



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: AP000000029145

[REDACTED]  
[REDACTED],

On April 12, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 5, 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 NY State of Health number 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: AP000000029145

[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 you and your spouse were enrolled in a qualified health plan (QHP) with an enrollment start date of January 1, 2018?

## Procedural History

On December 28, 2017, you submitted a Non-Financial Assistance application through NYSOH.

On December 29, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to purchase a QHP at full cost, effective February 1, 2018.

Also on December 29, 2017, NYSOH issued a plan enrollment notice confirming that as of December 28, 2017, you and your spouse were enrolled in a QHP with an enrollment start date of February 1, 2018.

On January 5, 2018, NYSOH issued a plan enrollment notice confirming that as of January 4, 2018, you and your spouse were enrolled in a QHP with an enrollment start date of January 1, 2018.

On February 21, 2018, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the enrollment start date of your and your spouse's QHP.

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 March 21, 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 12, 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) You testified that on [REDACTED], you and your spouse moved from [REDACTED] to New York.
- 2) You testified that you and your spouse were enrolled in COBRA health insurance coverage, through your former employer, until December 31, 2017.
- 3) According to your NYSOH account and testimony, on December 28, 2017, you and your spouse enrolled in a QHP.
- 4) On December 28, 2017, you submitted a complaint to have you and your spouse's QHP enrollment start date changed from February 1, 2018, to January 1, 2018 (see Document [REDACTED]).
- 5) On January 4, 2018, NYSOH granted your request and changed your and your spouse's QHP enrollment state date to January 1, 2018 (see Document [REDACTED]).
- 6) According to your NYSOH account and testimony, you receive notices from NYSOH by the United States Postal Service.
- 7) On January 5, 2018, NYSOH issued a plan enrollment notice confirming that as of January 4, 2018, you and your spouse were enrolled in a QHP with an enrollment start date of January 1, 2018 (see Document [REDACTED]).
- 8) According to this notice, it was sent to your mailing address as listed in your NYSOH account.
- 9) You testified that you did not receive a notice from NYSOH stating that you and your spouse's coverage was 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 Effective Date – Special Enrollment Period:

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)).

NYSOH must allow a qualified individual or his or her dependent to enroll in a QHP if the qualified individual or their dependent loses minimum essential coverage (45 CFR § 155.420(d)(1)(i)).

Generally, the effective date for a QHP is the first day of the following month if the enrollment is received by NYSOH on or before the fifteenth day of the month, and enrollments received after the fifteenth day of the month are effective the first day of the second following month (45 CFR § 155.420(b)(1)).

When an individual loses minimum essential coverage, if the plan selection is made on or before the date of the loss of coverage, NYSOH must ensure that the coverage effective date is on the first day of the month following the loss of coverage. If the plan selection is made after the date of the loss of coverage, NYSOH must ensure that coverage is effective with the regular effective dates or the first day of the following month (45 CFR § 155.420(b)(iv)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that you and your spouse were enrolled in a QHP with an enrollment start date of January 1, 2018.

On December 28, 2017, you submitted a Non-Financial Assistance application through NYSOH. Based on that application, you and your spouse were determined eligible to enroll in a QHP at full cost and enrolled in a QHP with an enrollment start date of February 1, 2018.



The record reflects that on December 28, 2017, you submitted a complaint with NSYOH to have your and your spouse's QHP enrollment start date changed from February 1, 2018, to January 1, 2018. On January 4, 2018, NYSOH granted that request and changed your and your spouse's QHP enrollment state date to January 1, 2018 (see Document [REDACTED]).

If the applicant selects the QHP before their minimum essential coverage has ended, NYSOH must ensure that the coverage and financial assistance is effective on the first day of the month following the loss of coverage.

You and your spouse's COBRA health insurance ended as of December 31, 2017, and you and your spouse enrolled in the QHP on December 28, 2017. Therefore, the QHP coverage should have been effectuated as the first day of the following month; that is, on January 1, 2018.

You testified that you were not notified by NYSOH 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 that month.

Again, the record reflects that on January 4, 2018, NYSOH granted your request to effectuate your coverage as of January 1, 2018. Further, on January 5, 2018, NYSOH issued a plan enrollment notice confirming that as of January 4, 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 coverage that month.

Therefore, the January 5, 2018 plan enrollment notice is AFFIRMED.

## **Decision**

The January 5, 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 an enrollment start date 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 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

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).

Albany, NY 12211

- By fax: 1-855-900-5557

## **Summary**

The January 5, 2018 plan enrollment notice is AFFIRMED.

You and your spouse were properly enrolled in a QHP with an enrollment start date of January 1, 2018.

## **Legal Authority**

We are sending you this notice in accordance with 45 CFR § 155.545(a).



**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 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 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.

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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