



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

Notice of Decision

Decision Date: June 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016489

[REDACTED]

Dear [REDACTED],

On June 15, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 22, 2017 cancellation notice and March 3, 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 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016489

[REDACTED]

Issues

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

Does the Appeals Unit of NY State of Health (NYSOH) have the authority to review the termination of your coverage with your qualified health plan (QHP) for non-payment of premium, effective January 1, 2017?

Did NYSOH properly determine that you do not qualify to enroll in a QHP outside of the open enrollment period, effective April 1, 2017?

Procedural History

On December 19, 2016, NYSOH received your updated application for health insurance.

On December 20, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to receive an advance payments of the premium tax credit (APTC) of up to \$55.00 per month, effective February 1, 2017.

Also on December 20, 2016, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a QHP with Healthfirst, effective February 1, 2017.

On February 22, 2017 NYSOH issued a cancellation notice stating that your enrollment in your QHP was terminated, effective January 1, 2017, because a premium payment had not been received by the health plan by the payment deadline.

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On March 2, 2017, NYSOH received your updated application for financial assistance. That day, a preliminary eligibility determination was prepared stating that you were eligible to receive up to \$55.00 in APTC, effective April 1, 2017. You also attempted to enroll into a QHP, but were unable to select a plan for enrollment.

Also on March 2, 2017, you spoke to NYSOH's Account Review Unit and appealed your inability to enroll into a QHP outside of the open enrollment period.

On March 3, 2017, NYSOH issued an eligibility determination notice, based on the March 2, 2017 application for financial assistance, stating that you were eligible to receive up to \$55.00 per month in APTC, 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 15, 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 hearing.

Findings of Fact

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

- 1) You selected a QHP for enrollment for the 2017 coverage year with a monthly premium of \$472.49 on December 19, 2016. The December 20, 2016 enrollment confirmation notice stated that this coverage would begin on February 1, 2017.
- 2) You testified that you had been trying to update your account and enroll for a long time before December 19, 2016, but that NYSOH was experiencing "computer glitches" that prevented you from completing your application update and enrolling sooner.
- 3) You testified that you received an invoice from Healthfirst dated January 14, 2017. You testified that it took you a few days to look at it as your spouse was [REDACTED], and you were busy taking care of him.
- 4) You testified that when you looked at the invoice, you noted that you were being billed for coverage for January 2017, even though the documentation you had received from NYSOH stated that your coverage would begin on February 1, 2017.

- 5) You testified that you did ask NYSOH on December 23, 2016 whether they could backdate your coverage to January 1, 2017, but that you never heard back from NYSOH as to whether this request was approved.
- 6) Notes entered in Incident # [REDACTED] in NYSOH's system on December 23, 2016 state, "Consumer needs her QHP coverage backdated to 1/1/2017 due to defect# [REDACTED] which did not allow her to select her plan in time."
- 7) A note entered on December 30, 2016 in this same Incident indicates that your coverage was backdated to 1/1/17 on December 30, 2016, and a note entered on January 3, 2017 states, "1st Attempt to reach consumer. Advised consumer of results. Advised consumer to give health plan 48-72 hours to receive file."
- 8) You testified that, when you received the invoice that included a bill for January 2017, you contacted Healthfirst, and they informed you that they would look into the matter to see whether your coverage began in January or February.
- 9) You testified that, when you spoke to Healthfirst, you also informed them that your payment was also not going to be there by February 1, 2017, and that they told you that it was fine, as long as it was there by the end of the month.
- 10) You testified that, when you did not hear back from Healthfirst regarding whether you had coverage in January, you decided to send a payment of \$944.98, which would cover the premiums for both January and February 2017. You testified that you sent this check on February 13, 2017, and that it cleared your bank account on February 21, 2017.
- 11) You were disenrolled from your QHP, effective January 1, 2017 for failure to pay your premium by the payment deadline, according to a February 22, 2017 disenrollment notice from NYSOH.
- 12) You testified that you have had Healthfirst coverage in the past, and that you have never had a problem like this, but that you were informed that this was different because it was a binder payment.
- 13) You testified that Healthfirst still has your January and February 2017 premium payments.
- 14) On March 2, 2017, you contacted NYSOH to try to reenroll into a QHP, but were told that you could not.

