



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

## Notice of Decision

Decision Date: April 05, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027903

[REDACTED]

On March 30, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 27, 2018 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: April 05, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027903



## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health properly determine that your enrollment in your gold- level qualified health plan began on March 1, 2018?

## Procedural History

On December 14, 2017, NY State of Health (NYSOH) received your updated application for financial assistance with health insurance.

On December 15, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for up to \$112.00 per month in advance payment of the premium tax credit (APTC) to help pay for your health coverage, effective January 1, 2018.

On December 16, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in a bronze-level qualified health plan (QHP) without APTC being applied, beginning January 1, 2018.

On January 26, 2018, you updated your health plan enrollment to a gold-level QHP and this change was made effective March 1, 2018.

Also on January 26, 2018, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as your enrollment in your gold-level QHP began on March 1, 2018, and not February 1, 2018.

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On January 27, 2018, NYSOH issued a plan disenrollment notice stating that your enrollment in your bronze-level QHP was ending, effective February 28, 2018, because you asked NYSOH to end this coverage.

That same day, NYSOH issued a plan enrollment notice confirming your enrollment in a gold-level QHP without APTC being applied, effective March 1, 2018.

On March 30, 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 your testimony, you updated your NYSOH account on December 14, 2017. You were found eligible to up to \$112.00 per month in APTC, effective January 1, 2018.
- 2) You testified that, after completing your application on December 14, 2017, you contacted NYSOH to determine what plan you should select for your enrollment given your health issues.
- 3) You testified that the NYSOH representative informed you that they were unable to assist you in confirming what QHP would best suit your needs and informed you that you could go online to review the details of all the health plans that were available to you.
- 4) You testified that, after speaking with the NYSOH representative, you logged on to your NYSOH account and reviewed the plan options by yourself.
- 5) According to your NYSOH account and your testimony, you selected a bronze-level QHP for your enrollment on December 15, 2017.
- 6) You testified that you went to your doctor's office [REDACTED] and you were informed that you would have to pay out of pocket for the appointment because you had not met your deductible.
- 7) You testified that you were informed by your doctor's office to change your enrollment to a different level QHP in order to avoid a high deductible.

- 8) Your NYSOH account reflects that you selected a gold-level QHP on January 26, 2018, and you were enrolled in a gold level plan beginning March 1, 2018.
- 9) You testified that you want your gold-level QHP coverage to begin as of February 1, 2018, because you have [REDACTED] and the bronze coverage is completely unaffordable, given the copays and deductible.
- 10) You testified that you paid the premium for the bronze-level QHP for January 2018 and February 2018.
- 11) You testified that you are frustrated that the NYSOH representatives were not helpful in assisting you in selecting a QHP for your enrollment and that no one explained the way that a deductible worked before you enrolled into a bronze-level QHP.

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)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determine that your enrollment in your gold-level QHP was effective March 1, 2018.

A review of your NYSOH account shows that your application was updated on December 14, 2017, and you were found eligible for up to \$112.00 per month in APTC. You testified that after you updated your NYSOH account, and prior to selecting a plan for enrollment, you contacted NYSOH. You testified that you asked the NYSOH representative to tell you what QHP would be the best for you given your health issues, but that you were informed by the NYSOH representative that he was unable to help you. You further testified that you were

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informed by the NYSOH representative to log on to your NYSOH account to review all the plans that were available to you along with the details of each plan. Subsequently, you testified, and your NYSOH account confirms, that you selected a bronze-level QHP for enrollment on December 15, 2017, and this enrollment was effective January 1, 2018.

You testified that, [REDACTED], you were informed by your doctor's office that you would have to pay out of pocket for an appointment since you had not met your QHP's deductible and that if you wanted to avoid a high deductible that you should enroll into a different level QHP. As a result, you testified, and the record indicates, that on January 26, 2018, you submitted a request to enroll in a gold-level QHP. Subsequently, on January 27, 2018, NYSOH issued a plan enrollment notice stating that your enrollment in your gold-level QHP was effective March 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 from the sixteenth to the last day of any month is effective the first day of the second following month.

Since you selected a gold-level QHP for enrollment on January 26, 2018, your enrollment in that plan is effective the first day of the second following month after January 2018; that is, as of March 1, 2018.

Therefore, as you selected your gold-level QHP for enrollment on January 26, 2018, the January 27, 2018 plan enrollment notice is AFFIRMED because it properly began your enrollment in your gold-level QHP on March 1, 2018.

It appears from the record that you are paying for a QHP at full price and without any of the \$112.00 in monthly APTC you were determined eligible to receive. If you want APTC applied to your monthly premium responsibility to help with the cost of insurance, you must contact NYSOH and request so.

## **Decision**

The January 27, 2018 plan enrollment notice is AFFIRMED.

**Effective Date of this Decision:** April 05, 2018

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

Your enrollment in your gold-level QHP properly began on March 1, 2018.

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## **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):**

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

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Albany, NY 12211

- By fax: 1-855-900-5557

## **Summary**

The January 27, 2018 plan enrollment notice is AFFIRMED.

Your enrollment in your gold-level QHP properly began on March 1, 2018.

## **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&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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