



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

Notice of Decision

Decision Date: April 26, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015221

[REDACTED]

Dear [REDACTED]

On April 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 11, 2016 disenrollment notice and December 29, 2016 eligibility determination notice and the January 11, 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.

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 Date: April 26, 2017

NY State of Health Account ID: [REDACTED]
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[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health properly terminate your qualified health plan for non-payment of premium effective, May 31, 2016?

Did NY State of Health properly determine that your eligibility for and enrollment in a qualified health plan was effective February 1, 2017?

Procedural History

On December 21, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible to purchase a qualified health plan through NYSOH, effective January 1, 2016.

On December 23, 2015, NYSOH issued an enrollment notice confirming your enrollment in your full cost qualified health plan with a plan start date of January 1, 2016.

On July 11, 2016, NYSOH issued a disenrollment notice, advising that your enrollment in your qualified health plan was terminated effective May 31, 2016 for failure to pay premiums.

On December 29, 2016, you updated your application for health insurance through NYSOH.

On December 30, 2016, NYSOH issued a notice of eligibility determination, based on your December 29, 2016 application, stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective February 1, 2017.

On January 11, 2017, NYSOH issued an enrollment notice, based on your plan selection on January 10, 2017, stating that you were enrolled in a qualified health plan with a plan start date of February 1, 2017.

On January 26, 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 qualified health plan on February 1, 2017, and not January 1, 2017.

On April 20, 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 supports the following findings of fact:

- 1) Your NYSOH account reflects that you were disenrolled from your qualified health plan as of May 31, 2016 for non-payment of premiums.
- 2) You testified that you believe you received the July 11, 2016 disenrollment notice from NYSOH, and that this is what prompted you to contact your plan and seek reinstatement.
- 3) You testified that you had paid a premium payment late as you had updated your mailing address with your plan, but a bill was still sent to the wrong address, causing you to miss the payment deadline.
- 4) You testified that your qualified health plan agreed to reinstate you for June 2016, and you maintained coverage until December 31, 2016. On April 19, 2017, you uploaded a payment history to your NYSOH account showing that you made a double premium payment on July 14, 2016, and continued to pay your monthly premium for each month thereafter for 2016.
- 5) There is no indication in your NYSOH account that your qualified health plan advised NYSOH that you had been reinstated into your qualified health plan.
- 6) You testified that you were enrolled in the same qualified health plan for 2016 that you selected for enrollment for 2017.

- 7) You testified that you assumed that your enrollment would roll-over into 2017, just as it had from 2015 into 2016.
- 8) You testified that you accessed your on-line NYSOH account in order to update your address on December 29, 2016.
- 9) Your NYSOH account reflects that you submitted an application for health insurance to NYSOH on December 29, 2016, in addition to updating your address.
- 10) You testified that when you initially contacted your plan in January 2017, you were advised that you did have active coverage for January 2017, and on April 19, 2017 you uploaded a print-screen from your qualified health plan account showing a benefit period of January 1, 2017 through December 31, 2017. However, later in January 2017, after you had undergone medical treatment, your qualified health plan advised you that you did not have coverage for January 2017.
- 11) The record reflects that you selected a qualified health plan on January 10, 2017.
- 12) Your enrollment in the qualified health plan became effective February 1, 2017.
- 13) You testified that you need your qualified health plan to begin on January 1, 2017 because you had undergone medical treatment and procedures in January 2017 and have outstanding medical bills related to that treatment.

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)).

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Eligibility Redetermination

When a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that its policy will be that any change made after the 15th of any month will not be effective until the first of the second following month (45 CFR § 155.330(f)(2)).

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 first issue under review is whether NYSOH properly terminated your qualified health plan for non-payment of premium effective, May 31, 2016.

On December 22, 2015, you were enrolled in a qualified health plan, effective January 1, 2016.

You testified that you were late with a premium payment, and were disenrolled from your qualified health plan.

On July 11, 2016, NYSOH issued a notice stating that you were disenrolled from your qualified health plan for non-payment of premiums, effective July 1, 2016.

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

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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 or not you were properly terminated from your qualified health plan for non-payment of premiums. Therefore, your appeal of the July 11, 2016 disenrollment notice is DISMISSED as a non-appealable issue.

The second issue under review is whether NYSOH properly determined that your eligibility for and enrollment in a qualified health plan was effective January 1, 2017.

The record reflects that NYSOH issued a disenrollment notice stating that your coverage with your qualified health plan was terminated as of May 31, 2016.

You testified, and provided documentation, that your qualified health plan reinstated you into your same qualified health plan for the remainder of 2016. However, there is no indication that your qualified health plan ever made NYSOH aware that you had been reinstated into your qualified health plan.

Where an individual is enrolled in a qualified health plan and remains eligible to enroll in a qualified health plan for the upcoming coverage year, and the qualified health plan remains available through NYSOH for reenrollment for the upcoming coverage year, NYSOH must reenroll the individual into the same qualified health plan for the upcoming coverage year.

However, in the present instance, your NYSOH account reflects that your enrollment through NYSOH terminated as of May 31, 2016, therefore, NYSOH was not required to reenroll you into your qualified health plan for the 2017 coverage year.

The record shows that on December 29, 2016 you updated the information in your NYSOH account. On January 10, 2017, you submitted a request to enroll in a qualified health plan. On January 11, 2017 NYSOH issued an enrollment confirmation notice stating that your enrollment in your qualified health plan was effective February 1, 2017.

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 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.

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Therefore, NYSOH's December 30, 2016 eligibility determination notice and January 11, 2017 enrollment confirmation notice are AFFIRMED because they properly began your eligibility for and enrollment in your qualified health plan on February 1, 2017.

However, you testified that you were reinstated, at the discretion of your qualified health plan, into the same qualified health plan for the remainder of 2016 which you had been disenrolled from, and that you selected to reenroll in the same plan for 2017.

Therefore, your case is RETURNED to Plan Management to investigate whether NYSOH should have updated the system to reflect your reinstatement into your qualified health plan as of June 1, 2016.

You may also contact your plan, Empire Blue Cross Blue Shield (Medical Downstate), directly at [REDACTED] to request that your enrollment start date be amended to reflect a January 1, 2017 effective date.

Decision

Your appeal of the July 11, 2016 disenrollment notice is DISMISSED.

The December 30, 2016 eligibility determination notice is AFFIRMED.

The January 11, 2017 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to Plan Management to investigate whether NYSOH should have updated the system to reflect your reinstatement into your qualified health plan as of June 1, 2016.

Effective Date of this Decision: April 26, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your eligibility for and enrollment in your qualified health plan properly began as of February 1, 2017.

Your case is being sent to Plan Management to investigate your claim that your qualified health plan reinstated you as of June 1, 2016 and whether the system

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should have been updated to reflect your reinstatement into your qualified health plan.

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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

Your appeal of the July 11, 2016 disenrollment notice is DISMISSED.

The December 30, 2016 eligibility determination notice is AFFIRMED.

The January 11, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

Your eligibility for and enrollment in your qualified health plan properly began as of February 1, 2017.

Your case is RETURNED to Plan Management to investigate whether NYSOH should have updated the system to reflect your reinstatement into your qualified health plan as of June 1, 2016.

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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