



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

Notice of Decision

Decision Date: March 27, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025980

[REDACTED]

Dear [REDACTED],

On February 28, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 22, 2017 disenrollment notice and the December 19, 2017 enrollment confirmation 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.

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: March 27, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025980

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Issue

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

Did NY State of Health (NYSOH) properly determine your enrollment in a full cost qualified health plan ended December 31, 2017 and did not resume until February 1, 2018?

Procedural History

On October 28, 2017, NYSOH issued a renewal notice stating your coverage was being automatically renewed for the 2018 coverage year. The notice stated that based on income information received from state and federal data sources, you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective January 1, 2018. The notice indicated you no longer qualified for advance payments of the premium tax credit (APTC), effective December 31, 2017. The notice stated that if you wanted to make changes to your application, to do so between November 16, 2017 and December 15, 2017.

On November 2, 2017, NYSOH received multiple updated applications for health insurance. The final application submitted that day was a "non-financial application."

On November 3, 2017, NYSOH issued an eligibility determination notice, based on the final application submitted on November 2, 2017, stating you were eligible to purchase a qualified health plan (QHP) at full cost, effective December 1, 2017.

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Also on November 3, 2017, NYSOH issued a disenrollment notice stating coverage through the QHP you were currently enrolled in would end on November 30, 2017.

On November 4, 2017, NYSOH issued another eligibility determination notice, based on your November 3, 2017 updated non-financial application, stating you were eligible to purchase a QHP at full cost, effective December 1, 2017.

Also on November 4, 2017, NYSOH issued an enrollment notice, based on your November 3, 2017 plan selection, confirming your enrollment in a full cost QHP and dental plan, effective December 1, 2017.

On November 17, 2017, NYSOH issued a renewal notice stating that, based on information for state and federal data sources, NYSOH could not determine whether you still qualified for health insurance coverage for 2018. The notice directed you to update your account between November 16, 2017 and December 15, 2017. The notice stated that if you missed the deadline, you were at risk of losing your health coverage.

On November 22, 2017, NYSOH issued a disenrollment notice stating your current QHP enrollment would end, effective December 31, 2017, because you were no longer eligible to enroll in the plan.

On December 18, 2017, NYSOH received multiple updated non-financial applications for health insurance on your behalf. That day a preliminary eligibility determination was created finding you eligible to enroll in a full cost QHP. You selected a QHP for enrollment the same day.

Also on December 18, 2017, you spoke to NYSOH's Account Review Unit and appealed the effective date of your QHP insofar as you were not covered for the month of January 2018.

On December 19, 2017, NYSOH issued an eligibility determination notice, based on your December 18, 2017 updated non-financial application, stating you were eligible to purchase a QHP at full cost, effective February 1, 2018.

Also on December 19, 2017, NYSOH issued an enrollment notice, based on your December 18, 2017 plan selection, confirming your enrollment in a full cost QHP, effective February 1, 2018.

On February 28, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed thereafter.

Findings of Fact

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

- 1) You were enrolled in a QHP with APTC, effective May 1, 2017, following a March 28, 2017 online financial application. In that application, you elected to have your coverage automatically renewed for five years.
- 2) On October 28, 2017, NYSOH issued a renewal notice indicating your coverage for 2018 was being automatically renewed and you were eligible for the Essential Plan with a \$20.00 monthly premium, effective January 1, 2018, based on income information from state and federal data sources.
- 3) On November 2, 2017, you submitted two updated application for health insurance online.
- 4) The first application was an application requesting financial assistance with your health insurance. That application indicated you were pregnant.
- 5) According to your account, following your first application on November 2, 2017, NYSOH determined you eligible for Medicaid. As a result, you were disenrolled from your QHP, effective November 30, 2017
- 6) The second application you filed on November 2, 2017 was a “non-financial” application. In that application you opted out of automatic renewal of your coverage. You testified that you did not realize you had changed your automatic renewal preference.
- 7) Following the second application submitted on November 2, 2017, you were determined eligible to purchase a full cost QHP, effective December 1, 2017.
- 8) You testified that you updated your application to a non-financial application on November 2, 2017, because your doctor did not accept Medicaid and you needed coverage due to your pregnancy.
- 9) According to your account, you selected a full cost QHP on November 4, 2017 and coverage through that plan became effective on December 1, 2017.
- 10) You testified, and your account confirms, that you receive your communication from NYSOH electronically.
- 11) You testified that you were not sure if you received an email alert regarding the November 17, 2017 renewal notice. You further testified that

you read the notice, but you disregarded it, because you believed you had already renewed your coverage for 2018.

