



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

Notice of Decision

Decision Date: May 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015668

[REDACTED]

Dear [REDACTED],

On May 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 9, 2017 eligibility determination.

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 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015668



Issue

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

Did NY State of Health properly determine that you and your spouse were not eligible to enroll in a qualified health plan outside of the open enrollment period?

Procedural History

On December 12, 2016, NY State of Health (NYSOH) received your application for health insurance.

On December 13, 2016, NYSOH issued a notice of eligibility determination stating that you and your spouse were newly eligible to receive an advance premium tax credit of up to \$409.00 per month, effective January 1, 2017.

Also on December 13, 2016, NYSOH issued an enrollment conformation notice stating that you and your spouse were enrolled into a qualified health plan and that your and your spouse's coverage would start January 1, 2017.

On January 14, 2017, NYSOH issued a cancellation notice stating that your and your spouse's enrollment in your qualified health plan had been cancelled because your and your spouse's health plan did not receive a premium payment from you.

On February 8, 2017, you updated your NYSOH application. That day, you attempted to reenroll you and your spouse into a qualified health plan but were unable to do so.

Also on February 8, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as you and your spouse were not eligible to enroll in a qualified health plan outside of the open enrollment period.

On February 9, 2017, NYSOH issued a notice of eligibility determination that stated that you and your spouse were eligible to receive an advance premium tax credit of up to \$484.00 per month, effective March 1, 2017. It further stated that you and your spouse do not qualify to select a qualified health plan outside of the open enrollment period for 2017.

On May 10, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you stated that your spouse, [REDACTED] would be providing the testimony. The record was developed during the hearing and left open until May 25, 2017 to allow you time to submit documentation of your previous insurance coverage end date.

On May 15, 2017, the Appeals Unit received a fax containing the requested documentation and the record was closed upon receipt. Your fax was marked as Appellant's Exhibit #1 and it was incorporated into the record.

Findings of Fact

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

- 1) The record indicates that you submitted your initial application for 2017 health insurance coverage in December 2016.
- 2) You testified that you submitted an application in December 2016 just to see how much health insurance coverage would cost you and your spouse through NYSOH.
- 3) You testified that you and your spouse did not intend to select a plan for enrollment in December 2016.
- 4) You testified that you did not know that you and your spouse were enrolled in a plan until you received a notice saying that you and your spouse were disenrolled for nonpayment of your health insurance premium.
- 5) The record indicates that you submitted an updated application for 2017 health insurance coverage on February 8, 2017.

- 6) You testified that you lost your health insurance coverage from your employer as of December 31, 2016.
- 7) You testified that you were under the impression you and your spouse had 60 days to sign up for health insurance after you lost coverage from your employer.
- 8) You provided documentation confirming that your and your spouse's previous health plan through your employer terminated on December 31, 2016.

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

NY State of Health (NYSOH) must provide annual open enrollment periods during which time qualified individuals may enroll in a qualified health plan (QHP) and enrollees may change QHPs (45 CFR §155.410(a)(1)).

For the benefit year beginning on January 1, 2017, the annual open enrollment period began on November 1, 2016, and extended through January 31, 2017 (45 CFR § 155.410(e)(2)).

Special Enrollment Periods

After each open enrollment period ends, NYSOH provides special enrollment periods to qualified individuals. During a special enrollment period, a qualified individual may enroll in a QHP, and an enrollee may change their enrollment to another plan. This is generally permitted when one of the following triggering events occur:

The qualified individual or his or her dependent involuntarily loses certain health insurance coverage:

- (a) Health insurance considered to be minimum essential coverage;
- (b) Enrolled in any non-calendar year health insurance policy, even if they have the option to renew the expiring non-calendar year individual health insurance policy; or
- (c) Pregnancy-related coverage; or

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(d) Medically needy coverage.

(45 CFR § 155.420(d)).

