



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

Notice of Decision

Decision Date: August 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017218

[REDACTED]

Dear [REDACTED]

On June 29, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 18, 2017 cancellation notice and May 22, 2017 eligibility determination notices.

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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017218

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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 in your qualified health plan (QHP) for failure to pay your premium by the payment deadline?

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

Procedural History

On February 14, 2017, NYSOH received your updated application for health insurance, in which you asked for coverage and financial assistance for you and your spouse.

On February 15, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were jointly eligible to receive up to \$524.00 in advance payments of the premium tax credit (APTC), effective March 1, 2017.

Also on February 15, 2017, NYSOH issued a confirmation notice confirming enrollment in a Fidelis plan for you and your spouse, effective March 1, 2017.

On March 18, 2017, NYSOH issued a cancellation notice stating that enrollment in the Fidelis plan was terminated for you and your spouse, effective March 1, 2017, because your health plan had not received your premium payment by the payment deadline.

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On March 22, 2017 and/or March 23, 2017, you contacted NYSOH and requested that you and your spouse be reenrolled in your plan; the representatives you spoke to refused to assist you in formally applying for a special enrollment period, instead telling you that you would have to file an appeal.

On March 23, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determinations, insofar as you and your spouse were disenrolled from coverage and were not eligible to enroll in a health plan outside of the open enrollment period.

On April 18, 2017, NSYOH systematically redetermined your eligibility based on your February 14, 2017 application, without input from you.

On April 19, 2017, NYSOH issued an eligibility determination notice, stating that you and your spouse were eligible to receive APTC for a limited time, and that you might be eligible for a special enrollment period, effective June 1, 2017.

On May 21, 2017, 2017, NSYOH again systematically redetermined your eligibility based on your February 14, 2017 application, again without input from you.

Two eligibility determination notices were issued on May 22, 2017. The first stated that your spouse was not eligible to enroll in coverage through NYSOH because she had not provided proof of citizenship status and Social Security number, effective June 2, 2017. Your account indicates that your spouse's Social Security number could not be validated by the Social Security Administration. The second notice stated that you, [REDACTED], were eligible for up to \$70.00 per month in APTC, effective July 1, 2017, and that you might be eligible for a special enrollment period.

On June 29, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was closed at the end of the hearing.

Findings of Fact

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

- 1) You and your spouse were enrolled in a Fidelis health plan for the 2017 coverage year with a monthly premium responsibility of \$368.21, beginning March 1, 2017.
- 2) You testified that you believed that you would receive something from NYSOH or Fidelis asking for a payment.

- 3) You testified that you never received any bill or invoice from Fidelis, so you did not pay the March 2017 premium. You found out your coverage had been cancelled due to nonpayment of premiums when you called in March or April to ask about the bill. You never received a disenrollment notice. You asked to reenroll and were told you could not, and that your only option was to file an appeal.
- 4) You testified that you were told by a NYSOH representative that a bill would be sent to you.
- 5) You testified that the information in your application was correct, and that, since filing your application, there have been no major changes to your household.

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

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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 QHP because he or she gains citizenship, status as a national, or lawful presence, 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 a 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. NYSOH has decided not to accept this option.

(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 the Appeals Unit of NYSOH has the authority to review whether your QHP properly terminated your coverage for failure to pay your premium by the payment deadline, effective March 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 March 18, 2017 cancellation notice is **DISMISSED** as a non-appealable issue.

The second issue under review is whether NYSOH properly determined that you and your spouse did not qualify to enroll in a QHP outside of the open enrollment period, as of March 23, 2017.

When you applied for coverage on February 6, 2017, you were allowed to enroll in coverage outside of the open enrollment period because you and your spouse were already enrolled in coverage and became newly eligible for APTC. This special enrollment period began on February 6, 2017.

Once provided with a special enrollment period, that period lasts for 60 days, and an appellant can use that period to enroll in a plan or to change enrollment to another plan.

In the present case, when you attempted to reenroll on March 22 or March 23, 2017, you were still acting within that 60-day time frame.

Therefore, NYSOH acted improperly in refusing to allow you to reenroll in a plan as of March 22, 2017. Had you been allowed to enroll in a plan at that time, you could have had coverage resume as early as May 1, 2017.

For this reason, you are provided with a special enrollment period in which to enroll in a plan, and you have 60 days from the date of this decision in which to make your selection. It is your option to have coverage begin as early as May 1, 2017, or to have it begin from this point forward.

If you update your account and confirm your spouse's Social Security number, you will both be eligible to reenroll.

Additionally, your case is referred to Plan Management to investigate whether you were properly and timely sent an invoice or bill from your Fidelis plan prior to NYSOH's disenrollment notice for nonpayment.

If it is determined that Fidelis Care improperly failed to issue any invoice or bill to you prior to cancelling your coverage, then you will be eligible for a further backdate of coverage to March 1, 2017.

Decision

Your appeal on the issue of the termination of coverage due to nonpayment of premium is dismissed.

You and your spouse were still entitled to enroll during your special enrollment period, when you contacted NYSOH to do so on March 22, 2017 and March 23, 2017.

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).

Effective Date of this Decision: August 10, 2017

How this Decision Affects Your Eligibility

You, and your spouse, if she can confirm her Social Security number, are provided with a special enrollment period in which to enroll in coverage.

If it cannot be shown that Fidelis Care timely and properly issued an invoice or bill to you for your March 2017 premium, you may elect to begin your reenrollment as early as March 1, 2017.

Otherwise, you may choose to have your reenrollment begin as early as May 1, 2017.

The above findings will apply equally to your spouse, if you can verify her Social Security number.

You will be responsible for any retroactive premium payments if you enroll in coverage for any months in the past.

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

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).

Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061

- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

Your appeal is dismissed as to the end of coverage due to nonpayment of premium.

You and your spouse were still entitled to enroll during your special enrollment period, when you contacted NYSOH to do so on March 22, 2017 and March 23, 2017.

You, and your spouse, if she can confirm her Social Security number, are provided with a special enrollment period in which to enroll in coverage.

If it cannot be shown that Fidelis Care timely and properly issued an invoice or bill to you for your March 2017 premium, you may elect to begin your reenrollment as early as March 1, 2017.

Otherwise, you may choose to have your reenrollment begin as early as May 1, 2017.

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The above findings will apply equally to your spouse, if you can verify her Social Security number.

You will be responsible for any retroactive premium payments if you enroll in coverage for any months in the past.

Legal Authority

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

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

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

Español (Spanish)

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

中文 (Traditional Chinese)

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

Kreyòl Ayisyen (Haitian Creole)

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

中文 (Simplified Chinese)

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

Italiano (Italian)

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

한국어 (Korean)

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

Русский (Russian)

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

العربية (Arabic)

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

বাংলা (Bengali)

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Français (French)

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

हिंदी (Hindi)

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

日本語 (Japanese)

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

नेपाली (Nepali)

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

Polski (Polish)

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

Twi (Twi)

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

שׂוֹדִישׁ (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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