



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

## Notice of Decision

Decision Date: June 16, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000016372

[REDACTED]

Dear [REDACTED]

On June 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 16, 2017 cancellation notice and March 1, 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  
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## Decision

Decision Date: June 16, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000016372

[REDACTED]

## Issues

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

Is the Appeals Unit of NY State of Health (NYSOH) authorized to review the termination your qualified health plan (QHP) for non-payment of premiums effective January 1, 2017?

Did NYSOH properly determine that you do not qualify to enroll in a QHP outside of the 2017 open enrollment period?

## Procedural History

On October 17, 2016, NYSOH issued a renewal notice stating that it was time to renew your and your spouse's application for health insurance for 2017. The notice further stated that you and your spouse remained qualified to purchase a QHP at full cost through NYSOH, effective January 1, 2017. Moreover, the notice stated that you and your spouse were being automatically re-enrolled into your same Fidelis Care bronze-level QHP for 2017, and that your new enrollment would begin on January 1, 2017.

On November 18, 2016, NYSOH issued a notice of enrollment confirmation, confirming that you and your spouse were enrolled in your Fidelis Care couple's bronze-level QHP, beginning January 1, 2017.

On November 27, 2016, your NYSOH application was updated and your spouse was removed from your application and your household.

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On November 28, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a QHP at full cost, effective January 1, 2017.

That same day, NYSOH issued a notice of enrollment confirmation, confirming your new enrollment in a bronze-level Fidelis Care individual QHP, effective January 1, 2017.

Also on November 28, 2016, NYSOH issued a disenrollment notice, stating that your spouse was disenrolled from the Fidelis Care couple's bronze-level QHP, effective January 1, 2017, because he was no longer eligible to enroll in health insurance through NYSOH.

On February 16, 2017, NYSOH issued a disenrollment notice, stating that you were disenrolled from your Fidelis Care QHP for failure to make your premium payment by the payment deadline, effective January 1, 2017.

On February 28, 2017, NYSOH received your updated application for financial assistance. That day, a preliminary eligibility determination was prepared stating that you were eligible to purchase a QHP at full cost through NYSOH. You also attempted to enroll into a QHP, but were unable to select a plan for enrollment.

Also on February 28, 2017, you spoke to NYSOH's Account Review Unit and appealed your inability to enroll into a QHP outside of the 2017 open enrollment period.

On March 1, 2017, NYSOH issued an eligibility determination notice, based on the February 28, 2017 application for financial assistance, stating that you were eligible to enroll in a full cost QHP, effective April 1, 2017. It further stated that you do not qualify to select a health plan outside of the open enrollment period for 2017.

On June 6, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open through June 21, 2017, to allow you to submit supporting documents.

On June 7, 2017, you uploaded documentation to your NYSOH account. The record is now closed.

## **Findings of Fact**

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

- 1) You were enrolled in an individual bronze-level QHP for the 2017 coverage year with a monthly premium of \$306.11, effective January 1, 2017.

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- 2) You testified, and the record confirms, that your spouse [REDACTED] 2016.
- 3) You testified that you knew that an application for Medicare would take some time, so you applied for Medicare coverage for your spouse in August 2016.
- 4) You testified that the Social Security Administration told you that the transfer of his coverage from NYSOH to Medicare would be automatic, and that you did not need to do anything.
- 5) You testified that you were not confident that this was the case, so you began contacting NYSOH and Fidelis.
- 6) You testified that you contacted NYSOH at least five times prior to [REDACTED] to ask what you needed to do.
- 7) You testified that the people you spoke with at NYSOH gave you conflicting information, and that they told you that this situation was difficult, and there were no standards for dealing with it. You testified that you were told that that NYSOH was not involved in the process, and that if the Social Security Administration stated that it was automatic, then it was automatic.
- 8) You testified that NYSOH was referring you to talk to Fidelis, and Fidelis was referring you to talk to NYSOH, with regard to the Medicare issue.
- 9) You testified that, while you were waiting for your spouse's Medicare coverage to begin, you continued to pay his QHP premiums for November and then December 2016 because you did not know when his Medicare coverage would begin.
- 10) You testified that, on November 28, 2016, your spouse received his Medicare card, and that his coverage began as of November 1, 2016.
- 11) You testified that, on the day your spouse received his Medicare card, you asked NYSOH to retroactively disenroll him from his QHP as of November 1, 2016. You testified that NYSOH told you to go ahead and update your application and disenroll him.
- 12) The record reflects that you updated your NYSOH application on November 28, 2016 and removed your spouse from your application and household.

