



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

Notice of Decision

Decision Date: January 9, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024001



On January 2, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's October 27, 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 9, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024001



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 were enrolled in the bronze-level qualified health plan (QHP), with a plan enrollment start date of December 1, 2017?

Procedural History

On October 3, 2017, you submitted an application for financial assistance through NYSOH.

On October 4, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for a tax credit up to \$254.00 per month, effective as of November 1, 2017.

On October 27, 2017, NYSOH issued a plan enrollment notice confirming that as of October 3, 2017, you were enrolled in a bronze-level QHP with an enrollment start date of December 1, 2017.

On November 3, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the plan enrollment start date of the bronze-level QHP.

On January 2, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record

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was left open to allow the Hearing Officer to request the recording of your October 3, 2017 conversation with NYSOH's customer service center.

On January 4, 2018, the Hearing Officer received and reviewed the recording of your October 3, 2017 conversation with NYSOH's customer service center. That conversation has been incorporated into the record and will be referred to as "Appellant Exhibit A." The record is now complete and closed.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) According to your NYSOH account and testimony, you are applying for health insurance for yourself.
- 2) You testified that you selected an EmblemHealth (Emblem) QHP on October 3, 2017.
- 3) According to the telephone recording reviewed, on October 3, 2017, you requested to be enrolled in an Emblem medical and dental QHP. The NYSOH representative stated that your enrollment had been processed and the enrollment start date would be November 1, 2017 (Appellant Exhibit A).
- 4) You testified that you contacted NYSOH on October 26, 2017, and were informed by a NYSOH representative that the NYSOH representative never completed the enrollment on October 3, 2017.
- 5) According to your NYSOH account, your enrollment was completed on October 26, 2017, with an enrollment start date of December 1, 2017.
- 6) You testified that you want your QHP to have an enrollment start date of November 1, 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

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

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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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were enrolled in a bronze-level QHP, with a plan enrollment start date of December 1, 2017.

On October 3, 2017, you submitted a financial assistance application through NYSOH. Based on that application, you were determined eligible to enroll in a QHP with financial assistance.

The record reflects that you selected an Emblem medical and dental QHP on October 3, 2017, and the NYSOH representative stated that your enrollment had been processed with an enrollment start date of November 1, 2017 (Appellant Exhibit A). You credibly testified that you contacted NYSOH on October 26, 2017, and were informed by a NYSOH representative that your enrollment was never completed on October 3, 2017. Further, your enrollment was completed on October 26, 2017, with an enrollment start date of December 1, 2017.

The date on which a QHP can take effect depends on the day a person selects the plan for enrollment. If the plan is selected from the first day to the fifteenth day of a month, the plan is effective on the first day of the following month. If the plan is selected from the sixteenth day of the month to the end of the month, the plan is effective on the first day of the second following month.

The credible record reflects that you selected an Emblem QHP on October 3, 2017. However, the NYSOH representative did not properly complete the enrollment process on that date. Had the enrollment been properly completed and processed on October 3, 2017, you would have been enrolled in a QHP with an enrollment start date of November 1, 2017.

Therefore, the October 27, 2017 plan enrollment notice is MODIFIED to state that you were enrolled in a bronze-level QHP with an enrollment start date of November 1, 2017.

Your case is RETURNED to NYSOH to effectuate your QHP coverage as of November 1, 2017, and to notify you accordingly.

Decision

The October 27, 2017 plan enrollment notice is MODIFIED to state that you were enrolled in a bronze-level QHP with an enrollment start date of November 1, 2017.

Your case is RETURNED to NYSOH to effectuate your QHP coverage as of November 1, 2017, and to notify you accordingly.

Effective Date of this Decision: January 9, 2018

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to correct your enrollment start date in the bronze-level QHP you selected on October 3, 2017, from December 1, 2017 to November 1, 2017. NYSOH will notify you once this has been done.

You will be responsible to pay for the November 2017 premium for coverage to take effect as of November 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:

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).

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 October 27, 2017 plan enrollment notice is MODIFIED to state that you were enrolled in a bronze-level QHP with an enrollment start date of November 1, 2017.

Your case is RETURNED to NYSOH to effectuate your QHP coverage as of November 1, 2017, and to notify you accordingly.

Your case is being sent back to NYSOH to correct your enrollment start date in the bronze-level QHP you selected on October 3, 2017, from December 1, 2017 to November 1, 2017. NYSOH will notify you once this has been done.

You will be responsible to pay for the November 2017 premium for coverage to take effect as of November 1, 2017.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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A Copy of this Decision Has Been Provided To:



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).

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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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