



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

Notice of Decision

Decision Date: June 30, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015806

[REDACTED]

Dear [REDACTED],

On May 17, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 11, 2017 disenrollment notice and the February 14, 2017 eligibility determination 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.

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

Decision

Decision Date: June 30, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015806



Issues

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

Did your plan properly terminate your coverage through your qualified health plan for non-payment of premium, earlier than January 1, 2017?

Did NY State of Health (NYSOH) properly determine that you did not qualify to enroll in a qualified health plan outside of the open enrollment period for 2017?

Procedural History

On January 28, 2016, NYSOH issued an enrollment notice confirming you were enrolled in a qualified health plan with \$185.00 of advance payments of the premium tax credit (APTC) applied to your monthly premium, effective March 1, 2016. Your monthly premium payment was \$111.83.

On July 4, 2016, for reasons that are not clear, NYSOH redetermined your eligibility based on your January 27, 2016 application.

On July 5, 2016, NYSOH issued an eligibility determination notice, based on that review, stating you were conditionally eligible to receive up to \$185.00 of APTC, effective August 1, 2016. The notice directed you to submit proof of your income by October 2, 2016 to confirm your eligibility or you might lose your insurance or receive less help paying for your coverage.

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No income documentation was received by NYSOH by the deadline and on October 10, 2016 NYSOH systematically redetermined your eligibility.

On October 11, 2016, NYSOH issued an enrollment notice confirming you were enrolled in a qualified health plan and your monthly premium was \$296.83 with no APTC applied.

On October 12, 2016, NYSOH issued an eligibility determination notice, based on the October 10, 2016 systematic eligibility redetermination, stating you were newly eligible to purchase a full cost qualified health plan, effective November 1, 2016. The notice indicated you were not eligible to receive APTC, because you failed to provide documentation of your income to confirm your eligibility to receive APTC.

On November 27, 2016, NYSOH issued a disenrollment notice stating your qualified health plan coverage would end, effective December 31, 2016, because you were no longer eligible to enroll in the plan.

On November 30, 2016, NYSOH received your updated application for insurance.

On December 1, 2016, NYSOH issued an eligibility determination notice stating you were eligible to receive up to \$189.00 in APTC, for a limited time, effective January 1, 2017. The notice directed you to submit proof of your income by February 28, 2017 or you might lose your insurance or receive less help paying for your coverage.

Also on December 1, 2016, NYSOH issued an enrollment notice confirming you were enrolled in a qualified health plan with a monthly premium of \$148.62, effective January 1, 2017, after your APTC was applied.

On February 11, 2017, NYSOH issued a disenrollment notice stating your coverage through the qualified health plan you were enrolled in was terminated, effective January 1, 2017, because you did not pay your insurance bill by the payment deadline.

On February 13, 2017, NYSOH received your updated application. That day, a preliminary eligibility determination was prepared stating you were eligible to receive up to \$188.00 in APTC, for a limited time, effective March 1, 2017, but you did not qualify to select a health plan outside the open enrollment period for 2017.

Also on February 13, 2017, you spoke to NYSOH's Account Review Unit and appealed your inability to enroll into a qualified health plan outside of the open enrollment period.

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On February 14, 2017, NYSOH issued an eligibility determination notice, based on you February 13, 2017 application, stating that you were eligible to receive up to \$188.00 in APTC, for a limited time, effective March 1, 2107. The notice further stated that you did not qualify to select a health plan outside of the open enrollment period for 2017.