- 13) Notes entered by NYSOH in Incident # [REDACTED] indicate that a request was submitted on December 21, 2016 by someone at NYSOH to retroactively disenroll your spouse from his QHP, based on the fact that he had Medicare as of November 1, 2016.
- 14) On February 6, 2017, the following note was entered into Incident # [REDACTED] by a NYSOH agent: "Reached out to consumer. She was very upset that I have to request her information to verify for identity. Consumer stated she never wants to be contacted via phone regarding requests. If consumer call, please advise her the end date has been changed to 10/31/2016 for her spouse as requested."
- 15) You testified that you never received any information from NYSOH informing you that your request to have your spouse retroactively disenrolled from his QHP had been granted.
- 16) You testified that you began calling Fidelis to request a refund of the premium payments for November and December 2016, as your spouse did not use the QHP coverage, and had Medicare coverage in those months.
- 17) You testified that you contacted Fidelis on November 8, 2016, and again on November 21, 2016 and November 28, 2016. You also sent them a letter on November 29, 2016, which you later uploaded to your NYSOH account (Document [REDACTED]).
- 18) You testified that Fidelis advised you to contact NYSOH because they had no control over the issue of retroactive termination and refunding your premiums.
- 19) You testified that you contacted the NY State Attorney General's office regarding Fidelis' refusal to refund the premium payments made on behalf of your spouse for November and December 2016. You testified that the Attorney General's office advised you not to make any premium payments to Fidelis for your own QHP coverage for the months of January and February 2017 while you were waiting for the refund issue to be addressed.
- 20) You testified that, around [REDACTED], you advised Fidelis in writing that, if they did not refund the premium payments that were made on behalf of your spouse, you would apply them to your January and February 2017 premium balances for your own coverage (See Document [REDACTED]).

- 21) You testified that Fidelis did not ever agree to allow you to apply the money from your spouse's premium payments to your January and February 2017 premium payments.
- 22) On February 26, 2017, you uploaded a letter from Fidelis dated January 6, 2017 to your NYSOH account. The letter stated that its purpose was to remind you that your January 2017 premium payment was due (Document [REDACTED]). You testified that you cannot recall whether you spoke to Fidelis after receiving this document.
- 23) You testified that, when you received the cancellation notice in February 2017 stating that your coverage had been cancelled as of January 1, 2017, you again contacted Fidelis to ask them to either apply the November and December 2016 premium payments to your premium, or to accept a credit card payment and issue a written statement that they would refund the November and December 2016 premiums. You testified that they refused.
- 24) You testified that you contacted NYSOH in February 2017 to try to reenroll in coverage after Fidelis refused to reinstate you, but that you were told that your enrollment period had ended. You testified that you asked NYSOH on what basis they were denying your enrollment, since it was your understanding that the "official" enrollment period ended on February 28, 2017, but NYSOH kept stating that your enrollment period was over.
- 25) You testified that you eventually heard from the NYS Attorney General's office that your premium payments from November and December 2016 made on behalf of your spouse were going to be refunded. You testified that you were notified of this in March 2017.
- 26) You testified that, to date, you have not received your premium payment refund from Fidelis.
- 27) You testified that since filing your application on November 27, 2016, there have been no other major changes to your household.
- 28) You testified that, at this point, you are looking to be able to enroll in coverage for the remainder of 2017.
- 29) After the hearing, on June 7, 2017, you uploaded the following documentation to your file:
  - a. A letter dated June 7, 2017 addressed to the Appeals Unit describing the contents of the documents you were uploading. The last part states, "Copy of the check from Fidelis refunding my

overpaid premiums. I had no knowledge of this during our interview. Mail arrives in our neck of the woods after 4 pm;”

- b. A copy of a letter from the NYS Attorney General’s office dated March 3, 2017 stating that, enclosed, you would find a letter from Fidelis Care addressing the matter you brought to their office;
- c. A one-page email from someone named [REDACTED] and addressed to a member of the Attorney General’s office describing in detail several transactions related to your Fidelis Care account. The email states, in pertinent part, “The member is correct and refund is being issues [sic] . . . On November 18, 2016, Fidelis received three transactions from the NYSOH . . . The second transaction was to terminate the member effective October 31, 2016, but due to an error the member’s file was not terminated . . . Fidelis’ Finance Department reviewed the premium payment history and determined, as a result of the retroactive termination, the member and his wife have a total premium credit in the amount of \$612.22. Fidelis is processing the premium reimbursement and will send the check to the member;”
- d. A second letter from the NYS Attorney General’s office dated April 7, 2017 informing you that your complaint regarding your health coverage through NYSOH had been submitted to NYSOH and quoting the response about your request to enroll in coverage on February 28, 2017;
- e. A letter addressed to the NYS Attorney General’s Health Care Bureau from you, dated April 11, 2017, in response to their letter of April 7, 2017;
- f. A copy of a February 28, 2017 letter that you wrote to NYSOH;
- g. A two-page “Chat” transcript between you and [REDACTED] from NYSOH dated October 21, 2016;
- h. A copy of a check from Fidelis Care, made out to you, in the amount of \$612.22, dated June 1, 2017 (Document [REDACTED]);
- i. A separate copy of the June 7, 2017 cover letter addressed to the NYSOH Appeals Unit (Document [REDACTED]).

Taken together, these documents are marked and entered into the record as “Appellant’s Exhibit One.”

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 QHP, and enrollees may change QHPs (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 QHP, 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 QHP 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 QHP 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 QHP 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 QHP 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 QHP; 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 QHP (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 QHP for non-payment of premium, effective January 1, 2017.

On November 27, 2016, you were enrolled into a QHP for the 2017 coverage year with a monthly premium of \$306.11, effective January 1, 2017.