Generally, if a triggering life event occurs, the qualified individual or enrollee has 60 days from the date of a triggering event to select a QHP (45 CFR § 155.420(c)(1)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were not eligible to enroll in a qualified health plan outside of the open enrollment period.

NYSOH provided an open enrollment period from November 1, 2016 until January 31, 2017. The record indicates that you submitted an application for health insurance through NYSOH on December 12, 2016. You testified that on December 12, 2016, you and your spouse submitted an application just to see how much health insurance would cost you and your spouse through NYSOH because you were losing your employer sponsored health insurance coverage.

The record indicates that on December 12, 2016 you and your spouse enrolled into a qualified health plan; however, your enrollment in that plan was cancelled because a premium payment had not been received by your health plan. You testified that you did not pay any premiums to that health plan because you were under the impression that you did not enroll in a plan on December 12, 2016.

On February 2, 2017, you updated your NYSOH application and attempted to reenroll into a qualified health plan but were unable to.

Once the annual open enrollment period ends, a health plan enrollee must qualify for a special enrollment period in order to enroll in, or change to another health plan offered in NYSOH. In order to qualify for a special enrollment period, a person must experience a triggering event. They have 60 days from the triggering event to enroll into a qualified health plan through NYSOH.

You testified that your and your spouse's previous insurance coverage through your employer ended on December 31, 2016. You provided documentation from your employer that confirms your and your spouse's health plan termination date of December 31, 2016. The loss of minimum essential coverage through a private health plan is considered a triggering event.

Therefore, NYSOH's February 9, 2017 eligibility determination that you and your spouse do not qualify to select a health plan outside of the open enrollment

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period for 2017 is MODIFIED to reflect that you are eligible for a special enrollment period as of the date of your February 8, 2017 application.

Your case is RETURNED to NYSOH to assist you and your spouse in enrolling into a qualified health plan. You may choose to enroll into a qualified health plan as of February 8, 2017 because you would have been eligible for a special enrollment period due to your loss of employer sponsored health insurance. In the alternative, you may elect to enroll into coverage within 60 days from the date of this decision.

Decision

The February 9, 2017 eligibility determination that you and your spouse do not qualify to select a health plan outside of the open enrollment period for 2017 is MODIFIED to reflect that you and your spouse are eligible for a special enrollment period as of the date of your February 8, 2017 application.

Your case is RETURNED to NYSOH to assist you in enrolling into a qualified health plan. You may choose to enroll into a qualified health plan as of February 8, 2017, if so choose. In the alternative, you may elect to enroll into coverage within 60 days from the date of this decision. You will be responsible for premium payments for any months you are enrolled into coverage.

Effective Date of this Decision: May 18, 2017

How this Decision Affects Your Eligibility

NYSOH improperly denied you and your spouse a special enrollment period.

Your case is being sent back to NYSOH to allow you and your spouse to enroll into coverage as of February 8, 2017, if you so choose. In the alternative, you may elect to enroll into coverage within 60 days from the date of this decision.

You will be responsible for any premium payments for any months you are enrolled into coverage.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

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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 U.S. Department of Health and Human Services. 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 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 February 9, 2017 eligibility determination that you and your spouse do not qualify to select a health plan outside of the open enrollment period for 2017 is MODIFIED to reflect that you and your spouse are eligible for a special enrollment period as of the date of your February 8, 2017 application.

NYSOH improperly denied you and your spouse a special enrollment period.

Your case is RETURNED to NYSOH to assist you in enrolling into a qualified health plan. You may choose to enroll into a qualified health plan as of February 8, 2017, if so choose. In the alternative, you may elect to enroll into coverage within 60 days from the date of this decision. You will be responsible for premium payments for any months you are enrolled into coverage.

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You will be responsible for any premium payments for any months you are enrolled into coverage.

Legal Authority

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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)

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 चाहन्छ 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 b etumi ama wo obi a okyer e 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.

אַײַדיש (Yiddish)

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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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