



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

## Notice of Decision

Decision Date: March 28, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027606

[REDACTED]

Dear [REDACTED],

On March 13, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 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 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: March 28, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027606

[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 gold-level qualified health plan was effective January 1, 2018?

## Procedural History

On December 15, 2017, NYSOH issued an eligibility determination notice, based on your updated December 14, 2017 application, stating that you were eligible to purchase a qualified health plan at full cost, effective January 1, 2018.

On December 16, 2017, a plan enrollment notice was issued confirming your enrollment in a gold-level qualified health plan with a monthly premium responsibility of \$1,057.86, effective January 1, 2018.

On January 22, 2018, you spoke to NYSOH's Account Review Unit and appealed the plan enrollment notice insofar as it began your enrollment in your gold-level qualified health plan on January 1, 2018, and not February 1, 2018.

On March 13, 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) According to your NYSOH account and testimony, you submitted an online application to NYSOH for financial assistance on December 14, 2017 and selected a gold-level qualified health plan on December 15, 2017.
- 2) According to your NYSOH account and your testimony, you called NYSOH on January 15, 2017 and requested to change your gold-level qualified health plans start date from January 1, 2018 to February 1, 2018. You further testified that you cancelled all your appointments in January 2018, because a NYSOH representative told you that the start date request would be approved.
- 3) According to a telephone call record dated January 15, 2018, you asked if you could change your start date. The representative responded that "[REDACTED]." He further stated that the Accounts Review Unit can.
- 4) According to a telephone call record dated January 22, 2018, you stated that you "made a request last week" to change your effective date of coverage and you were wondering what the result of that request was.
- 5) You testified that a representative from NYSOH advised you to re-enroll in health coverage that day and to disenroll from your gold plan. You stated you were afraid that you would not be able to re-enroll in coverage so you decided to appeal your start date.
- 6) You testified that you would like your enrollment start date to change because you struggled to pay the premium for January 2018, and would like that premium credited towards a future month in 2018.

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

## Applicable Law and Regulations

### No Detrimental Reliance on Customer Service Representative Misinformation

An appellant having relied, to his detriment, on erroneous information received from a NYSOH representative in a telephone call is not a basis for NYSOH to provide rights that the appellant would not otherwise have had (*see, e.g., Smith v New York State & Local Retirement Sys.*, 199 AD2d 763 (1993); *Matter of Grella v Hevesi*, 38 AD3d 113, 117-118 (2007)).

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## 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 enrollment in a gold-level qualified health plan was effective January 1, 2018.

According to your NYSOH account and testimony, you submitted an online application to NYSOH for financial assistance on December 14, 2017, and selected a gold-level qualified health plan on December 15, 2017.

On January 15, 2018 you called NYSOH and requested to change your gold-level qualified health plans start date from January 1, 2018 to February 1, 2018. You further testified that you cancelled all your appointments in January 2018, because a NYSOH representative told you that the start date request would be approved.

However, telephone call records, dated January 15, 2018 and January 22, 2018, indicate that although the NYSOH representative stated that the Accounts Review Unit can change your enrollment start date, you were aware at the time that you were making a request and it was not processed. Your knowledge to this effect is confirmed by the telephone call record, dated January 22, 2018, in which you stated that you “made a request last week” to change your effective date of coverage.

Regardless, your request to change the start date of your gold-level qualified health plan based on cancelling your doctor’s appointments is not a legal basis by which NYSOH can provide rights that you would not otherwise have had. Therefore, the issue remains as whether NYSOH properly determined your enrollment in a gold-level qualified health plan was effective January 1, 2018.

On December 16, 2017, a plan enrollment notice was issued confirming your enrollment in a gold-level qualified health plan with a monthly premium responsibility of \$1,057.86, effective January 1, 2018.

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 selected from the first day to and including fifteenth day of a month goes into effect on the first day of the following month.

Since you selected a qualified health plan on December 15, 2017, it properly went into effect the first day of the next following month; that is, as of January 1, 2018.

Therefore, NYSOH's December 16, 2017 plan enrollment notice is **AFFIRMED**.

## **Decision**

The December 16, 2017 plan enrollment notice is **AFFIRMED**.

**Effective Date of this Decision:** March 28, 2018

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

This decision does not change your eligibility for or enrollment in a qualified health plan.

Your enrollment in your gold-level qualified health plan began as of January 1, 2018.

## **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 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 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 December 16, 2017 plan enrollment notice is **AFFIRMED**.

This decision does not change your eligibility for or enrollment in a qualified health plan.

Your enrollment in your gold-level qualified health plan began as of January 1, 2018.

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).

## **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।

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).

## **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 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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