You testified that you made partial premium payments for January and February 2017 to your QHP because you were waiting for them to refund premium payments that you had made on behalf of your spouse for November and December 2016 for coverage that was retroactively terminated to November 1, 2016.

On February 16, 2017, NYSOH issued a notice stating that you were disenrolled from your health plan for non-payment of the premium, effective January 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) a failure to provide timely notice of an eligibility determination, and (4) 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 you were properly terminated from your 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 did not qualify to enroll in a QHP outside of the open enrollment period, as of February 28, 2017.

NYSOH provided an open enrollment period from November 1, 2016 until January 31, 2017. On November 27, 2016, you submitted a request to reenroll in

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a QHP. Therefore, you initially enrolled in coverage during the 2017 open enrollment period. However, on February 16, 2017, NYSOH issued a disenrollment notice, stating that you were disenrolled from your QHP, effective January 1, 2017, because your health plan had not received your premium payment by the payment deadline.

After you were disenrolled, you attempted to re-enroll in coverage on February 28, 2017. However, despite your belief that open enrollment was still occurring, open enrollment had, in fact, ended on January 31, 2017. Therefore, your efforts to re-enroll in February 2017 were outside of the open enrollment period.

Once the annual open enrollment period ends, a health plan enrollee must qualify for a special enrollment period to be eligible 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.

Ordinarily, the loss of health insurance coverage due to non-payment of premiums cannot be considered a triggering event for a special enrollment period, because NYSOH considers it a voluntary action that caused the termination of your coverage.

However, a special enrollment period can be granted if a qualified individual's enrollment or non-enrollment in a QHP 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.

It is significant that, in this case, the nonpayment issue arose because of a series of errors on the part of both NYSOH and your QHP. To begin with, neither NYSOH nor your QHP provided you with accurate information regarding what you needed to do to transition your spouse from his QHP coverage to Medicare, despite your multiple efforts to obtain assistance with this issue.

Additionally, the email that Fidelis provided to the NYS Attorney General's Office states, in pertinent part, that, "On November 18, 2016, Fidelis received three transactions from the NYSOH . . . The second transaction was to terminate the member [your spouse] effective October 31, 2016, but due to an error the member's file was not terminated" (Appellant's Exhibit One).

Had Fidelis properly terminated your spouse's coverage and provided a refund of the premiums at the time when this November 18, 2016 transaction was received, the matter would have been resolved in a timely manner, and the issue regarding your 2017 premium payments could have been prevented. Moreover, had NYSOH provided you with accurate information regarding what you needed to do to transition your spouse from his QHP to Medicare in the first place, the situation, again, could have been avoided.

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Therefore, since NYSOH's errors and misinformation, in addition to the errors made by your plan, resulted in your eventual disenrollment from your QHP, you should have been granted a special enrollment period as of your February 28, 2017 application.

Therefore, NYSOH's March 1, 2017 eligibility determination that you did not qualify to select a QHP outside of the open enrollment period for 2017 is MODIFIED to state that you were eligible for a special enrollment period as of the date of your February 28, 2017 application.

Your case is RETURNED to NYSOH to assist you in enrolling into a QHP. You have 60 days from the date of this decision to make your selection. You may choose to enroll into a QHP to start coverage as early as April 1, 2017 (the date coverage could have begun had you been provided the special enrollment period as of your February 28, 2017 application), or, in the alternative, you may elect to have your coverage in effect going forward instead.

## **Decision**

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

The March 1, 2017 eligibility determination is MODIFIED to state that you were eligible for a special enrollment period as of your February 28, 2017 application.

Your case is RETURNED to NYSOH to assist you in enrollment into a QHP. You have 60 days from the date of this decision to select a plan, and you may elect to have coverage begin as early as April 1, 2017, or a later month of your choosing.

**Effective Date of this Decision:** June 16, 2017

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

Your appeal of the February 16, 2017 disenrollment notice is dismissed because it is not an appealable issue.

NYSOH improperly denied you a special enrollment period.

Your case is being sent back to NYSOH to allow you to enroll in coverage as of April 1, 2017, or a later month of your choosing.

You will be responsible for any premium payments for any months you are enrolled in coverage.

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 have 60 days from the date of this decision to select a QHP for enrollment.

## **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.  
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

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- 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 disenrollment notice is **DISMISSED**.

The March 1, 2017 eligibility determination is **MODIFIED** to state that you are eligible for a special enrollment period as of your February 28, 2017 application.

Your case is **RETURNED** to NYSOH to assist you in enrollment into a QHP. You have 60 days from the date of this decision to select a plan, and you may elect to have coverage begin as early as April 1, 2017, or a later month of your choosing.

Your appeal of the February 16, 2017 disenrollment notice is dismissed because it is not an appealable issue.

NYSOH improperly denied you a special enrollment period.

Your case is being sent back to NYSOH to allow you to enroll in coverage as of April 1, 2017, or a later month of your choosing.

You will be responsible for any premium payments for any months you are enrolled in coverage.

You have 60 days from the date of this decision to select a QHP for enrollment.

## **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।

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).

## **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&etumi 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.

## **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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