



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

Notice of Decision

Decision Date: June 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016530

[REDACTED]

Dear [REDACTED],

On June 14, 2017, [REDACTED] appeared on your behalf by telephone at a hearing on your appeal of NY State of Health’s February 17, 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: June 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016530

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

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

Procedural History

On February 17, 2017, NYSOH issued an eligibility determination notice, based on your February 16, 2017 application, stating that you and your spouse were eligible to share in an advance premium tax credit of up to \$261.00 per month, effective April 1, 2017. It further stated that you both did not qualify to select a health plan outside of the open enrollment period for 2017.

On February 28, 2017, NYSOH issued a disenrollment notice stating that your and your spouse's coverage would end on March 31, 2017.

On March 3, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as you and your spouse were not eligible to re-enroll into a health plan outside of the open enrollment period.

On June 14, 2017, your spouse appeared on your behalf and had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open to June 29, 2017, to allow you to submit supporting documents.

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On June 14, 2017, you submitted proof of termination of your and your spouse's third-party health insurance and proof of your and your spouse's move to New York from out of state. These documents were made part of the record as "Appellant's Exhibit A." The record is now closed.

Findings of Fact

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

- 1) On February 16, 2017 you applied for health insurance. You attempted to change health plans that day but were unable to do so.
- 2) Your spouse testified, and submitted documentation to show, that you and your spouse lost your prior minimum essential health coverage through the California State Benefit Exchange on February 1, 2017. This was because you moved out of California and now reside in New York State (see Appellant's Exhibit A, pp. 2 - 8).
- 3) Your spouse testified that you are appealing because she cancelled your health insurance at the recommendation of a NYSOH representative, and she has an urgent medical need.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Enrollment in a Qualified Health Plan

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:

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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.

(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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you and your spouse do 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 16, 2017, you applied for health insurance and requested to change your and your spouse's qualified health plan. On February 17, 2017, NYSOH issued a notice stating that you and your spouse do not qualify to enroll in a qualified health plan 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 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.

Your spouse testified, and submitted documentation to show, that your and your spouse's previous minimum essential insurance coverage through California's Benefit Exchange ended on February 1, 2017. Loss of insurance coverage outside of NYSOH is considered a triggering life event.

When a triggering life event occurs, the qualified individual has 60 days from the date of that event to change health plans.

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Since 60 days from February 1, 2017 is April 1, 2017; you and your spouse should have qualified to select a qualified health plan outside of the open enrollment period until April 1, 2017.

The credible evidence of record indicates that you and your spouse's application for health insurance was submitted on February 16, 2017, prior to the expiration of the special enrollment period you should have been granted. Due to NYSOH error, your application was improperly processed within the 60-day period from your and your spouse's loss of minimum essential health coverage through the California Benefit Exchange as of February 1, 2017.

Therefore, NYSOH's February 17, 2017 eligibility determination notice improperly stated that you and your spouse did not qualify to select a health plan outside of the open enrollment period for 2017.

Your case is RETURNED to NYSOH to assist you and your spouse in enrolling into a qualified health plan. You and your spouse may choose to enroll into a qualified health plan as of February 16, 2017, because NYSOH failed to properly process your application and grant you a special enrollment period that day due to your loss of minimum essential health coverage. In the alternative, you and your spouse may elect to enroll into coverage within 60 days from the date of this decision.

Decision

The February 17, 2017 eligibility determination that you and your spouse did not qualify to select a health plan outside of the open enrollment period for 2017 was in error.

Your case is RETURNED to NYSOH to assist you and your spouse in enrolling in a qualified health plan. You and your spouse may choose to enroll into a qualified health plan as of February 16, 2017. In the alternative, you and your spouse may elect to enroll in coverage within 60 days from the date of this decision. You will be responsible for premium payments for any months you and your spouse are enrolled in coverage.

Effective Date of this Decision: June 20, 2017

How this Decision Affects Your Eligibility

NYSOH improperly denied you and your spouse a special enrollment period.

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).

Your case is being sent back to NYSOH to allow you and your spouse to enroll in a qualified health plan as of February 16, 2017, if you so choose. In the alternative, you and your spouse may elect to enroll in coverage within 60 days from the date of this decision.

You will be responsible for any premium payments for any months you and your spouse are enrolled in 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.
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 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).

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

The February 17, 2017 eligibility determination that you and your spouse did not qualify to select a health plan outside of the open enrollment period for 2017 was in error.

Your case is RETURNED to NYSOH to assist you and your spouse in enrolling in a qualified health plan. You and your spouse may choose to enroll into a qualified health plan as of February 16, 2017. In the alternative, you and your spouse may elect to enroll in coverage within 60 days from the date of this decision. You will be responsible for premium payments for any months you and your spouse are enrolled in coverage.

NYSOH improperly denied you and your spouse a special enrollment period.

Your case is being sent back to NYSOH to allow you and your spouse to enroll in a qualified health plan as of February 16, 2017, if you so choose. In the alternative, you and your spouse may elect to enroll in coverage within 60 days from the date of this decision.

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

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您免费提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجانًا.

বাংলা (Bengali)

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&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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