



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: AP000000016159

[REDACTED]

Dear [REDACTED],

On June 2, 2017, you and your appointed representative appeared by telephone at a hearing on your appeal of NY State of Health's February 16, and 24, 2017 cancellation notices and February 24, 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.

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 30, 2017

NY State of Health Account ID [REDACTED]  
Appeal Identification Number: AP000000016159



## Issues

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

Did NY State of Health (NYSOH) properly terminate your child's qualified health plan for non-payment of premium effective, February 1, 2017?

Did NYSOH properly determine that you and your child do not qualify to enroll in a qualified health plan outside of the open enrollment period, effective April 1, 2017?

## Procedural History

On December 16, 2016, NYSOH received your household's non-financial application for health insurance.

On December 17, 2016, NYSOH issued an eligibility determination notice stating that you and your child were eligible to purchase a qualified health plan at full cost effective January 1, 2017.

On December 29, 2016, NYSOH issued an enrollment notice confirming your and your child's enrollment on December 28, 2016 stating your child was enrolled in a child only silver level qualified health plan for a cost of \$267.50 per month, and you were enrolled in a bronze level qualified health plan for a cost of \$503.40 per month starting February 1, 2017.

On February 16, 2017, NYSOH issued a cancellation notice stating that your child's enrollment in his silver level qualified health plan was terminated, effective

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February 1, 2017, because a premium payment had not been received by the health plan.

On February 23, 2017, NYSOH received two applications for health insurance. The first application resulted in a preliminary eligibility determination stating that you and your child were eligible for Medicaid, based on this application your enrollment in your qualified health plan was terminated since you were no longer eligible to remain enrolled in a qualified health plan. The second application resulted in a preliminary eligibility determination stating that you and your child were eligible to enroll in a qualified health plan at full cost, based on this application you attempted to reenroll yourself and your child into a qualified health plan but were unable to.

Also on February 23, 2017, you spoke to NYSOH's Account Review Unit and appealed your and your child's inability to enroll into a qualified health plan outside of the open enrollment period.

On February 24, 2017, NYSOH issued an eligibility determination notice, based on the second February 23, 2017 application for financial assistance, stating that you and your child were eligible to purchase a qualified health plan at full cost. It further stated that you both do not qualify to select a health plan outside of the open enrollment period for 2017.

Also on February 24, 2017, NYSOH issued a cancellation notice stating your Bronze level qualified health plan would be ending on February 28, 2017. The determination stated this was because you were no longer eligible to enroll in that plan.

On June 2, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, [REDACTED] interpreter [REDACTED] assisted, you appointed your [REDACTED] as your authorized representative for the duration of your hearing. 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) Your child was enrolled in a child only silver level qualified health plan for a cost of \$267.50 per month, and you were enrolled in a bronze level qualified health plan for a cost of \$503.40 per month starting February 1, 2017.
- 2) You testified that you believe you paid your and your child's monthly premium to your health plan.

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- 3) Your child was disenrolled from his silver level qualified health plan, effective February 1, 2017 for non-payment of premium.
- 4) On February 23, 2017 you contacted NYSOH to reenroll your child into a qualified health plan.
- 5) You testified you were not seeking to apply for financial assistance for your and your child's health coverage.
- 6) On February 23, 2017, you and your child was determined preliminarily eligible for Medicaid February 1, 2017.
- 7) The February 23, 2017 application was submitted over the phone to a NYSOH representative.
- 8) The second application submitted to NYSOH on February 23, 2017, was submitted for non-financial assistance.
- 9) You were disenrolled from your qualified health plan effective February 28, 2017. The determination stated this was because you were no longer eligible to enroll.
- 10) You testified that you and your child have been without health coverage since February 1, and February 28, 2017.

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) an eligibility determination for an exemption; (4) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) 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

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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)).

However, a loss of health insurance coverage such as that referenced above does not include,

“voluntary termination of coverage or other loss due to—

(1) Failure to pay premiums on a timely basis, including COBRA premiums prior to expiration of COBRA coverage, or

(2) Situations allowing for a rescission as specified in 45 CFR [§] 147.128” such as failure to comply with other requirements (45 CFR § 147.128(b))

(45 CFR § 155.420(e)).

## **Legal Analysis**

The first issue under review is whether NYSOH properly terminated your child's qualified health plan for non-payment of premium effective, February 1, 2017.