- 15) You testified that you are looking to be able to enroll in health insurance for the remainder of 2017.
- 16) You testified that, on [REDACTED], your spouse passed away.
- 17) You testified that your income is going to change, as you both received Social Security Retirement, and now you will have to choose whether you wish to receive his benefit, or your benefit.
- 18) Your NYSOH account does not reflect any application updates since March 2, 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) a failure by NYSOH to provide timely notice of an eligibility determination; 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:

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(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 QHP 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 APTC, 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’s Appeals Unit has the authority to review the termination of your coverage with your QHP for non-payment of premium, effective January 1, 2017.

On December 19, 2016, you were enrolled in a QHP for the 2017 coverage year with a monthly premium of \$472.49 effective. Though initially this enrollment was effective February 1, 2017, it appears that you requested, and were granted, a backdating of your coverage to January 1, 2017, as your enrollment had been delayed by a defect in NYSOH’s system.

You testified that you received an invoice dated January 14, 2017, but you were not sure whether it was correct because it indicated that your coverage had started on January 1, 2017, so you called your QHP. You testified that you also informed your QHP when you called them that your payment was going to be late. You testified that you ultimately paid both your January and February 2017 premium payment on February 13, 2017, and that the check cleared your bank account on February 21, 2017.

On February 22, 2017, NYSOH issued a notice stating that you were disenrolled from your health plan for non-payment of the premium by the payment deadline, effective January 1, 2017. You testified that you called Healthfirst about this, and were told that because it was a binder payment, it had to be made by the payment deadline.

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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 22, 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, effective April 1, 2017.

NYSOH provided an open enrollment period from November 1, 2016 until January 31, 2017. On March 2, 2017, you submitted a request to re-enroll in a QHP.

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

In the present case, there is no evidence in the record to establish grounds for a special enrollment period as of your March 2, 2017 application.

Although you did lose health coverage as a result of the February 22, 2017 disenrollment, the loss of health insurance coverage in this case cannot be considered a triggering event for a special enrollment period, because it was a result of non-payment of your premiums which NYSOH considers a voluntary action causing the termination of your coverage.

The credible evidence of record indicates that, since the open enrollment period closed on January 31, 2017, you did not experience a triggering event that would have qualified you for a special enrollment period as of the date of your March 2, 2017 application.

Therefore, the March 3, 2017 eligibility determination, to the extent it denied you a special enrollment period effective April 1, 2017, was correct and is **AFFIRMED**.

However, you testified at the hearing that your spouse passed away on [REDACTED] [REDACTED]. Though the record reflects that your spouse was not on your health plan, according to your testimony, his passing is going to cause a significant change in your household income. Additionally, your household has changed from a two-person household to a one-person household.

For this reason, your case is RETURNED to NYSOH so that NYSOH can contact you and assist you in updating your application for financial assistance with health insurance, including updating your income and completing the questions to determine whether you may qualify for a special enrollment period. NYSOH will contact you immediately to do this, and will issue an eligibility determination in writing.

Decision

The March 3, 2017 eligibility determination is AFFIRMED.

Your case is RETURNED to NYSOH, and NYSOH is directed to immediately contact you to assist you in updating your NYSOH application, including updating your household size and income, and completing the questions that will determine whether you may qualify for a special enrollment period.

NYSOH is directed to issue a written eligibility determination upon completion of this application update.

Effective Date of this Decision: June 27, 2017

How this Decision Affects Your Eligibility

You did not qualify for a special enrollment period as of March 2, 2017.

Your case is being sent back to NYSOH, and NYSOH will contact you immediately to assist you in updating your application for financial assistance with health insurance. NYSOH will also assist you in completing the questions that will allow for a determination as to whether you currently qualify for a special enrollment period.

Once your application is complete, NYSOH will send you an eligibility determination in writing.

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
- By mail at:

NY State of Health Appeals
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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The March 3, 2017 eligibility determination is AFFIRMED.

Your case is RETURNED to NYSOH, and NYSOH is directed to immediately contact you to assist you in updating your NYSOH application, including updating your household size and income, and completing the questions that will determine whether you may qualify for a special enrollment period.

NYSOH is directed to issue a written eligibility determination upon completion of this application update.

You did not qualify for a special enrollment period as of March 2, 2017.

Your case is being sent back to NYSOH, and NYSOH will contact you immediately to assist you in updating your application for financial assistance with health insurance. NYSOH will also assist you in completing the questions that will allow for a determination as to whether you currently qualify for a special enrollment period.

Once your application is complete, NYSOH will send you an eligibility determination in writing.

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. 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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