



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

Notice of Decision

Decision Date: May 31, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015905

[REDACTED]

Dear [REDACTED]

On May 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 14, 2017 plan 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: May 31, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000015905

[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) should have an enrollment start date of February 1, 2017?

Procedural History

According to your NYSOH, in 2016, you and your spouse were enrolled in a QHP with monthly APTC of \$320.00 applied, effective as of January 1, 2016.

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

On November 27, 2016, NYSOH issued a disenrollment notice stating that your and your spouse's 2016 coverage in your QHP would end on December 31, 2016.

No updates were made to your NYSOH 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 eligible to purchase a QHP at full cost through NYSOH, effective January 1, 2017. The notice further stated that you were no longer qualified to receive financial assistance to help pay for your health coverage because you did not complete your renewal within the required time frame.

On January 13, 2017, your NYSOH account was updated.

On January 14, 2017, NYSOH issued an eligibility determination notice stating in 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 14, 2017, NYSOH issued a plan enrollment notice confirming in part that you and your spouse were enrolled in a QHP with an enrollment start date of February 1, 2017.

On February 16, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as you wanted the enrollment start date of your and your spouse's QHP to be January 1, 2017 and not February 1, 2017.

On May 18, 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 silver-level QHP in 2016.
- 2) According to your NYSOH account, you elected to have your and your spouse's coverage automatically renewed.
- 3) You testified you did not receive any notice from NYSOH directing you to update the information in your NYSOH account to ensure that your coverage and financial assistance would not be interrupted.
- 4) You testified you did not receive any notice from NYSOH stating that your QHP coverage would end as of December 31, 2016.
- 5) According to your NYSOH account and testimony, you receive notices from NYSOH by regular mail.

- 6) According to your NYSOH account, no notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 7) You testified that on or around December 25, 2016, while attempting to set up automatic payments on the Empire website, you discovered that your QHP was to be discontinued.
- 8) You testified that on or around December 25, 2016, you contacted NYSOH and were told by a NYSOH representative that you had until January 31, 2017 to enroll in a QHP through NYSOH. Based on your conversation with the NYSOH representative, you believed you had until January 31, 2017 to have a plan enrollment start date of January 1, 2017.
- 9) You testified you were admitted to the hospital on [REDACTED] and were released on [REDACTED].
- 10) You testified that your spouse contacted NYSOH on January 13, 2017, and updated the information your NYSOH account.
- 11) According to your NYSOH account, on January 13, 2017, you and your spouse were enrolled in a silver-level QHP with an enrollment start date of February 1, 2017.
- 12) You testified you want your QHP to have an enrollment start date of January 1, 2017, to cover the medical expenses that were incurred in the month of 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

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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)).

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)(i)).

If the enrollee's current qualified health plan is no longer available through NYSOH, they will be renewed in a qualified health plan at the same metal level as the enrollee's current qualified health plan within the same product (45 CFR §155.335(j)(1)(ii)).

If the enrollee's current qualified health plan is no longer available through NYSOH, and the enrollee's product no longer includes a qualified health plan at the same metal level as the enrollee's current qualified health plan and the enrollee's current qualified health plan is a silver level plan, the enrollee will be reenrolled in a silver level qualified health plan under a different product offered by the same qualified health plan issuer that is the most similar to the enrollee's product (45 CFR §155.335(j)(1)(iii)).

Legal Analysis

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

The record reflects that you and your spouse were enrolled in a silver-level QHP in 2016.

NYSOH must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance every year. 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.

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On October 16, 2016, NYSOH issued an annual renewal notice stating that based on information from federal and state sources, NYSOH could not decide whether you and your spouse would qualify for financial help with paying for your health coverage for the upcoming policy period. The notice directed you to update the information in your account before December 15, 2016 or the financial help you were receiving may end.

The record reflects that you did not to update the information in your NYSOH account before December 15, 2016 and, based on the lack of information, NYSOH determined you and your eligible to purchase a QHP at full cost through NYSOH, effective January 1, 2017.

However, you testified that you did not receive any notice from NYSOH that you needed to update the information in your NYSOH account.

The record reflects that you elected to receive notifications by regular mail, and there is no evidence that any of the notices that were sent to your mailing address were returned as undeliverable. As such, the notices regarding the need to update your account, that your 2016 coverage in your QHP was to end December 31, 2016, and that you and your spouse were redetermined eligible to purchase a QHP at full cost are deemed sent and received.

Therefore, NYSOH properly notified you that your NYSOH account needed to be updated in order to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

Notwithstanding, if an enrollee remains eligible for enrollment in a QHP, and the plan in which they are enrolled in remains available through NYSOH, such enrollee will have their enrollment through the QHP automatically renewed.

The record reflects that you and your spouse were enrolled in silver-level QHP in 2016, and had previously elected to have your and your spouse's coverage automatically renewed. Since you remained eligible to enroll in a QHP for 2017, NYSOH was required to enroll you and your spouse in the same QHP, effective January 1, 2017. If that QHP was not available, then NYSOH was required to enroll you and your spouse in a similar QHP.

Therefore, the January 14, 2017 plan enrollment notice is MODIFIED to state that you and your spouse were enrolled in a QHP at full cost with an enrollment start date of January 1, 2017.

Your case is RETURNED to effectuate your and your spouse's QHP enrollment and coverage for the month of January 2017, and to notify you accordingly.

Decision

The January 14, 2017, enrollment notice is MODIFIED to state that you and your spouse were enrolled in a QHP at full cost with an enrollment start date of January 1, 2017.

Your case is RETURNED to effectuate your and your spouse's QHP enrollment and coverage for the month of January 2017, and to notify you accordingly.

Effective Date of this Decision: May 31, 2017

How this Decision Affects Your Eligibility

You and your spouse should have been automatically re-enrolled into a silver-level QHP with an enrollment start date of January 1, 2017. Your case is being sent back to NYSOH to effectuate coverage in your QHP as of that date.

You will be responsible to pay any health insurance premiums for coverage to be effective for the month of January 2017.

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:

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).

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 January 14, 2017, enrollment notice is MODIFIED to state that you and your spouse were enrolled in a QHP at full cost with an enrollment start date of January 1, 2017.

Your case is RETURNED to effectuate your and your spouse's QHP enrollment and coverage for the month of January 2017, and to notify you accordingly.

You and your spouse should have been automatically re-enrolled into a silver-level QHP with an enrollment start date of January 1, 2017. Your case is being sent back to NYSOH to effectuate coverage in your QHP as of that date.

You will be responsible to pay any health insurance premiums for coverage to be effective for the month of January 2017.

Legal Authority

We are issuing this determination in accordance with 45 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).

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)

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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&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.

שׂוּדִישׁ (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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