On May 17, 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) You enrolled in a qualified health plan with a monthly premium of \$111.83, after APTC applied, effective March 1, 2016.
- 2) You testified you set up automatic payments with the health plan in February 2016.
- 3) According to your account, on July 4, 2016 your eligibility was systematically redetermined and NYSOH was unable to confirm your income with state and federal data sources. There is no explanation in your account as to why your eligibility was redetermined mid-year.
- 4) NYSOH issued a notice dated July 5, 2016 directing you to submit proof of your income by October 2, 2016 to confirm your eligibility or you might lose your insurance or receive less help paying for your coverage.
- 5) According to your account, no income documentation was received by NYSOH by the October 2, 2016 deadline.
- 6) On October 10, 2016, NYSOH systematically redetermined your eligibility and determined you were no longer eligible to receive APTC, because you failed to submit documentation verifying your income.
- 7) As of November 1, 2016, your APTC was revoked and you were enrolled in a full cost qualified health plan with a \$296.83 monthly premium.
- 8) You renewed your health coverage for the 2017 coverage year and submitted an updated application for health insurance on November 30, 2016. You were determined conditionally eligible to receive \$189.00 in APTC, effective January 1, 2017.

- 9) You reenrolled in the same health plan for 2017. The monthly premium for this health plan after APTC was applied was \$148.62, effective January 1, 2017.
- 10) You testified you were aware the monthly premium payments for 2017 would increase and you were directed by the health plan to contact your bank and send in a check so your automatic payments could be set up in the higher amount for the 2017 plan.
- 11) You testified you forgot to send a check into the health plan.
- 12) You testified you first learned your coverage had been terminated when you were advised at your pharmacy in January 2017.
- 13) You testified you contacted NYSOH in January 2017 to reenroll into a health plan, but you were advised that NYSOH had no record of your coverage being terminated by the health plan for non-payment, so you were not able to reenroll into a plan that day.
- 14) NYSOH's Appeals Unit has reviewed the log of calls made to NYSOH in January and February 2017 and concluded the following:
 - a. There is no evidence you contacted NYSOH in January 2017.
 - b. The first call you made to NYSOH in 2017 was on February 6, 2017. You stated you were calling to have your coverage reinstated and you were advised by a representative that NYSOH had not received any notice from your health plan that your coverage was terminated for non-payment and until notice was received, NYSOH was unable to attempt to reenroll you into a plan.
- 15) According to your account, on February 10, 2017, your health plan initiated termination of your coverage for non-payment of the January 2017 premium.
- 16) The disenrollment notice issued on February 14, 2017, stated your coverage was terminated back to January 1, 2017 for non-payment of premiums.
- 17) You testified the health plan advised you that your coverage has been terminated for non-payment of the premiums back to November 30, 2016.
- 18) You testified the health plan automatically deducted premium payments in the amount of \$111.83 for each month in 2016 and in January 2017. You submitted copies of bank statements showing monthly deductions in the

amount of \$111.83 from February 2016 through January 2017 ([REDACTED]).

- 19) You testified you made a payment to the health plan in the amount of \$555.00 in February 2017 to reinstate your coverage. You testified the payment was for monthly premiums due for the months of January, February, and March 2017.
- 20) You testified the health plan has since sent you a reimbursement check, but it is not for the full amount of the premium payments that were automatically deducted in December 2016 and January 2017 and the lump payment you made in February 2017. You submitted a copy of a reimbursement check from your health plan dated February 22, 2017 in the amount of \$597.07 ([REDACTED]).
- 21) Your account confirms an updated application was submitted on your behalf on February 13, 2017.
- 22) According to your account, you were denied a special enrollment period to reenroll into a health plan outside of the open enrollment period for 2017.
- 23) You testified you have not had health coverage in 2017.
- 24) You testified you are seeking reinstatement in your qualified health plan because you are worried about a tax penalty for not having insurance.
- 25) You submitted a copy of a letter from your health plan dated December 27, 2016, confirming your health coverage had been renewed for the 2017 coverage year and stating “you will have continuous coverage for the new year” ([REDACTED]).

