



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

Notice of Decision

Decision Date: June 7, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000016051

[REDACTED]

Dear [REDACTED]

On May 25, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 22, 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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Decision

Decision Date: June 7, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016051



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 April 1, 2017?

Procedural History

On April 18, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to \$9.00 monthly of advance premium tax credit, effective as of June 1, 2016.

Also on April 18, 2016, NYSOH issued a plan enrollment notice confirming that you were enrolled in a QHP plan with an enrollment start date of April 1, 2016.

On August 19, 2016, NYSOH issued a notice stating that your QHP coverage was cancelled effective April 1, 2016, because a premium payment had not been received by the health plan.

On February 21, 2017, you submitted a Non-Financial Assistance application through NYSOH.

Also on February 21, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the April 1, 2017 enrollment start date of your QHP.

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On February 22, 2017, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a qualified health plan at full cost through, effective as of April 1, 2017.

Also on February 22, 2017, NYSOH issued a plan enrollment notice confirming that as of February 21, 2017, you were enrolled in a QHP with an enrollment start date of April 1, 2017.

On May 25, 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 were enrolled in a platinum-level QHP from April 1, 2016 through December 31, 2016.
- 2) According to your NYSOH account, you elected to have your coverage automatically renewed.
- 3) According to your NYSOH account, NYSOH never issued a notice to inform you that you needed to renew your coverage for 2017.
- 4) You testified that you received an email from Healthfirst on December 14, 2016, stating that you needed to renew your coverage by December 15, 2016, for the coverage to be effective January 1, 2017.
- 5) You testified that you contacted Healthfirst in December 2016 and were informed that you were already enrolled in coverage for 2017.
- 6) You testified that you contacted NYSOH in December 2016 and were told to renew your coverage in January 2017.
- 7) You testified that you contacted NYSOH in January 2017 and were informed that you were already enrolled in health coverage for 2017.
- 8) On April 17, 2017, you uploaded your payment history from your online Healthfirst account. The payment history reflects that the following payments had been processed:
 - (a) \$612.60 on January 25, 2017;
 - (b) \$90.34 on February 21, 2017;
 - (c) \$612.60 on February 27, 2017;

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(d) \$612.60 on March 27, 2017

(see Document [REDACTED]).

- 9) On April 12, 2017, you uploaded a letter from your physician stating that you were seen in their office on [REDACTED] and [REDACTED]. Furthermore, you need medical coverage for the months of January and February 2017 to cover those medical expenses (see Document [REDACTED]).
- 10) You testified that you first learned at the [REDACTED] [REDACTED] appointment that your insurance was no longer active.
- 11) You testified that you contacted Healthfirst on February 20, 2017, and were informed that your coverage was cancelled as of December 31, 2016, because your coverage was not renewed.
- 12) According to your NYSOH account, you re-enrolled in the same QHP on February 21, 2017, with an enrollment start date of April 1, 2017.
- 13) You testified that you want your QHP to have a plan enrollment start date of January 1, 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

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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 QHP enrollment start date was April 1, 2017.

The record reflects that you were enrolled in a platinum-level QHP from April 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 that you needed to update the information in your NYSOH account.

The record reflects that you elected to receive notifications electronically, and there is no evidence that a renewal notice was ever uploaded to your NYSOH account. Therefore, NYSOH never notified you that your NYSOH account needed to be updated to ensure your enrollment in your health plan would continue.

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 elected to have your coverage automatically renewed. Furthermore, you selected the same QHP on February 21, 2017. As such, NYSOH was required to re-enroll you in the same QHP, effective January 1, 2017.

Therefore, the February 22, 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, February, and March 2017, and to notify you accordingly.

Decision

The February 22, 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, February, and March 2017, and to notify you accordingly.

Effective Date of this Decision: June 7, 2017

How this Decision Affects Your Eligibility

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

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)

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).

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
- 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 22, 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, February, and March 2017, and to notify you accordingly.

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

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 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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