



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

Notice of Decision

Decision Date: March 12, 2018

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000024981

[REDACTED]

Dear [REDACTED],

On January 23, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's October 5, 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: March 12, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024981



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

Procedural History

On September 22, 2017, you submitted an updated application for health insurance.

On September 23, 2017, NYSOH issued a plan enrollment notice stating that you and your spouse were enrolled in a qualified health plan, effective November 1, 2017.

On September 28, 2017, you requested that your and your spouse's coverage be backdated to October 1, 2017.

On October 1, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to purchase a qualified health plan at full cost, effective November 1, 2017.

On October 3, 2017, an application for health insurance was run on your behalf.

On October 4, 2017, NYSOH issued an eligibility determination notice stating that if you and your spouse qualified for a special enrollment period, you both were

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eligible to purchase a qualified health plan at full cost, effective November 1, 2017.

Also on October 4, 2017, NYSOH issued a plan enrollment notice confirming your and your spouse's enrollment in a qualified health plan, effective November 1, 2017.

On October 5, 2017, NYSOH issued a plan enrollment notice confirming your and your spouse's enrollment in a qualified health plan, effective October 1, 2017.

On November 29, 2017, you spoke to NYSOH's Account Review Unit and appealed that notice insofar as your and your spouse's enrollment in a qualified health plan began on October 1, 2017, and not November 1, 2017.

On January 23, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and following the hearing, the Hearing Officer reviewed multiple telephone recordings. The record was then closed.

Findings of Fact

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

- 1) You submitted an application to NYSOH for financial assistance on September 22, 2017.
- 2) According to your NYSOH account and testimony, you selected a qualified health plan for you and your spouse on September 22, 2017.
- 3) Your and your spouse's enrollment in the plan became effective November 1, 2017.
- 4) According to your NYSOH account, you submitted a request on September 28, 2017 to have your and your spouse's enrollment backdated to October 1, 2017.
- 5) You placed a telephone call to NYSOH on September 28, 2017. During that call, you confirmed that you currently had a November 1, 2017 start date and requested that your family's coverage begin on October 1, 2017.
- 6) You placed another telephone call to NYSOH on October 2, 2017, to check the status of your backdate request. The NYSOH Account Review Unit (ARU) representative advised you that your request was still under review.

- 7) According to your NYSOH account, your request to backdate coverage was subsequently approved and a NYSOH ARU representative placed a call to you on October 5, 2017, to advise you that you and your spouse would have an October 1, 2017 start date.
- 8) Your account contains a note in Incident [REDACTED], dated October 5, 2017, stating that the NYSOH ARU representative "1st attempt to reach consumer. Advised consumer of results. Advised consumer to give health plan 5 business days to receive file. Complaint closed."
- 9) On October 5, 2017, NYSOH issued a plan enrollment confirmation notice, stating that you and your spouse were enrolled in a qualified health plan, effective October 1, 2017.
- 10) You placed a telephone call to NYSOH on October 11, 2017. During that call, you confirmed that a NYSOH ARU representative contacted you and advised you that you and your spouse were approved for an October 1, 2017 start date. Also during that call, you acknowledged the October 5, 2017 plan enrollment notice in your account.
- 11) You placed a telephone call to NYSOH on October 16, 2017. During that call, the NYSOH representative confirmed that you and your spouse had been approved for an October 1, 2017 start date, and that NYSOH had sent the new information to your health plan on October 5, 2017. You advised the NYSOH representative that your health plan had not received the information yet.
- 12) You placed a telephone call to NYSOH on November 15, 2017. During that call, you advised the NYSOH ARU representative that you were not aware of a resolution to your backdate request until mid-October 2017, and that you had immediately requested to keep the November 1, 2017 start date. You stated that you already spoke to a NYSOH representative who cancelled your backdate request and confirmed that you would have a November 1, 2017 start date. The NYSOH ARU representative stated that your account still showed an October 1, 2017 start date for you and your spouse.
- 13) You testified that you requested to cancel the backdate request on October 5, 2017 or October 6, 2017, as soon as you were notified that the request was approved.
- 14) You testified that you want your and your spouse's enrollment in a qualified health plan to begin on November 1, 2017, because you do not want to pay for the October 2017 premiums.

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

Applicable Law and Regulations

Redetermination During a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that its policy will be that any change made after the 15th of any month will not be effective until the first of the second following month (45 CFR § 155.330(f)(2)).

When an eligibility redetermination results in a change in the amount of advance payments of the premium tax credit (APTC) for the benefit year, NYSOH must recalculate the amount of APTC in such a manner as to account for any advance payments already made on behalf of the tax filer, such that the recalculated advance payment amount is projected to result in total advance payments for the benefit year that correspond to the tax filer's total projected premium tax credit for that benefit year (45 CFR § 155.330(g)).

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)).

Legal Analysis

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

The record shows that on September 22, 2017, you updated the information in your NYSOH account and submitted a request to enroll in a qualified health plan. On September 23, 2017, NYSOH issued a plan enrollment notice stating that your and your spouse's enrollment in a qualified health plan was effective November 1, 2017.

When an individual changes information in their application after the 15th of any month, NYSOH will make the redetermination that results from the change effective the first day of the second following month. Additionally, 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 after the fifteenth day of a month goes into effect on the first day of the second following month. Therefore, NYSOH properly determined that you and your spouse were enrolled in a qualified health plan, effective November 1, 2017.

However, on September 28, 2017, you submitted a request to backdate your and your spouse's enrollment to October 1, 2017. The record reflects that this request was granted, and on October 5, 2017, you had a telephone conversation with a NYSOH ARU representative that was recorded in which the representative advised you that your backdate request had been approved. According to the notes left in your account, you were advised that it may take five days for your health plan to receive the file.

You subsequently spoke with NYSOH on October 11, 2017 and October 16, 2017. During both recorded telephone calls, the NYSOH representatives confirmed that you were granted an October 1, 2017 start date. You advised them that your health plan did not have the information yet, but did not request that the backdate request be cancelled during either of those calls.

On November 15, 2017, you spoke extensively with NYSOH. You stated during that recorded telephone call that you were not aware that your backdate request had been approved until mid-October 2017, and that you had requested to keep the November 1, 2017 start date for you and your spouse. However, there is no indication in the record that you made that request in October 2017.

A review of the record confirms that NYSOH made a timely determination regarding your request for a backdate coverage and that you were timely notified on October 5, 2017 regarding the backdate of your and your spouse's qualified health plan to October 1, 2017. Furthermore, the record does not support your testimony that you requested a cancellation of your backdate request as soon as you were notified that it had been granted. Based on a review of the record and the telephone recordings, the first indication that you no longer wanted an October 1, 2017 start date for you and your spouse was on November 15, 2017.

Therefore, NYSOH's October 5, 2017 plan enrollment notice is **AFFIRMED** because it properly began your and your spouse's enrollment in your qualified health plan on October 1, 2017, as per your request to backdate.

Decision

The October 5, 2017 plan enrollment notice is **AFFIRMED**.

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).

Effective Date of this Decision: March 12, 2018

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your and your spouse's enrollment in your qualified health plan properly began as of October 1, 2017.

Your request to cancel the backdate request for your and your spouse's enrollment in a qualified health plan was properly denied.

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

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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 October 5, 2017 plan enrollment notice is AFFIRMED.

This decision does not change your eligibility.

Your and your spouse's enrollment in your qualified health plan properly began as of October 1, 2017.

Your request to cancel the backdate request for your and your spouse's enrollment in a qualified health plan was properly denied.

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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