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) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (4) 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

NYSOH must provide annual open enrollment periods during which time qualified individuals may enroll in a qualified health plan and enrollees may change qualified health plans (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 qualified health plan, and an enrollee may change their enrollment to another plan. This is generally permitted when one of the following triggering events occur:

- (1) The qualified individual or his or her dependent either:
 - (i) Loses minimum essential coverage.
 - (ii) Is enrolled in any non-calendar year group health plan or individual health insurance coverage, even if the qualified individual or his or her dependent has the option to renew such coverage.
 - (iii) Loses pregnancy-related coverage.
 - (iv) Loses medically needy coverage as described under section 1902(a)(10)(C) of the Social Security Act only once per calendar year.
- (2)(i) The qualified individual gains a dependent or becomes a dependent through marriage, birth, adoption, placement for adoption, or placement in foster care, or through a child support order or other court order.
 - (ii) the enrollee loses a dependent or is no longer considered a dependent through divorce or legal separation as defined by State law in the State in which the divorce or legal separation occurs, or if the enrollee, or his or her dependent, dies.
- (3) The qualified individual, or his or her dependent, becomes newly eligible for enrollment in a qualified health plan because he or she gains

citizenship, status as a national, or lawful present or is no longer incarcerated.

(4) The qualified individual's or his or her dependent's, enrollment or non-enrollment in a qualified health plan is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, misconduct, or inaction of an officer, employee, or agent of NYSOH, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities.

(5) The enrollee or, his or her dependent adequately demonstrates to NYSOH that the qualified health plan in which he or she is enrolled substantially violated a material provision of its contract in relation to the enrollee;

(6) The enrollee or enrollee's dependent is newly eligible or ineligible for advance payments of the premium tax credit, or change in eligibility for cost-sharing reductions.

(7) The qualified individual or enrollee, or his or her dependent, gains access to new qualified health plan as a result of a permanent move and either—

(i) Had minimum essential coverage for one or more days during the 60 days preceding the date of the permanent move, or

(ii) Was living outside of the United States or in a United States territory at the time of the permanent move;

(8) The qualified individual or dependent who gains or maintains status as an Indian may enroll in a qualified health plan or change from one plan to another, once per month.

(9) The qualified individual or enrollee, or his or her dependent, demonstrates to the Exchange, in accordance with guidelines issued by HHS, that the individual meets other exceptional circumstances as the Exchange may provide;

(10) A qualified individual or enrollee—

(i) Is a victim of domestic abuse or spousal abandonment, including a dependent or unmarried victim within a household, is enrolled in minimum essential coverage and seeks to enroll in coverage separate from the perpetrator of the abuse or abandonment; or

(ii) Is a dependent of a victim of domestic abuse or spousal abandonment, on the same application as the victim, may enroll in coverage at the same time as the victim;

(11) A qualified individual or dependent—

(i) Applies for coverage through NYSOH during the annual open enrollment period or due to a qualifying event, is assessed as potentially eligible for Medicaid or Child Health Plus and is determined ineligible for Medicaid or Child Health Plus either after open enrollment has ended or more than 60 days after the qualifying event; or

(ii) Applies for coverage at their Local Department of Social Services or Human Resources Administration during the annual open enrollment period, and is determined ineligible for Medicaid or Child Health Plus after open enrollment has ended;

(12) The qualified individual or enrollee, or his or her dependent, adequately demonstrates to NYSOH that a material error related to plan benefits, service area, or premium influenced the qualified individual's or enrollee's decision to purchase a qualified health plan; or

(13) At the option of NYSOH, the qualified individual provides satisfactory documentary evidence to verify his or her eligibility for an insurance affordability program or enrollment following termination of enrollment due to a failure to verify such status within 90 days.

(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 qualified health plan (45 CFR § 155.420(c)(1)).

Affordability Exemption

Under some circumstances, a person may receive an exemption from paying a penalty for not purchasing health insurance coverage. Such an exemption may be granted if that person can show that he or she experienced a financial hardship or has domestic circumstances that (1) caused an unexpected increase in essential expenses that prevented that person from obtaining health coverage under a QHP; (2) would have caused the person to experience serious deprivation of food, shelter, clothing, or other necessities, as a result of the expense of purchasing health coverage under a QHP; or (3) prevented that person from obtaining coverage under a QHP (45 CFR § 155.605(a), (d)).

NYSOH has deferred to the U.S. Department of Health and Human Services (HHS) on the matter of hardship exemptions (see 45 CFR § 155.505(c)).

