



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

## Notice of Decision

Decision Date: June 20, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000016034

[REDACTED]

Dear [REDACTED]

On May 30, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 16, 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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: June 20, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000016034

[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 your qualified health plan (QHP) should have an enrollment start date of March 1, 2017?

## Procedural History

On December 21, 2015, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a QHP at full cost, effective as of January 1, 2016.

On December 22, 2015, NYSOH issued an enrollment notice confirming that you were enrolled in a QHP with an enrollment start date of January 1, 2016.

On May 12, 2016, NYSOH issued a disenrollment notice stating that your health insurance was terminated effective March 31, 2016, because the premium payment had not been received by the health plan within the required timeframe in order to maintain coverage.

On October 26, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a QHP at full cost, effective December 1, 2016. The notice stated that you were not eligible for financial assistance because you did not respond to the renewal notice and did not complete your renewal within the required timeframe.

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

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On February 14, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a QHP at full cost, effective March 1, 2017.

On February 16, 2017, NYSOH issued a plan enrollment notice confirming that, as of your February 15, 2017 plan selection, you were enrolled in a QHP with an enrollment start date of March 1, 2017.

On February 21, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the enrollment start date of your QHP.

On May 22, 2017, you faxed a letter explaining the basis for your appeal to NYSOH (see Document [REDACTED]; uploaded 05/23/2017).

On May 30, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open until June 6, 2017, to allow you submit additional documentation to NYSOH's Appeals Unit.

On May 31, 2017, you faxed twenty-pages of documents to NYSOH's Appeals Unit. That fax has been part of the record as "Appellant Exhibit A." The record is now complete and closed.

## **Findings of Fact**

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

- 1) According to the enrollment history in your NYSOH account, you were enrolled in UnitedHealthcare (UHC) Compass Platinum ST INN Pediatric Dental Dep 25, Plan Code [REDACTED] from January 1, 2016 through March 31, 2016.
- 2) According to the printout of your UHC account, you were enrolled in the UHC Compass Platinum ST INN Pediatric Dental Dep 25, Plan Code [REDACTED], effective January 1, 2016 through December 31, 2016 (Appellant Exhibit A, pp. 3, 5).
- 3) According to the printout of your UHC account, monthly payments of \$773.67 were received by UHC from January 1, 2016 through December 31, 2016 (Appellant Exhibit A, pp. 3-4).
- 4) You testified that your monthly health insurance premiums were automatically withdrawn from a credit card account.

5) According to the printouts of your credit card statements, you made the following payments to UHC:

- (a) \$759.87 in January 2016;
- (b) \$773.67 in February through April 2016;
- (c) \$773.67 and \$13.80 in May 2016;
- (d) \$773.67 in June through December 2016

(Appellant Exhibit A, pp. 8-20).

- 6) You testified that you did not receive any notice from NYSOH or UHC regarding the discontinuance or continuation of your health insurance for 2017.
- 7) According to your NYSOH account, NYSOH did not issue a notice to inform you that you needed to renew your coverage for 2017.
- 8) According to your NYSOH account, you did not authorize “automatic renewal of coverage.”
- 9) You testified that you were contacted by your pharmacist in February 2017, and were notified that your automatic prescription refill was unable to be processed through your insurance company (see Document [REDACTED]).
- 10) You testified that you contacted UHC on February 15, 2017, and were informed by a representative that your health insurance was cancelled on December 31, 2016 (see Document [REDACTED]).
- 11) On February 15, 2017, you had a conference call with representatives from UHC and NYSOH. The NYSOH representative stated that the coverage would start January 1, 2017, if you agreed to pay the premiums for January and February 2017 (see Document [REDACTED]).
- 12) According to your NYSOH account, you enrolled in UHC Compass Platinum ST INN Pediatric Dental Dep 25, Plan Code [REDACTED], on February 15, 2017.
- 13) You contacted UHC to pay the January 2017 and February 2017 health insurance premiums; however, you were told they did not have any record that you had coverage for those months.
- 14) You testified that you want your health insurance plan to have an enrollment start of January 1, 2017, to cover any medical expenses that were incurred in January 2017 and February 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)).