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On December 28, 2016, your child was enrolled in a silver level qualified health plan for the 2017 coverage year with a monthly premium of \$267.50, effective February 1, 2017.

You testified that you believe you paid your premiums to your qualified health plan for your child.

On February 16, 2017 NYSOH issued a notice stating that your child was disenrolled from his health plan for non-payment of the premium, effective February 1, 2017.

NYSOH 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) an eligibility determination for an exemption, (4) a failure to provide timely notice of an eligibility determination and (5) a denial of a special enrollment period.

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 or not your child was properly terminated from his health plan for non-payment of premiums. Therefore, your appeal of the February 16, 2017 cancellation notice is **DISMISSED** as a non-appealable issue.

The second issue under review is whether NYSOH properly determined that you and your child did not qualify to enroll in a qualified health plan outside of the open enrollment period, effective April 1, 2017.

NYSOH provided an open enrollment period from November 1, 2016 until January 31, 2017. On February 23, 2017, you submitted a request to reenroll yourself and your child in a qualified health plan.

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.

When a qualified individual loses coverage considered to be minimum essential coverage, that individual may be entitled to a special enrollment period in which to reenroll.

On February 23, 2017, you and your child were determined preliminarily eligible for Medicaid effective February 1, 2017. As a result of this application, your enrollment in your qualified health plan was terminated because you were found

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eligible for Medicaid. You testified you have never tried to apply for financial assistance for you and your child's health coverage and that the first application filed on February 23, 2017 was a mistake.

The record supports that the first application that was submitted on February 23, 2017 over the phone with a NYSOH representative. This application stated that you and your child were seeking eligibility for financial assistance. The second application submitted to NYSOH that day, was submitted for non-financial assistance.

Your termination from your health plan is therefore considered involuntary on your part as you had not requested to have your eligibility redetermined for financial assistance and but for that redetermination your enrollment in your qualified health plan would have remained undisturbed.

Therefore, a special enrollment period can be granted based on your involuntary disenrollment from your qualified health plan through no fault of your own.

Your child individually would not be entitled to a special enrollment period in which to enroll in new coverage since his initial enrollment was cancelled due to non payment of premiums which is considered a voluntary action. However, once a family member is found to be eligible for a special enrollment period, all members of the family will be granted one as well.

Since you have been granted a special enrollment period, your child is granted one as well. The February 24, 2017 eligibility determination notice is MODIFIED to reflect you and your child are eligible for a special enrollment period effective April 1, 2017.

Your case is RETURNED to NYSOH to assist you and your child in reenrolling into a health plan for coverage with an effective date of April 1, 2017 or from the date of this decision, if you so choose. You will be responsible for any unpaid premiums if you choose to backdate coverage, otherwise the effective date of your new plan will depend on the date you select a new health plan.

## **Decision**

Your appeal of the February 16, 2017 cancellation notice is DISMISSED.

The February 24, 2017 eligibility determination notice is MODIFIED to reflect you and your child are eligible for a special enrollment period effective April 1, 2017.

Your case is RETURNED to NYSOH to assist you and your child in reenrolling into a health plan for coverage with an effective date of April 1, 2017 or from the

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date of this decision, if you so choose. You will be responsible for any unpaid premiums if you choose to backdate coverage, otherwise the effective date of your new plan will depend on the date you select a new health plan.

**Effective Date of this Decision:** June 30, 2017

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

You and your child qualify for a special enrollment period.

Your case is being sent back to NYSOH to allow you to enroll into coverage as of April 1, 2016, 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 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.

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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**

Your appeal of the February 16, 2017 cancellation notice is **DISMISSED**.

The February 24, 2017 eligibility determination notice is **MODIFIED** to reflect you and your child are eligible for a special enrollment period effective April 1, 2017.

Your case is **RETURNED** to NYSOH to assist you and your child in reenrolling into a health plan for coverage with an effective date of April 1, 2017 or from the date of this decision, if you so choose. You will be responsible for any unpaid premiums if you choose to backdate coverage, otherwise the effective date of your new plan will depend on the date you select a new health plan.

You and your child qualify for a special enrollment period.

Your case is being sent back to NYSOH to allow you to enroll into coverage as of April 1, 2016, 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.

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## **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)

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।

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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 okyer& 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.

### **אידיש (Yiddish)**

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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