Legal Analysis

The first issue is whether your plan properly terminated your coverage through your qualified health plan for non-payment of premium, earlier than January 1, 2017.

According to your account, you were enrolled in a qualified health plan with a monthly premium of \$111.83, after APTC applied, effective March 1, 2016. You testified, and the evidence confirms, that your monthly premium payments, in the amount of \$111.83, were automatically deducted from your checking account by the health plan. However, according to your account, your APTC were revoked as of November 1, 2016, because you failed to submit income documentation by the October 2, 2016 deadline as directed in the July 5, 2016 eligibility determination notice.

You were subsequently enrolled in a full cost qualified health plan for the months of November and December 2016, with a monthly premium of \$296.83. The evidence establishes, however, the health plan continued to automatically deduct payment in the amount of \$111.83 for November and December 2016.

You updated your account and renewed your coverage for 2017 and your monthly premium payment as of January 1, 2017, with APTC deducted, was \$148.62. You testified you were aware the monthly premium payments for 2017 were more than your automatic payments for 2016 and you were directed by the health plan to contact your bank and send in a check so your automatic payments could be set up in the higher amount for the 2017 plan. You testified you forgot to send a check into the health plan. You submitted evidence establishing the health plan automatically deducted a premium payment in the month of January 2017 in the amount of \$111.83.

According to your account, your health plan did not initiate termination of your coverage until February 10, 2017. The disenrollment notice issued on February 14, 2017, stated your coverage was terminated back to January 1, 2017 for non-payment of premiums.

Pursuant to the regulations, the New York State of Health 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) a failure by NYSOH to provide timely notice of an eligibility determination, and (4) a denial of a special enrollment period.

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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 coverage with your health plan was properly terminated for non-payment of premiums. Therefore, your appeal of the February 14, 2017 disenrollment notice is DISMISSED as a non-appealable issue.

However, notwithstanding the above, the NYSOH Appeals Unit does have jurisdiction to determine the proper end date of your coverage. Although you testified the health plan advised you that your coverage has been terminated for non-payment of the premiums back to November 30, 2016, there is no evidence in the record to justify a termination date prior to January 1, 2017.

Moreover, the notice of eligibility determination issued by NYSOH clearly states that your coverage was retroactively terminated effective January 1, 2017, and no earlier.

Although the evidence establishes, the automatic payments deducted by NYSOH in November and December 2016 were for less than the amount of the premium owed for those months, there is no evidence the health plan followed proper procedure to terminate your coverage through NYSOH prior to January 1, 2017. Further, you provided a notice from the health plan dated December 27, 2016, confirming your health coverage had been renewed for the 2017 coverage year and stating "you will have continuous coverage for the new year." Accordingly, based on the evidence, there has been no proper cancellation of your coverage for the month of December 2016 and you were entitled to coverage for that month. However, monies may be owed to cover the full amount of the premium payment due for that month.

Accordingly, your case is RETURNED to NYSOH to facilitate reenrollment for the month of December 2016.

Additionally, given the evidence the health plan automatically deducted a lesser premium payment for the month of January 2017 and the evidence you made a lump sum payment to the health plan in February 2017 for reinstatement, which was later denied, as well as evidence the health plan reimbursed you in an amount less than these payments, your case is referred to Plan Management to investigate whether the health plan owes you additional monies, and if your plan would be willing to reinstate your coverage.

The second issue under review is whether NYSOH properly determined you did not qualify to enroll in a qualified health plan outside of the open enrollment period for 2017.

NYSOH provided an open enrollment period from November 1, 2016 until January 31, 2017. You testified you contacted NYSOH in January 2017 to attempt to reenroll into coverage, after you were advised by your health plan that

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your coverage had been terminated, but you were unable to, because NYSOH records showed your coverage was still active. However, the NYSOH Appeals Unit reviewed the log of telephone calls associated with your account and concluded the first call you made to NYSOH in 2017 was on February 6, 2017, where you indicated your health plan had terminated your coverage for non-payment of the premium and you requested your coverage be reinstated.

