



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

## Notice of Decision

Decision Date: July 28, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015008

[REDACTED]

Dear [REDACTED],

On July 25, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 4, 2017 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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: July 28, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015008

[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's qualified health plan (QHP) had an enrollment start date of February 1, 2017?

## Procedural History

On December 19, 2015, NYSOH issued a plan enrollment notice confirming that you and your spouse were enrolled in a gold-level QHP with an enrollment start date of January 1, 2016.

On October 16, 2016, NYSOH issued a notice that it was time to renew your and your spouse's health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you both would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2016 or you both might lose the financial assistance you were currently receiving.

On November 27, 2016, NYSOH issued a disenrollment notice stating that your and your spouse's gold-level QHP would end on December 31, 2016, because you were no longer eligible to enroll in that plan.

No updates were made to your account by December 15, 2016.

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On December 19, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were not eligible for financial assistance but were newly eligible to purchase a QHP at full cost through NYSOH effective January 1, 2017, because you did not complete your renewal within the required timeframe.

On January 3, 2017, your NYSOH account was updated.

On January 4, 2017, issued an eligibility determination notice stating, in relevant part, that you and your spouse were eligible to purchase a QHP at full cost through NYSOH, effective as of February 1, 2017.

Also on January 4, 2017, NYSOH issued a plan enrollment notice confirming that you and your spouse were enrolled in a gold-level QHP with an enrollment start date of February 1, 2017.

On January 20, 2017, you spoke to NYSOH's Account Review Unit and requested an appeal relative to the plan enrollment start date of your and your spouse's QHP.

On June 7, 2017, you had a scheduled telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. However, you failed to appear for that hearing.

On June 9, 2017, NYSOH's Appeals Unit issued you a Notice of Dismissal for failing to appear for your scheduled telephone hearing. The notice provided you with instructions to vacate the dismissal and to have the hearing rescheduled.

On June 13, 2017, you faxed a letter to NYSOH's Appeals Unit to show good cause to vacate your dismissal. The dismissal was vacated and another hearing was scheduled.

On July 25, 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 proceeding.

## **Findings of Fact**

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

- 1) According to your NYSOH account and testimony, you and your spouse were enrolled in a Fidelis Care gold-level QHP in 2016.
- 2) According to your NYSOH account and testimony, you receive notices from NYSOH by regular mail.

- 3) You testified that you received a notice from NYSOH directing you to renew your health insurance for 2017.
- 4) You testified that you attempted to renew your health insurance coverage in December 2016. However, the application must not have been processed.
- 5) According to your NYSOH account, on January 3, 2017 your account was updated, and you and your spouse were enrolled in a QHP.
- 6) According to your NYSOH account, you elected to have your and your spouse's enrollment automatically renewed for one year.
- 7) According to your NYSOH account and testimony, you and your spouse were re-enrolled in the same gold-level QHP you had in 2016 on January 3, 2017, with a February 1, 2017 enrollment start date.
- 8) You testified you want the QHP enrollment to be effective as of January 1, 2017, to cover any medical expenses that were incurred in January 2017.

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 information and 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 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)).

## Annual Re-enrollment into a Qualified Health Plan

If an enrollee remains eligible for enrollment in a qualified health plan as part of the annual eligibility redetermination and the plan in which they are enrolled remains available through NYSOH for renewal, such enrollee will have his or her enrollment through the qualified health plan renewed, unless an enrollee voluntarily terminates coverage (45 CFR § 155.335(j)(1)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your and your spouse's enrollment in a QHP was effective February 1, 2017.

The record reflects you and your spouse were enrolled in a gold-level QHP as of January 1, 2016.

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 16, 2016, NYSOH issued an annual renewal notice in your case. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether or not you and your spouse would qualify for financial help with paying for your health coverage. You were asked to update the information in your account by December 15, 2016 or the financial help you were both receiving might end.

On November 27, 2016, NYSOH issued a notice stating that your coverage with your gold-level QHP would end on December 31, 2016.

The record reflects that your account was not updated by December 15, 2016. As a result of your failure to respond to the renewal notice, NYSOH redetermined your eligibility on December 18, 2016, and found that you and your spouse were newly eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2017.

The record reflects that you and your spouse were re-enrolled in the same QHP on January 3, 2017, and your plan enrollment start date was February 1, 2017.

Generally, a plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month. However, if at the time of the annual renewal an enrollee remains eligible for enrollment in a QHP and the plan in which they were enrolled in remains available, such enrollee will have his or her enrollment through the QHP renewed.

Since you and your spouse were eligible to enroll in a QHP, and the QHP in which you were re-enrolled in was available, NYSOH was required to re-enroll you and your spouse into the gold-level QHP effective January 1, 2017.

Therefore, NYSOH's January 4, 2017 enrollment notice is MODIFIED, in relevant part, to state that you and your spouse were enrolled in the gold-level QHP with an enrollment start date of January 1, 2017.

Your case is RETURNED to NYSOH to effectuate your and your spouse's coverage for January 2017, and to notify you accordingly.

## **Decision**

The January 4, 2017 enrollment notice is MODIFIED, in relevant part, to state that you and your spouse were enrolled in the gold-level QHP with an enrollment start date of January 1, 2017.

Your case is RETURNED to NYSOH to effectuate your and your spouse's coverage for January 2017, and to notify you accordingly.

**Effective Date of this Decision:** July 28, 2017

## **How this Decision Affects Your Eligibility**

The enrollment start date for your and your spouse's gold-level QHP is January 1, 2017.

Your case is being sent back to NYSOH to change your start date and to notify you once this has been done.

You will be responsible to pay directly to the QHP the January 2017 monthly premium.

## **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):**

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 can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
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P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The January 4, 2017 enrollment notice is MODIFIED, in relevant part, to state that you and your spouse were enrolled in the gold-level QHP with an enrollment start date of January 1, 2017.

Your case is RETURNED to NYSOH to effectuate your and your spouse's coverage for January 2017, and to notify you accordingly.

Your and your spouse's gold-level QHP shall have an enrollment start date of January 1, 2017.

The enrollment start date for your and your spouse's gold-level QHP is January 1, 2017.

Your case is being sent back to NYSOH to change your start date and to notify you once this has been done.

You will be responsible to pay directly to the QHP the January 2017 monthly premium.

## **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 नि:शुल्क 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 नि:शुल्क 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 איר געבן א דאלמענטשער 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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