan, effective September 1, 2017.

On September 29, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of you and your spouse's enrollment in a qualified health plan, insofar as it began on September 1, 2017 and not October 1, 2017.

On December 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) You and your spouse were disenrolled from your previous coverage effective August 31, 2017.
- 2) You submitted an application to NYSOH for financial assistance on August 24, 2017. That application stated that your prior health coverage ended on August 31, 2017.
- 3) The record reflects that you and your spouse were granted a special enrollment period until October 30, 2017.
- 4) You testified, and the record reflects, that you selected a qualified health plan on September 15, 2017.
- 5) You and your spouse's enrollment in the plan became effective September 1, 2017.

- 6) You testified that you want your qualified health plan to begin on October 1, 2017, the same date that you and your spouse became eligible as indicated in the eligibility determination notice dated August 25, 2017.
- 7) You testified that you waited until September 15, 2017 to select a qualified health plan for you and your spouse because a NYSOH representative advised you that you were not eligible for coverage in September 2017.

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

## **Applicable Law and Regulations**

### Special Enrollment Periods

After each open enrollment period ends, NYSOH provides special enrollment periods to qualified individuals. During a special enrollment period, a qualified individual may enroll in a QHP, and an enrollee may change their enrollment to another plan. This is generally permitted when one of the following triggering events occur:

- (1) The qualified individual or his or her dependent involuntarily loses certain health insurance coverage:
  - (a) Health insurance considered to be minimum essential coverage;
  - (b) Enrolled in any non-calendar year health insurance policy, even if they have the option to renew the expiring non-calendar year individual health insurance policy; or
  - (c) Pregnancy-related coverage; or
  - (d) Medically needy coverage.
- (2) The qualified individual's or his or her dependent's, enrollment or non-enrollment in a QHP is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, or inaction of an officer, employee, or agent of the Exchange or HHS, or its instrumentalities as evaluated and determined by the Exchange; or a non-Exchange entity providing enrollment assistance or conducting enrollment activities.

(45 CFR § 155.420(d)).

Generally, if a triggering life event occurs, the qualified individual or enrollee has 60 days from the date of a triggering event to select a QHP (45 CFR § 155.420(c)(1)).

### 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)).

### Special Effective Dates

If a consumer loses coverage as a result of losing minimum essential coverage and the consumer selects a plan on or before the day of the triggering event, the exchange must ensure that the coverage effective date is on the first day of the month following the date of the triggering event. If the plan selection is made after the date of the triggering event, the exchange must ensure that coverage is effective in accordance with the regular effective dates for qualified health plans (45 CFR § 155.420(2)(iv)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determine that your and your spouse's enrollment in a qualified health plan was effective September 1, 2017.

On August 24, 2017, you updated the information in your NYSOH account and on September 15, 2017, you submitted a request for you and your spouse to enroll in a qualified health plan. On September 16, 2017, NYSOH issued an enrollment confirmation notice stating that your and your spouse's enrollment in a qualified health plan was effective September 1, 2017.

Generally, the date on which a qualified health plan 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 after the fifteenth day of a month goes into effect on the first day of the second following month.

Special effective dates are sometimes allowed when an individual is granted a special enrollment to enroll in plans outside of the open enrollment period. In

order to qualify for a special enrollment period, a person must experience a triggering event.

Your application on August 24, 2017 indicated that you and your spouse lost your prior health insurance on August 31, 2017. This is considered a triggering life event which allowed NYSOH to grant you a special enrollment period.

You testified that on September 15, 2017, when you selected a health plan online, you believed your health plan would start on October 1, 2017, the same that you and your spouse became eligible as indicated in the eligibility determination notice dated August 25, 2017.

If an individual loses coverage as a result of losing minimum essential coverage and the individual selects a plan on or before the day of the triggering event, NYSOH must ensure that the coverage effective date is on the first day of the month following the date of the triggering event.

However, if an individual selects a plan after the day on which he or she loses essential coverage, NYSOH can make the start date of the plan on the first day of the month following the date of plan selection. Since you selected a plan on September 15, 2017, after the date you lost essential coverage, you and your spouse's plan should not have started any earlier than October 1, 2017. Therefore, the evidence establishes that NYSOH erred in making you and your spouse's enrollment effective September 1, 2017.

Accordingly, the September 16, 2017 enrollment confirmation notice is MODIFIED to state that your and your spouse's enrollment in a qualified health plan was effective October 1, 2017.

## **Decision**

The September 15, 2017 enrollment confirmation notice is MODIFIED to state your and your spouse's enrollment in a qualified health plan was effective October 1, 2017.

Your case is RETURNED to NYSOH to enroll you and your spouse into a qualified health plan as of October 1, 2017.

**Effective Date of this Decision:** January 29, 2018

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

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).

You and your spouse's enrollment in a qualified health plan should have begun as of October 1, 2017.

Your case is being sent back to NYSOH to enroll you and your spouse into coverage as of October 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 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):**

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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- 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 September 15, 2017 enrollment confirmation notice is MODIFIED to state your and your spouse's enrollment in a qualified health plan was effective October 1, 2017.

Your case is RETURNED to NYSOH to enroll you and your spouse into a qualified health plan as of October 1, 2017.

You and your spouse's enrollment in a qualified health plan should have begun as of October 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)

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।

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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. ye bεtumi ama wo obi a okyerε 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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