Accordingly, the evidence establishes you first attempted to reenroll into a qualified health plan with NYSOH on February 6, 2017, which was outside the open enrollment period for 2017.

According to the above cited regulations, 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. To qualify for a special enrollment period, a person must experience a triggering event.

There is no evidence in the record to establish grounds for a special enrollment period. Although the evidence establishes you lost health coverage as of December 31, 2016, the evidence also establishes the loss of coverage was a result of non-payment of your premiums which, according to the regulations, NYSOH considers a voluntary action causing the termination of your coverage and, therefore, is not grounds for a special enrollment period.

You testified there have been no changes to your household in 2017 which might otherwise qualify you for a special enrollment period. Additionally, there is no evidence in the record that your enrollment or non-enrollment in a qualified health plan was unintentional, inadvertent, or erroneous and is the result of the error or misrepresentation by NYSOH. Although you testified that NYSOH erroneously advised you that your coverage was still active and that you therefore could not be reenrolled into a health plan, the evidence establishes this contact did not occur until February 2017, after the open enrollment period for 2017 had already ended; any such error or mistake by NYSOH at this point did not prevent you from reenrolling into a health plan during the open enrollment period.

Therefore, the evidence establishes that, since the time the open enrollment period closed on January 31, 2017, you have not experienced a triggering event that would qualify you for a special enrollment period as of the date of the hearing.

Accordingly, the February 14, 2017 eligibility determination notice, to the extent it stated you were not eligible for a special enrollment period to select a health plan outside of the open enrollment period for 2017 is correct and must be **AFFIRMED**.

If you wish to be considered for a hardship exemption, which would exempt you from paying a penalty for not having health insurance during 2017, you can check the Federal Marketplace website (www.healthcare.gov) for an application.

Decision

Your appeal of the February 14, 2017 disenrollment notice is **DISMISSED** as a non-appealable issue.

Your case is **RETURNED** to NYSOH to facilitate reenrollment in your qualified health plan for the month of December 2016.

Your case is referred to Plan Management to investigate whether the health plan owes you money, given the evidence the amount the health plan reimbursed you after your coverage for 2017 was terminated was less than the amount of the premium payment automatically deducted in January 2017 and the lump sum payment you made in February 2017.

Effective Date of this Decision: June 30, 2017

How this Decision Affects Your Eligibility

Although NYSOH Appeals Unit cannot review whether you were properly disenrolled from your health plan for non-payment of the premium, effective January 1, 2017, there is no evidence in the record to justify a termination date prior to January 1, 2017.

Your case is being sent back to NYSOH to reinstate your coverage for the month of December 2016. You may owe money to cover the full amount of the premium payment due for that month.

Your case is referred to Plan Management to investigate whether the health plan reimbursed you for the full amount due to you. You may also have options available to you through the New York State Department of Financial Services.

You are not eligible for a special enrollment period to reenroll into coverage.

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.

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

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Summary

Your appeal of the February 14, 2017 disenrollment notice is DISMISSED as a non-appealable issue.

Your case is RETURNED to NYSOH to facilitate reenrollment in your qualified health plan for the month of December 2016

Your case is referred to Plan Management to investigate whether the health plan owes you money, given the evidence the amount the health plan reimbursed you after your coverage for 2017 was terminated was less than the amount of the premium payment automatically deducted in January 2017 and the lump sum payment you made in February 2017.

Although NYSOH Appeals Unit cannot review whether you were properly disenrolled from your health plan for non-payment of the premium, effective January 1, 2017, there is no evidence in the record to justify a termination date prior to January 1, 2017.

Your case is being sent back to NYSOH to reinstate your coverage for the month of December 2016. You may owe money to cover the full amount of the premium payment due for that month.

Your case is referred to Plan Management to investigate whether the health plan reimbursed you for the full amount due to you. You may also have options available to you through the New York State Department of Financial Services.

You are not eligible for a special enrollment period to reenroll into coverage.

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 مجانًا.

বাংলা (Bengali)

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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. y&b&tumi 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.

שׂוֹדֵשׁ (Yiddish)

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).

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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