### 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)).

NYSOH must have authorization from a qualified individual to obtain updated tax return information for purposes of conducting an annual redetermination (45 CFR § 155.335(k)(1)).

If a qualified individual has requested an eligibility determination for insurance affordability programs, and NYSOH does not have an active authorization to obtain tax data as part of the annual determination process, NYSOH must redetermine the qualified individual's eligibility only for enrollment in a QHP (45 CFR § 155.335(l)).

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## Legal Analysis

The issue under review is whether NYSOH properly determined that your QHP enrollment start date was March 1, 2017.

Your NYSOH account reflects that you were enrolled in UHC Compass Platinum ST INN Pediatric Dental Dep 25, Plan Code [REDACTED], from January 1, 2016 through March 31, 2016. That enrollment was systemically terminated effective March 31, 2016, because the premium payment had not been received by the health plan within the required timeframe in order to maintain coverage.

The printout of your UHC account reflects you were enrolled in UHC Compass Platinum ST INN Pediatric Dental Dep 25, Plan Code [REDACTED] effective January 1, 2016 through December 31, 2016. Your UHC account and credit card statements reflect that full monthly premium payments were received by UHC from January 1, 2016 through December 31, 2016. Furthermore, you were informed by a UHC representative on February 15, 2017, that your health plan was cancelled effective December 31, 2016.

Based on the foregoing information, the credible evidence of record supports that you were enrolled in a platinum-level QHP through NYSOH from January 1, 2016 through December 31, 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.

You testified that you did not receive any notice from NYSOH in 2016 that you needed to update the information in your account to ensure the continuation of your health insurance coverage for 2017. Further, there is no evidence that a renewal notice was uploaded to your account. Therefore, it is reasonable to conclude that NYSOH never properly notified you in 2016 that your account needed to be updated to ensure that your enrollment in your health plan would continue for 2017.

NYSOH must have authorization from a qualified individual to obtain updated tax return information for purposes of conducting an annual redetermination. If a qualified individual has requested an eligibility determination for insurance affordability programs, and NYSOH does not have an active authorization to obtain tax data as part of the annual determination process, NYSOH must redetermine the qualified individual's eligibility only for enrollment in a QHP

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 were enrolled in platinum-level QHP in 2016, and you selected the same QHP on February 15, 2017. Therefore, NYSOH was required to enroll you in the same QHP, effective January 1, 2017.

Therefore, the February 16, 2017 plan enrollment notice is MODIFIED to state that you were enrolled in a QHP with an enrollment start date of January 1, 2017.

Your case is RETURNED to effectuate your QHP coverage for the months of January 2017 and February 2017.

## **Decision**

The February 16, 2017 plan enrollment notice is MODIFIED to state that you were enrolled in a QHP with an enrollment start date of January 1, 2017.

Your case is RETURNED to effectuate your QHP coverage for the months of January 2017 and February 2017, and to notify you accordingly.

**Effective Date of this Decision:** June 20, 2017

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

You should have been automatically re-enrolled into a platinum-level QHP with an enrollment start date of January 1, 2017.

Your case is being sent back to NYSOH to effectuate the change in your start date of enrollment in that QHP to January 1, 2017. NYSOH will notify once this has been done.

You will be responsible to pay any health insurance premiums to effectuate this coverage, if they have not already been paid.

## **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**

The February 16, 2017, enrollment notice is MODIFIED to state that you were enrolled in a QHP with an enrollment start date of January 1, 2017.

Your case is RETURNED to effectuate your QHP coverage for the months of January 2017 and February 2017, and to notify you accordingly.

You should have been automatically re-enrolled into a platinum-level QHP with an enrollment start date of January 1, 2017.

Your case is being sent back to NYSOH to effectuate the change in your start date of enrollment in that QHP to January 1, 2017. NYSOH will notify once this has been done.

You will be responsible to pay any health insurance premiums to effectuate this coverage, if they have not already been paid.

## **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)**

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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## **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&btumi 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)**

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.

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).