- 12) You testified that you received the November 22, 2017 disenrollment notice stating your QHP coverage would end on December 31, 2017.
- 13) You testified that you contacted NYSOH immediately after reading the disenrollment notice and you were advised that you had “enrolled at the wrong time.”
- 14) You testified that you were not sure why you did not select a new QHP for 2018 until December 18, 2017. You testified that you learned the monthly premium amount for your QHP was increasing over \$150.00 a month for 2018 and you did not know if you would be able to afford it. You testified that it “took time to figure out what to do.”
- 15) According to your account, a full cost QHP enrollment request was received by NYSOH on December 18, 2017. Coverage through that plan became effective February 1, 2018.
- 16) You appealed insofar as you were not enrolled in a QHP for the month of January 2018.
- 17) You testified that you have outstanding medical bills from that month.

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 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 your enrollment in a full cost QHP ended December 31, 2017 and did not resume until February 1, 2018.

You were enrolled in a QHP with APTC, effective May 1, 2017. NYSOH automatically renewed your coverage for 2018, based on the election in your previous application, and determined you eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective January 1, 2018, pursuant to income information from state and federal data sources. However, you subsequently updated your application on November 2, 2017 which resulted in a Medicaid eligibility, thereby superseding the prior eligibility determination. Because of your Medicaid eligibility, you were no longer eligible to enroll in a QHP and your coverage was terminated, effective November 30, 2017.

You testified that your medical provider did not accept Medicaid, so you updated your application again on November 2, 2017, changing your application to “non-financial” and you were determined eligible to enroll in a full cost QHP, effective December 1, 2017. You selected a full cost QHP for enrollment on November 3, 2017 and coverage through that plan became effective December 1, 2017.

Because you opted out of automatic renewal of your coverage in the second application you submitted on November 2, 2017, NYSOH issued a renewal notice on November 17, 2017 directing you to manually update your account between November 16, 2017 and December 15, 2017 to renew your coverage for 2018. You testified that you received the November 17, 2017 renewal notice, but you disregarded it, because you believed you had already renewed your coverage for 2018. Subsequently, NYSOH issued a disenrollment notice on November 22, 2017 notifying you that your current full cost QHP enrollment would end on December 31, 2017.

Although you testified that you received the November 22, 2017 disenrollment notice and that you immediately contacted NYSOH, you further testified that you did not select a new QHP at that time, because you learned the monthly premium for the same QHP was increasing over \$150.00 a month in 2018 and you did not know if you would be able to afford it. You testified that it “took time to figure out what to do.”

According to your account, a QHP enrollment request for 2018 was not received by NYSOH until December 18, 2017. Coverage through that plan became effective February 1, 2018. You appealed insofar as you were not enrolled in a QHP for the month of January 2018.

Pursuant to the above cited regulations, the effective date of coverage by a QHP is determined by the date on which an applicant selects a plan for enrollment. For

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selections received by NYSOH from the first to the fifteenth of any month NYSOH must generally ensure that coverage is effective the first day of the following month. 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.

Although you testified that when you enrolled in a full cost QHP on November 3, 2017, you thought that enrollment was effective for 2018, your account confirms that your coverage through that plan became effective on December 1, 2017, because your prior QHP enrollment was terminated on November 30, 2017 because of your Medicaid eligibility following your first application on November 2, 2017. Furthermore, the evidence establishes that you were provided with adequate notice that your full cost QHP enrollment would end on December 31, 2017, and you would have to update your account between November 16, 2017 and December 15, 2017 to renew your coverage for 2018. Despite that notice, you failed to timely renew your coverage and enroll in a plan for 2018.

Since the evidence establishes that you did not select a QHP for 2018 until December 18, 2017, after the fifteenth day of the month, coverage through that plan properly became effective on the first day of the second following month; that is, on February 1, 2018.

Therefore, based on the foregoing, the November 22, 2017 disenrollment notice and the December 19, 2017 enrollment confirmation notices stating your full cost QHP enrollment ended on December 31, 2017 and did not resume until February 1, 2018, were correct and are AFFIRMED.

Decision

The November 22, 2017 disenrollment notice is AFFIRMED.

The December 19, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: March 27, 2018

How this Decision Affects Your Eligibility

This decision does not change your coverage start date.

Your prior full cost QHP enrollment ended on December 31, 2017.

Your current full cost QHP enrollment became effective on February 1, 2018.

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You were not enrolled in a QHP in January 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

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

Summary

The November 22, 2017 disenrollment notice is AFFIRMED.

The December 19, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your coverage start date.

Your prior full cost QHP enrollment ended on December 31, 2017.

Your current full cost QHP enrollment became effective on February 1, 2018.

You were not enrolled in a QHP in January 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&etumi ama wo obi a okyerE 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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