



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

## Notice of Decision

Decision Date: April 24, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000028646

[REDACTED]

On April 10, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 9, 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 24, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000028646

[REDACTED]

## Issue

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

Did NY State of Health (NYSOH) properly enroll you and your spouse in a qualified health plan (QHP), with financial assistance, effective January 1, 2018?

## Procedural History

On December 5, 2017, you submitted an application for financial assistance through NYSOH.

On December 6, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that you and your spouse were eligible for up to \$462.00 in advance payment of the advance premium tax credit (APTC) and cost-sharing reductions (CSR), effective January 1, 2018.

Also on December 6, 2017, NYSOH issued a plan enrollment notice stating, in relevant parts, that your and your spouse's health coverage would not begin until you picked a plan.

On January 3, 2018, NYSOH issued a plan enrollment notice confirming that as of December 5, 2017, you and your spouse were enrolled in a QHP with APTC to be applied, both effective as of February 1, 2018.

On January 9, 2018, NYSOH issued a plan enrollment notice confirming that as of January 8, 2018, you and your spouse were enrolled in a QHP with APTC applied, both effective January 1, 2018.

On February 8, 2018, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the effective date of your and your spouse's health insurance coverage through NYSOH.

On March 16, 2018, NYSOH uploaded an evidence packet for your hearing with NYSOH's Appeals Unit. The packet contains an "incident matrix," which contains descriptions and resolutions of the complaints that have been made to NYSOH (see Document [REDACTED]).

On April 10, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken and the record was fully developed during the hearing. The record was 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, on December 5, 2017, you and your spouse applied for health insurance with the assistance of a certified application counselor (CAC). Based on your application, you and your spouse were determined eligible to enroll in a QHP with financial assistance.
- 2) You testified that the CAC mistakenly did not enroll you and your spouse in a QHP on December 5, 2017.
- 3) On January 2, 2018, you contacted NYSOH and requested that you and your spouse be enrolled in a QHP with an enrollment start date of January 1, 2018 (see Document [REDACTED]; Tracking # [REDACTED]).
- 4) According to your NYSOH account, on January 2, 2018, you and your spouse were enrolled in a QHP with an enrollment start date of February 1, 2018.
- 5) On January 8, 2018, NYSOH granted your request to backdate your and your spouse's QHP enrollment start date to January 1, 2018 (see Document [REDACTED]).
- 6) On January 9, 2018, NYSOH issued a plan enrollment notice confirming that as of January 8, 2018, you and your spouse were

enrolled in a QHP with an enrollment start date of January 1, 2018 (see Document [REDACTED]).

- 7) You testified that you received a notice from NYSOH in the beginning of February 2018 stating that your and your spouse's coverage was effectuated January 1, 2018.
- 8) On January 29, 2018, you contacted NYSOH and requested that your and your spouse's coverage be effectuated February 1, 2018 (see Document [REDACTED]).
- 9) You testified that you were not properly notified that your and your spouse's QHP coverage would be effectuated as of January 1, 2018.
- 10) You testified that you paid the premium for the month of January 2018; however, you want to be reimbursed because you and your spouse were unable to utilize the coverage for that month.

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

## **Applicable Law and Regulations**

### QHP/APTC - Effective Date

Upon making an initial eligibility determination, NYSOH must implement the eligibility determination for enrollment in a QHP, APTC, and CSR, in accordance with 45 CFR §155.410(c), (f) and §155.420(b), as applicable (45 CFR § 155.310(f)(1)).

For benefit years beginning on or after January 1, 2016, NYSOH must ensure that coverage is effective:

- (1) January 1, for QHP selections received by NYSOH on or before December 15 of the calendar year preceding the benefit year;
- (2) February 1, for QHP selections received by NYSOH from December 16 of the calendar year preceding the benefit year through January 15 of the benefit year;
- (3) March 1, for QHP selections received by NYSOH from January 16 through January 31 of the benefit year

(45 CFR §155.410(f)(2)).

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 Analysis

The issue under review is whether NYSOH properly determined that you and your spouse were enrolled in a QHP, with financial assistance, effective January 1, 2018.

On December 5, 2017, you submitted a financial assistance application with the assistance of a CAC. Based on that application, you and your spouse were determined eligible to enroll in a QHP with financial assistance. You testified that the CAC mistakenly did not enroll you and your spouse in a QHP on December 5, 2017.

On January 2, 2018, you contacted NYSOH and requested that you and your spouse be enrolled in a QHP with an enrollment start date of January 1, 2018, because the CAC failed to complete the enrollment process. On January 8, 2018, granted your request to backdate your and your spouse's QHP enrollment start date to January 1, 2018 (see Document [REDACTED]).

The date on which a QHP can take effect depends on the day a person selects the plan for enrollment. QHP selections received by NYSOH on or before December 15, 2017, were effectuated January 1, 2018. QHP selections received by NYSOH from December 16, 2017 through January 15, 2018, were effectuated February 1, 2018.

The record reflects that on December 5, 2017, you attempted to enroll in a QHP; however, the CAC mistakenly did not complete the enrollment process. If the mistake had not occurred, you and your spouse's QHP coverage, along with APTC, would have been effectuated as of January 1, 2018. Therefore, NYSOH properly backdated your coverage to January 1, 2018.

You testified that you were not notified until the beginning of February 2018 that the QHP would be effectuated January 1, 2018, such that you and your spouse were unable to utilize the coverage during the month of January 2018. You want to be reimbursed for the premium you paid for coverage that month.

Again, the record reflects that on January 8, 2018, NYSOH granted your request to effectuate your coverage as of January 1, 2018. Further, on January 9, 2018, NYSOH issued a plan enrollment notice confirming that as of January 8, 2018, you and your spouse were enrolled in a QHP with an enrollment start date of January 1, 2018 (see Document [REDACTED]). Therefore, NYSOH properly and timely notified you that your QHP coverage would be effectuated January 1, 2018, and you and your spouse had access to that coverage in January 2018.

Therefore, the January 9, 2018 plan enrollment notice is AFFIRMED.

## **Decision**

The January 9, 2018 plan enrollment notice is AFFIRMED.

**Effective Date of this Decision:** April 24, 2018

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

You and your spouse were properly enrolled in a QHP, with financial assistance, effective 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 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

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).

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 January 9, 2018 plan enrollment notice is AFFIRMED.

You and your spouse were properly enrolled in a QHP, with financial assistance, effective January 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 مجاناً.

### বাংলা (Bengali)

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).

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 नि:शुल्क 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 नि:शुल्क 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 דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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