



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

Notice of Decision

Decision Date: May 15, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014955

[REDACTED]

Dear [REDACTED],

On May 4, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 23, 2016 disenrollment notice and December 23, 2016 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: May 15, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014955



Issue

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

Did NY State of Health properly determine that your enrollment in your MVP bronze level qualified health plan ended effective January 31, 2017 that your enrollment in your MVP silver level qualified health plan was effective February 1, 2017?

Procedural History

On October 22, 2016, NY State of Health (NYSOH) issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that you were eligible for advance payment of the premium tax credit of up to \$76.60 per month, effective January 1, 2017. The notice further advised you that you were being re-enrolled in your MVP bronze level qualified health plan with a plan start date of January 1, 2017. The notice also stated that if you wished to make any changes, these would need to be made between November 16, 2016 and December 15, 2016, for your new plan to be effective January 1, 2017.

On November 19, 2016, NYSOH issued an enrollment notice confirming your re-enrollment into your MVP bronze level qualified health plan with a plan enrollment start date of January 1, 2017.

On December 23, 2016, NYSOH issued a notice of disenrollment stating that your coverage in your MVP bronze level qualified health plan would end as of January 31, 2017.

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Also on December 23, 2016, NYSOH issued an enrollment notice confirming your enrollment in an MVP silver level qualified health plan, based on your plan selection on December 9, 2016, with a monthly premium responsibility of \$507.80, after your APTC of \$76.60 was applied, effective February 1, 2017.

On January 19, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as it began your enrollment in your MVP silver level qualified health plan on February 1, 2017, and not January 1, 2017.

On May 4, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing your spouse was present and provided sworn testimony. The record was developed during the hearing and 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 you are seeking for your enrollment in your MVP silver level qualified health plan to begin as of January 1, 2017.
- 2) You testified that during 2016 you were enrolled in an MVP bronze level qualified health plan.
- 3) You testified that in the beginning of December 2016 you accessed your NYSOH account on-line and selected an MVP silver level qualified health plan.
- 4) You testified that you experienced technical difficulties, and contacted NYSOH that day, but were advised that the system was down and to call back at a later time.
- 5) On December 22, 2016, you contacted NYSOH and your selection of the MVP silver level qualified health plan was processed that day.
- 6) The December 23, 2016 enrollment notice indicates that the notice concerned your health insurance through NYSOH as of December 9, 2016, and confirms your enrollment in the MVP silver level qualified health plan.

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

Applicable Law and Regulations

Annual Eligibility Redetermination

Generally, NYSOH must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

NYSOH must send an annual renewal notice that contains the information by which NYSOH will use to redetermine a qualified individual's projected eligibility for that year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

If a qualified individual remains eligible for enrollment in a qualified health plan through NYSOH and the qualified health plan the individual was previously enrolled in remains eligible through NYSOH, the individual will be re-enrolled into the same qualified health plan, unless the individual terminates coverage, including termination of coverage in connection with voluntarily selecting a different qualified health plan (45 CFR §155.355(j)(1)).

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 enrollment in your MVP bronze level qualified health plan ended effective

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January 31, 2017 that your enrollment in your MVP silver level qualified health plan was effective February 1, 2017.

NYSOH must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. NYSOH must issue a renewal notice that contains the individual's projected eligibility. If an individual does not respond to this notice, NYSOH must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On October 22, 2016, NYSOH issued an annual renewal notice in your case. That notice stated that you were eligible for an advance premium tax credit of up to \$76.60 per month, effective January 1, 2017. The notice further stated that you were re-enrolled into your current health plan, which was the MVP bronze level qualified health plan, and that your enrollment would begin as of January 1, 2017. The notice advised you that you would need to make any changes between November 16, 2016 and December 15, 2016 in order for your new plan to be effective January 1, 2017.

You credibly testified that you contacted NYSOH in the beginning of December 2016 in order to change your plan enrollment for January 1, 2017 from the MVP bronze level qualified health plan to the MVP silver level qualified health plan.

Additionally, the December 23, 2016 enrollment confirmation notice indicates that it concerns your health insurance through NYSOH as of December 9, 2016 and confirms your enrollment in the MVP silver level qualified health plan.

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 fifteenth day of a month goes into effect on the first day of the following month.

As the record reflects that you contacted NYSOH to change your enrollment from the MVP bronze level qualified health plan to the MVP silver level health plan on December 9, 2016, your enrollment in the MVP silver level qualified health plan should have begun on the first day of the month following December 9, 2016; that is, on January 1, 2017.

Furthermore, at the time you requested to change your qualified health plan for 2017 to the MVP silver level qualified health plan, your coverage under the MVP bronze level qualified health plan for 2017 should have been terminated.

Therefore, the December 23, 2016 disenrollment notice is MODIFIED to state that your coverage in the MVP bronze level qualified health plan terminated as of January 1, 2017. The December 23, 2016 eligibility determination notice is

MODIFIED to state that your enrollment in your MVP silver level qualified health plan was effective January 1, 2017.

Decision

The December 23, 2016 disenrollment notice is MODIFIED to state that your coverage in the MVP bronze level qualified health plan terminated as of January 1, 2017.

The December 23, 2016 enrollment notice is MODIFIED to state that your enrollment in your MVP silver level qualified health plan was effective January 1, 2017.

Your case is RETURNED to NYSOH to enroll you into your silver level qualified health plan as of January 1, 2017.

Effective Date of this Decision: May 15, 2017

How this Decision Affects Your Eligibility

Your enrollment in your MVP silver level qualified health plan should have begun as of January 1, 2017.

Your case is being sent back to NYSOH to effectuate this change.

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 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).

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 December 23, 2016 disenrollment notice is MODIFIED to state that your coverage in the MVP bronze level qualified health plan terminated as of January 1, 2017.

The December 23, 2016 enrollment notice is MODIFIED to state that your enrollment in your MVP silver level qualified health plan was effective January 1, 2017.

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).

Your enrollment in your MVP silver level qualified health plan should have begun as of January 1, 2017.

Your case is RETURNED to NYSOH to enroll you into your silver level qualified health plan as of January 1, 2017.

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 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. yEbEtumi 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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