



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

Notice of Decision

Decision Date: January 24, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023807

[REDACTED]

[REDACTED]

On December 21, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 21, 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 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 24, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023807

[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 your platinum-level qualified health plan (QHP) was effective October 1, 2017?

Procedural History

According to your NYSOH account, you updated your account on September 25, 2017, and you were found conditionally eligible for Medicaid as of September 1, 2017, pending submission of proof of income. On October 4, 2017, your submitted documents were validated and you were found eligible to purchase a QHP at full cost as of November 1, 2017.

On October 5, 2017, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a QHP at full cost if you qualified for a special enrollment period, effective November 1, 2017.

On October 6, 2017, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a QHP at full cost, effective November 1, 2017.

On October 17, 2017, a plan enrollment notice was issued, based on your October 16, 2017 plan selection, confirming your enrollment in a platinum-level QHP, effective September 1, 2017.

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According to your NYSOH account, your initial request to the NYSOH Accounts Review Unit to have your health coverage begin on November 1, 2017 was reviewed and a one-month change in enrollment start date was granted.

On October 21, 2017, a plan enrollment notice was issued confirming your enrollment in a platinum-level QHP, effective October 1, 2017.

On October 30, 2017, you spoke to NYSOH's Account Review Unit and appealed the plan enrollment notice insofar as it began your enrollment in a QHP on October 1, 2017, and not November 1, 2017.

On December 21, 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 your testimony, at the time of your September 25, 2017 application, you were pregnant and your due date is [REDACTED]. You were found conditionally eligible for Medicaid as of September 1, 2017, pending submission of proof of income.
- 2) On September 26, 2017 and October 4, 2017, you submitted proof of your household income (see Document [REDACTED]). These documents were validated that same day and you were found eligible to purchase a QHP at full cost as of November 1, 2017, but only if you were found eligible for a special enrollment period.
- 3) On October 5, 2017, your eligibility was redetermined and you were found fully eligible to enroll in a QHP at full cost and you were able to select a health plan.
- 4) According to a telephone audio recording, dated October 16, 2017, and your testimony, you selected your platinum-level QHP that day and requested that it begin on November 1, 2017. During that same telephone call, the NYSOH representative updated your enrollment and requested that your QHP begin on September 1, 2017. The NYSOH representative acknowledged that she made a mistake and advised you that she would submit a ticket to have your platinum-level QHP to begin effective November 1, 2017.

- 5) According to your NYSOH account, your initial request with the NYSOH Accounts Review Unit to have your health coverage begin on November 1, 2017, was reviewed and a one-month change in enrollment start date was granted to October 1, 2017.
- 6) You testified that you would like your QHP to begin on November 1, 2017, because you would like to receive a credit for the October 2017 premium you already paid.

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

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 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 either:
 - (i) Loses minimum essential coverage.
 - (ii) Is enrolled in any non-calendar year group health plan or individual health insurance coverage, even if the qualified individual or his or her dependent has the option to renew such coverage.
 - (iii) Loses pregnancy-related coverage.
 - (iv) Loses medically needy coverage as described under section 1902(a)(10)(C) of the Social Security Act only once per calendar year.

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(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)).

Effective Date of Coverage

If a qualified individual is granted special enrollment period due to pregnancy, NYSOH must ensure that the new plan is effective on the first date of the month in which the health care professional certifies that the individual is pregnant, unless the individual elects to have coverage be made effective on the first date of the month following the date pregnancy was certified (NY INS § 4328(b)(4)(A)).

Legal Analysis

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

According to your NYSOH account and your testimony, you were pregnant at the time of your September 25, 2017 application. You were found conditionally eligible for Medicaid pending submission of proof of your household income as of September 1, 2017.

On October 4, 2017, after your income documentation was validated by NYSOH, you were found newly eligible to enroll in a QHP at full cost, effective November 1, 2017, but only if you were found eligible for a special enrollment period. The very next day your eligibility was redetermined and you were found fully eligible to enroll in a QHP and you were able to select a health plan. As such, it is reasonable to conclude that you were granted a special enrollment period due to your pregnancy on October 5, 2017.

You next updated your account and selected a platinum-level QHP on October 16, 2017.

Generally, 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 after the fifteenth day of a month goes into effect on the first day of the second following month. Since you selected your platinum-level QHP on October 16, 2017, an enrollment start date of December 1, 2017 would have been correct.

However, because you were eligible for a pregnancy-related special enrollment period as of October 5, 2017, you would have been eligible to select a start date

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from the first date of the month in which a health care professional certified that you were pregnant or, if the you elected, on the first day of the month after you selected your plan.

Since you selected a platinum-level QHP on October 16, 2017, and the record reflects that you were granted a pregnancy-related special enrollment period and requested that the health plan begin on November 1, 2017, NYSOH improperly began your enrollment in your platinum-level QHP on October 1, 2017. As such, the October 21, 2017 plan enrollment notice is incorrect and must be MODIFIED to reflect that your enrollment in your QHP was effective November 1, 2017.

Your case is RETURNED to NYSOH to facilitate changing your enrollment in your platinum-level QHP to November 1, 2017, and to notify you accordingly.

You may seek reimbursement from your health plan for any premiums paid for the month of October 2017.

Decision

The October 21, 2017 plan enrollment notice is MODIFIED to reflect that your enrollment in your platinum-level QHP was effective November 1, 2017.

Your case is RETURNED to NYSOH to facilitate changing your enrollment in your platinum-level QHP to November 1, 2017, and to notify you accordingly.

Effective Date of this Decision: January 24, 2018

How this Decision Affects Your Eligibility

Your enrollment in your platinum-level QHP was effective November 1, 2017.

You did not have health insurance through NYSOH in the month of October 2017.

Your case is being sent back to NYSOH to facilitate changing your enrollment in your platinum-level QHP to November 1, 2017. NYSOH will notify you once this has been completed.

You may seek reimbursement from your health plan for any premiums you paid for the month of October 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 QHPs, 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
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- By fax: 1-855-900-5557

Summary

The October 21, 2017 plan enrollment notice is MODIFIED to reflect that your enrollment in your platinum-level QHP was effective November 1, 2017.

Your case is RETURNED to NYSOH to facilitate changing your enrollment in your platinum-level QHP to November 1, 2017, and to notify you accordingly.

Your enrollment in your platinum-level QHP was effective November 1, 2017.

You did not have health insurance through NYSOH in the month of October 2017.

Your case is being sent back to NYSOH to facilitate changing your enrollment in your platinum-level QHP to November 1, 2017. NYSOH will notify you once this has been completed.

You may seek reimbursement from your health plan for any premiums you paid for the month of October 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&etumi 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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