



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

Notice of Decision

Decision Date: May 17, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029433

[REDACTED]

Dear [REDACTED],

On May 11, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 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).

This page intentionally left blank.

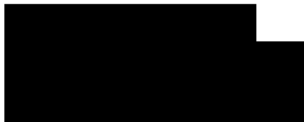


STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: May 17, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029433



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 child's enrollment in a qualified health plan began January 1, 2018?

Procedural History

On December 12, 2017, you submitted an application for health insurance on behalf of your child and selected a plan for his enrollment.

On December 13, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible for a qualified health plan at full cost, beginning January 1, 2018.

Also on December 13, 2017, NYSOH issued a plan enrollment notice confirming your child's enrollment in a qualified health plan beginning January 1, 2018.

On January 26, 2018, NYSOH issued a plan disenrollment notice stating that your child's enrollment in his qualified health plan was terminated, effective January 1, 2018, because the health plan had not received a premium payment.

On February 9, 2018, NYSOH issued a plan enrollment notice stating that your child was enrolled in his qualified health plan, effective January 1, 2018.

On February 27, 2018, you spoke to NYSOH's Account Review Unit and appealed your child's enrollment start date because it did not begin on February 1, 2018.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) You testified that you are seeking this appeal because you wish to terminate your child's enrollment in his qualified health plan for the month of January 2018.
- 2) According to your NYSOH account and your testimony, your child was enrolled into a qualified health plan at full cost beginning January 1, 2018.
- 3) You testified that you paid your child's premium to his qualified health plan for the month of January 2018, but due to an error, the plan applied the payment to the wrong account. The plan subsequently corrected the error and applied the payment to your child's account for the month of January 2018.
- 4) According to your NSYOH account and your testimony, your child was disenrolled from his qualified health plan as of January 1, 2018, for nonpayment of premium.
- 5) According to the "Events Tab" in your NYSOH account, your child's qualified health plan contacted NYSOH and initiated his reinstatement on February 8, 2018.
- 6) According to your NYSOH account and your testimony, your child was reinstated into his qualified health plan as of January 1, 2018.
- 7) You testified that you did not use your child's insurance during the month of January 2018, because you were told he did not have coverage.
- 8) You further testified that your plan will not refund your child's January 2018 premium payment or apply it to another month unless your child's enrollment for that month is terminated, which is why you requested this appeal.

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

Applicable Law and Regulations

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).

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 child's enrollment in a qualified health plan began 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 the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

Since you originally selected a qualified health plan for your child December 12, 2017, ordinarily the effective date would be the first day of the first month following December 2017; that is on January 1, 2018.

However, the record indicates that your child was not able to utilize his health insurance during the month of January 2018, because his qualified health plan disenrolled him for that month.

The record reflects that your child was enrolled into a qualified health plan beginning January 1, 2018. You testified that you paid your child's premium to his qualified health plan for the month of January 2018, but the plan erroneously applied the payment to the wrong account and disenrolled your child as of January 1, 2018.

You testified that in February 2018, your child's qualified health plan corrected this error and applied the payment to your child's account for the month of January 2018. The information in your NYSOH account corroborates your testimony in that, on February 8, 2018, the health plan contacted NYSOH to initiate your child's reinstatement. As a result, NYSOH issued a notice stating that your child's enrollment in his qualified health plan began January 1, 2018.

You testified that you did not use your child's insurance during the month of January 2018, because you were told he did not have coverage. You further testified that your plan will not refund your child's January 2018 premium payment or apply it to another month unless your child's enrollment for that month is terminated, which is why you requested this appeal.

Based on the credible evidence in the record, your child was unable to utilize his health insurance during the month of January 2018, because his qualified health plan disenrolled him in error and his coverage was not reinstated until after that month had ended.

Therefore, the February 9, 2018 plan enrollment notice stating that your child's enrollment start date with his qualified health plan would be effective January 1, 2018 is incorrect and is MODIFIED to reflect a February 1, 2018 start date.

Your case is RETURNED to NYSOH to enroll your child into his qualified health plan as of February 1, 2018, and to notify you accordingly.

Decision

The February 9, 2018 plan enrollment notice is MODIFIED to reflect a February 1, 2018 start date.

Your case is RETURNED to NYSOH to enroll your child into his qualified health plan as of February 1, 2018, and to notify you accordingly.

Effective Date of this Decision: May 17, 2018

How this Decision Affects Your Eligibility

Your child's enrollment start date with his qualified health plan is February 1, 2018.

You will need to arrange with the health plan directly the credit or reimbursement of any over-payment you made.

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.

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).

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
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

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).

The February 9, 2018 plan enrollment notice is MODIFIED to reflect a February 1, 2018 start date.

Your case is RETURNED to NYSOH to enroll your child into his qualified health plan as of February 1, 2018, and to notify you accordingly.

Your child's enrollment start date with his qualified health plan is February 1, 2018.

You will need to arrange with the health plan directly the credit or reimbursement of any over-payment you made.

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 मदद 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. y&b&tumi ama wo obi a okyer& 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).