



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

## Notice of Decision

Decision Date: December 26, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000023763

[REDACTED]

Dear [REDACTED]

On December 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 16, 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 at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(b).

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).

This page intentionally left blank.



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

## Decision

Decision Date: December 26, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000023763

[REDACTED]

## Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did New York State of Health (NYSOH) properly enroll you in a qualified health plan (QHP) with a plan enrollment start date of September 1, 2017?

Whether you are eligible to be reimbursed for the September 2017 health insurance premium that was paid to the health insurance company?

## Procedural History

On August 30, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective as of September 1, 2016.

Also on August 30, 2016, NYSOH issued a plan enrollment notice confirming that as of August 29, 2016, you were enrolled in a Medicaid Managed Care (MMC) plan with an enrollment start date of September 1, 2016.

On July 2, 2017, NYSOH issued a renewal notice stating that you now qualified for a tax credit up to \$302.41 per month and cost-sharing reductions (CSR), effective September 1, 2017.

On July 17, 2017, NYSOH issued a disenrollment notice stating that your MMC coverage would end on August 31, 2017.

On September 16, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for a tax credit up to \$302.41 per month and CSR, effective as of September 1, 2017.

Also on September 16, 2017, NYSOH issued a plan enrollment notice confirming that as of September 15, 2017, you were enrolled in a QHP with an enrollment start date of September 1, 2017.

On October 27, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the enrollment start date of your QHP.

On December 20, 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 testimony, your Medicaid coverage ended as of August 31, 2017.
- 2) According to your NYSOH account, you enrolled in a QHP, through Healthfirst, on September 15, 2017.
- 3) On September 16, 2017, you were issued a plan enrollment notice stating that your QHP enrollment start date was September 1, 2017 (see Document [REDACTED]).
- 4) You testified that you went to a medical appointment on October 17, 2017, and were informed that your QHP coverage was not active.
- 5) You testified that you contacted Healthfirst and were informed by a representative that your coverage was not active because your health insurance premium had not been paid.
- 6) You testified that you told the representative that you never received a premium invoice from the health insurance company and paid the September 2017 premium over the telephone.
- 7) You testified that you want your enrollment start date to be changed to October 1, 2017, and to be reimbursed for the premium that was paid for the month of September 2017.

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 (QHP)

The NYSOH must provide annual open enrollment periods during which time qualified individuals may enroll in a QHP and enrollees may change QHPs (45 CFR §155.410(a)(1)).

For the benefit year beginning on January 1, 2017, the annual open enrollment period began on November 1, 2016, and extended through January 31, 2017 (45 CFR § 155.410(e)(2)).

### Special Enrollment Period (SEP)

NYSOH must allow a qualified individual or his or her dependent to enroll in a QHP if the qualified individual or their dependent loses minimum essential coverage (45 CFR § 155.420(d)(1)(i)).

Generally, the effective date for a QHP is the first day of the following month if the enrollment is received by NYSOH on or before the fifteenth day of the month, and enrollments received after the fifteenth day of the month are effective the first day of the second following month (45 CFR § 155.420(b)(1)).

When an individual loses minimum essential coverage, if the plan selection is made on or before the date of the loss of coverage, NYSOH must ensure that the coverage effective date is on the first day of the month following the loss of coverage. If the plan selection is made after the date of the loss of coverage, NYSOH must ensure that coverage is effective with the regular effective dates or the first day of the following month (45 CFR § 155.420(b)(iv)).

### Appealable Issues

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

## Legal Analysis

The first issue under review is whether your QHP enrollment start date was September 1, 2017.

The record reflects that you were enrolled in Medicaid coverage and a MMC plan through August 31, 2017.

On September 15, 2017, you enrolled in a QHP through Healthfirst. Based on that enrollment, NYSOH issued an enrollment notice stating that your QHP would have an enrollment start date of September 1, 2017 (see Document

██████████).

If the applicant selects the QHP after their minimum essential coverage has ended, the effective date of the plan is contingent on the date the plan selection is made. If the plan selection was made on or before the fifteenth day of the month, the effective date for the QHP is the first day of the following month. If the selection is made after the fifteenth day of the month, the plan is effective the first day of the second following month.

Your Medicaid coverage had ended on August 31, 2017, and you selected the QHP on September 15, 2017. Therefore, the QHP coverage must be effectuated as of the first day of the following month; that is October 1, 2017.

Therefore, the September 16, 2017 plan enrollment notice is MODIFIED to confirm that you were enrolled in a QHP with an enrollment start date of October 1, 2017.

The second issue under review is whether you are eligible to be reimbursed for the September 2017 health insurance premium that was paid to the health insurance company.

You testified you paid the health plan of the September 2017 premium and want to be reimbursed for that payment.

NYSOH Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure to provide timely notice of an eligibility determination and (5) a denial of a special enrollment period.

The Appeals Unit does not have the authority to review whether an individual should be reimbursed for a premium paid to a health plan. We cannot reach the merits as to whether you are entitled to be reimbursed for that payment.

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).

Therefore, your request for reimbursement for the amount paid to the health insurance company for your coverage during the month of September 2017 is DISMISSED as a non-appealable issue.

Healthfirst may be able to help you with your request for reimbursement. If you have not already been assisted by them, please contact 888-250-2220.

In addition, since your issue concerns a health insurer and/or payment, reimbursement, coverage, benefits, rates and premiums, you can contact NY Department of Financial Services at their Consumer Hotline at (800) 342-3736 (Monday through Friday, 8:30 AM to 4:30 PM); or locally to (212) 480-6400; or you can file a complaint at <http://www.dfs.ny.gov/consumer/fileacomplaint.htm>

## **Decision**

The September 16, 2017 plan enrollment notice is MODIFIED to confirm that you were enrolled in a QHP with an enrollment start date of October 1, 2017.

Your case is RETURNED to NYSOH to effectuate this change in your plan enrollment start date and to notify you accordingly.

Your request for reimbursement for the amount paid to the health insurance company for your coverage during the month of September 2017 is DISMISSED as a non-appealable issue.

**Effective Date of this Decision:** December 26, 2017

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

Your QHP plan enrollment start date is being changed to October 1, 2017. NYSOH will notify you once this is done.

## **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.

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).

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**

The September 16, 2017 plan enrollment notice is MODIFIED to confirm that you were enrolled in a QHP with an enrollment start date of October 1, 2017.

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 effectuate this change in your plan enrollment start date and to notify you accordingly.

Your request for reimbursement for the amount paid to the health insurance company for your coverage during the month of September 2017 is DISMISSED as a non-appealable issue.

Your QHP plan enrollment start date is being changed to October 1, 2017. NYSOH will notify you once this is done.

## **Legal Authority**

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(a).

**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 1-855-355-5777번으로 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)

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).

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.

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 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).