



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

Notice of Decision

Decision Date: April 12, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027026

[REDACTED]

[REDACTED]

On April 2, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's denial of your request to cancel the backdating of your qualified health plan enrollment.

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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DEPARTMENT OF HEALTH
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Decision

Decision Date: April 12, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027026

[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 a qualified health plan (QHP) was effective January 1, 2018?

Procedural History

On November 20, 2017, you filed an application for financial assistance with health insurance through NYSOH.

On November 21, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to receive up to \$234.00 per month in advance payments of the premium tax credit (APTC), effective January 1, 2018.

On November 29, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an Oscar bronze level QHP, with the application of your APTC to your monthly premium, beginning January 1, 2018.

On December 8, 2017, NYSOH entered a note into your NYSOH account stating, "Backdating QHP effective 12/1/17 for [REDACTED]."

On January 10, 2018, you spoke to NYSOH's Account Review Unit and appealed, insofar as your request to cancel the backdating of your coverage to December 1, 2017 was denied by NYSOH.

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).

On April 2, 2018, 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) On November 20, 2017, you filed an application for financial assistance with health insurance.
- 2) Your NYSOH account reflects that, on November 28, 2017, you selected a QHP for enrollment.
- 3) According to the November 29, 2017 enrollment confirmation notice, your enrollment in your QHP became effective January 1, 2018.
- 4) NYSOH's system reflects that, on December 4, 2017, a complaint (██████████) was filed regarding the start date of your QHP.
- 5) A note entered into that same complaint on December 8, 2017 reads, "Backdating QHP effective 12/1/17 for ██████████"
- 6) You testified that, when you called to ask whether your coverage could be backdated, you were told that it could not, and that you were never informed that NYSOH was going to make any effort to backdate your coverage.
- 7) You testified that you never received any written notice that your QHP would begin on December 1, 2017.
- 8) No notices are contained in your NYSOH account indicating that your QHP would begin on December 1, 2017.
- 9) You testified that you first discovered your coverage had been backdated to December 1, 2017 when you logged into your health plan account to pay your premium at the beginning of January 2018, and saw that you had been charged for the December 2017 premium.
- 10) You testified that you paid the full premium amount that showed as due, including the December 2017 premium payment, at the beginning of January 2018.
- 11) You testified that, after this, you called your QHP and then NYSOH, and were told that you had requested a backdate of your coverage.

- 12) You testified that you were told a backdate was not possible, and so you did not plan for a premium payment to be made in December 2017, and you did not use the coverage because you did not know you had it.
- 13) On January 10, 2018, a note was entered into NYSOH's system in Complaint # [REDACTED] stating that you called NYSOH and alleged that you were told the backdate would be denied, and so you did not want to be held responsible for the December 2017 premium. This complaint shows resolution on February 20, 2018, at which time, NYSOH denied your request for cancellation of the backdate.
- 14) You testified that you are seeking to have your December 2017 enrollment cancelled, as you were unaware NYSOH had backdated your coverage, and you were therefore forced to pay a premium for coverage you were unable to use.
- 15) You testified you are seeking to be reimbursed for the premium payment you made for December 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 QHP 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)).

Notice of Decision Concerning Eligibility

NYSOH must issue a written notice of eligibility for every application unless such application has been withdrawn, the applicant has died, or the application cannot be located (42 CFR §600.330(e)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in a QHP was effective January 1, 2018.

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The record shows that on November 28, 2017, you submitted a request to enroll in a QHP. On November 29, 2017, NYSOH issued a notice of enrollment confirmation stating that your enrollment in your QHP was effective January 1, 2018.

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.

Therefore, NYSOH's November 29, 2017 enrollment confirmation notice is **AFFIRMED** because it properly began your enrollment in your QHP on January 1, 2018.

On December 8, 2017, NYSOH backdated your enrollment in your QHP to December 1, 2017. You have requested that this be rescinded, as you were unaware of the backdate, and had to pay a premium for coverage you could not use.

NYSOH did not provide you with proper written notice of this change in the effective date of your eligibility for enrollment, which prevented you from being able to use your coverage in December 2017. Therefore, the informal resolution contained in complaint # [REDACTED] is **RESCINDED**, and the matter is **RETURNED** to NYSOH to disenroll you from your QHP for December 2017.

Your case is also **RETURNED** to NYSOH's Plan Management to ensure that you are reimbursed for any premium payment you made to your QHP for the month of December 2017.

Decision

The November 29, 2017 enrollment notice is **AFFIRMED**.

Resolution of complaint [REDACTED] is **RESCINDED**.

Your case is **RETURNED** to NYSOH to disenroll you from your QHP for the month of December 2017.

Your case is **RETURNED** to NYSOH's Plan Management to ensure that you are reimbursed by your QHP for any premium payment that you made to your QHP for the month of December 2017.

Effective Date of this Decision: April 12, 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).

Your case is being sent back to NYSOH to disenroll you from your QHP for the month of December 2017.

NYSOH will assist you in securing reimbursement of any premium payment you made for the month of December 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 fax: 1-855-900-5557

Summary

The November 29, 2017 enrollment notice is AFFIRMED.

Resolution of complaint [REDACTED] is RESCINDED.

Your case is RETURNED to NYSOH to disenroll you from your QHP for the month of December 2017.

Your case is RETURNED to NYSOH's Plan Management to ensure that you are reimbursed by your QHP for any premium payment that you made to your QHP for the month of December 2017.

Your case is being sent back to NYSOH to disenroll you from your QHP for the month of December 2017.

NYSOH will assist you in securing reimbursement of any premium payment you made for the month of December 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 مجانًا.

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&btumi ama wo obi a okyerE 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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