



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

Notice of Decision

Decision Date: May 02, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014614

[REDACTED]

Dear [REDACTED],

On April 27, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 27, 2016 eligibility determination and enrollment confirmation notices.

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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: May 02, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000014614

[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 your eligibility for, and enrollment in, a qualified health plan (QHP) was effective no earlier than December 1, 2016?

Procedural History

On March 17, 2016, you updated your NYSOH account and indicated that you were pregnant, and expecting one child on [REDACTED].

On March 19, 2016, NYSOH issued a notice of eligibility redetermination stating that you were eligible to purchase a QHP at full cost, effective May 1, 2016, if you qualified for a Special Enrollment Period.

Also on March 19, 2016, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an individual platinum-level QHP, with a monthly premium of \$612.60, beginning April 1, 2016.

On October 19, 2016, NYSOH issued a renewal notice, stating that it was time to renew your application for health insurance for 2017.

On October 21, 2016, NYSOH issued a disenrollment notice stating that your enrollment in your QHP was terminated, effective August 31, 2016, because a premium payment had not been received by your health plan.

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Also on October 21, 2016, you updated your NYSOH application and indicated that you were pregnant, and expecting one child on [REDACTED].

On October 22, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in a QHP at full cost, effective December 1, 2016, if you qualified for a Special Enrollment Period.

On October 27, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in a QHP at full cost, and that you had until November 26, 2016 to enroll in a health plan.

Also on October 27, 2016, NYSOH issued a notice of enrollment confirmation confirming your enrollment in an individual platinum-level QHP, with a monthly premium of \$612.60, beginning December 1, 2016.

On January 5, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination and enrollment confirmation notices, insofar as they began your eligibility for, and enrollment in, a QHP on December 1, 2016, and not October 1, 2016.

On April 27, 2017, 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 support the following findings of fact:

- 1) You testified that you are looking for coverage for the months of September, October, and November 2016.
- 2) You enrolled into a full cost QHP on March 17, 2016, and your plan enrollment began on April 1, 2016.
- 3) You were disenrolled from that plan, effective August 31, 2016, for nonpayment of premiums, and NYSOH notified you of this in a notice dated October 19, 2016.
- 4) You testified that you recall receiving a notice from your health plan indicating that you owed a "double payment" because you had missed a premium payment, but you do not recall exactly when you received this notice.
- 5) You testified that you recall the notice stating that failure to pay the premium could result in termination of your coverage, but that you did not

receive anything from your health plan saying that your coverage was being cancelled.

- 6) You testified that you were not aware that you had missed your September 2016 premium payment. You also testified that you did not realize you only had a 30-day grace period for your payments.
- 7) You testified that, as far as you know, the last payment you made was at the end of July 2016, and that this was the premium payment for August 2016.
- 8) You testified that you did not know that your coverage had been cancelled until your spouse went to the pharmacy in October 2016 to pick up medication for you, and the pharmacy asked him whether you had new insurance coverage, as your QHP coverage was not active.
- 9) You testified that you called your health plan on October 21, 2016 and found out that your coverage had been cancelled for nonpayment.
- 10) Your NYSOH account reflects that, that same day, you updated your NYSOH application and reapplied for insurance coverage.
- 11) You testified that you asked your health plan whether you could be retroactively reinstated into your coverage if you paid the outstanding premiums, and your health plan said that was not an option.
- 12) You testified that you have medical bills from the month of October 2016, when you gave birth to your child, and some of these have gone to collections.
- 13) You also testified that you have some medical bills from November 2016.
- 14) You testified that you are looking to be re-enrolled in your full cost QHP plan for the months of September, October, and November 2016 because it is a financial struggle to pay the medical bills you incurred during those months.

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

Applicable Law and Regulations

Appealable Issues

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

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

NYSOH Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure to provide timely notice of an eligibility determination and (5) a denial of a special enrollment period.

Since the Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums, we cannot reach the merits as to whether your QHP enrollment was properly terminated for non-payment of premiums, effective August 31, 2016.

Therefore, the only issue under review is whether NYSOH properly determine that your enrollment in a QHP was effective no earlier than December 1, 2016.

The record shows that on October 21, 2016, you updated the information in your NYSOH account and submitted a request to enroll in a QHP. On October 22,

2016, NYSOH issued an enrollment confirmation notice stating that your enrollment in your QHP was effective December 1, 2016.

When an individual changes information in their application after the 15th of any month, NYSOH will make the redetermination that results from the change effective the first day of the second following month. Additionally, the date on which a QHP can take effect depends on the day a person selects the plan for enrollment. A plan that is after the fifteenth day of a month goes into effect on the first day of the second following month.

Therefore, NYSOH's October 22, 2016 eligibility determination notice and enrollment confirmation notice are **AFFIRMED** because they properly began your eligibility for, and enrollment in, your QHP on December 1, 2016.

Decision

The October 22, 2016 eligibility determination notice is **AFFIRMED**.

The October 22, 2016 enrollment confirmation notice is **AFFIRMED**.

Effective Date of this Decision: May 02, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your enrollment in your QHP properly began on December 1, 2016.

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

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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

The October 22, 2016 eligibility determination notice is AFFIRMED.

The October 22, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

Your enrollment in your QHP properly began on December 1, 2016.

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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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