



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

## Notice of Decision

Decision Date: July 5, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017234

[REDACTED]

Dear [REDACTED]

On June 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 24, 2017 eligibility determination notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the Account ID at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: July 5, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017234



## 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 did not qualify to enroll in a qualified health plan (QHP) outside of the 2017 open enrollment period, as of May 1, 2017?

## Procedural History

On January 31, 2017, NYSOH received your updated application for health insurance on behalf of yourself and your spouse.

On February 1, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to receive up to \$300.00 per month in advance payment of the premium tax credit (APTC) for a limited time, effective March 1, 2017.

Also on February 1, 2017, NYSOH issued notice of enrollment confirmation confirming that you and your spouse were enrolled in an Affinity silver-level QHP, with a plan start date of March 1, 2017.

On March 17, 2017, NYSOH issued a disenrollment notice stating that you and your spouse were disenrolled from your QHP, effective March 1, 2017, because you did not pay your insurance bill by the payment deadline.

On March 20, 2017, NYSOH redetermined your eligibility after reviewing income documentation that you had submitted.

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).

On March 21, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to enroll in a QHP at full cost, effective May 1, 2017. The notice also stated that you had until May 19, 2017 to select a QHP for enrollment.

On March 23, 2017, you contacted NYSOH and updated your account.

On March 24, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to receive up to \$210.00 per month in APTC, effective May 1, 2017. The notice also stated that you and your spouse did not qualify to select a health plan outside of the open enrollment period for 2017.

Also on March 24, 2017, you spoke to NYSOH's Account Review Unit and appealed that eligibility determination, insofar as you and your spouse were not eligible to enroll in a QHP outside of the 2017 open enrollment period.

On June 28, 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) On January 31, 2017, you and your spouse selected an Affinity silver-level QHP for enrollment. This enrollment began on March 1, 2017, per NYSOH's February 1, 2017 enrollment confirmation notice.
- 2) You testified you expected that, after you selected a plan, you would receive paperwork from Affinity regarding your coverage, and a bill for your premium.
- 3) You testified that you did not receive any invoice or paperwork prior to receiving the March 17, 2017 disenrollment notice for nonpayment.
- 4) You testified that you received the first bill from Affinity after you received the cancellation notice. You testified that the bill was dated March 13, 2017 and specified that it was for coverage for the month of April 2017.
- 5) You testified that you never received any prior invoices or bills for the month of March 2017.

- 6) You testified that you contacted Affinity after you received the cancellation notice, and that Affinity told you that they would re-enroll you in coverage if NYSOH made a change in their system saying that you could enroll.
- 7) Your NYSOH account reflects that, on March 20, 2017, someone from NYSOH reviewed income documentation that you had submitted and redetermined your eligibility.
- 8) Your NYSOH account further reflects that on March 21, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were newly eligible to enroll in a QHP at full cost, effective May 1, 2017. The notice also stated that you had until May 19, 2017 to select a QHP for enrollment.
- 9) You testified, and your NYSOH account reflects, that you contacted NYSOH on March 23, 2017 and updated your account. As a result, you and your spouse were found eligible for up to \$210.00 per month in APTC, effective May 1, 2017.
- 10) You testified that someone from NYSOH told you that you would need to speak with Affinity to see if you could enroll in coverage, but that when you contacted Affinity, they advised you to speak to NYSOH.
- 11) You testified that you spoke to NYSOH to try to enroll in a plan, but were told that you could not enroll, so you filed an appeal.
- 12) Your NYSOH account reflects that NYSOH issued a notice of eligibility determination on March 24, 2017 confirming that you and your spouse were eligible to receive up to \$210.00 per month in APTC, but denying your request to enroll in a health plan outside of the 2017 open enrollment period.
- 13) You testified that you are appealing because you and your spouse need health insurance coverage.

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 QHP and enrollees may change QHPs (45 CFR § 155.410(a)(1)).

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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 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 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.

(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)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that you and your spouse did not qualify to enroll in a QHP outside of the 2017 open enrollment period as of May 1, 2017.

NYSOH provided an open enrollment period from November 1, 2016 until January 31, 2017. On January 31, 2017, you submitted an application for health insurance and requested to enroll in a QHP. Therefore, you and your spouse initially enrolled in a QHP during the open enrollment period. However, on March 17, 2017, NYSOH issued a disenrollment notice stating that you and your spouse were disenrolled from your QHP for failure to pay the premium by the payment deadline.

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.

A special enrollment period can be granted to an enrollee if a qualified individual's enrollment or non-enrollment into a QHP is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, or inaction of an officer, employee, or agent of NYSOH or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities.

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On March 20, 2017, NYSOH reran your application for health insurance, and on March 21, 2017, NYSOH issued a notice stating that you and your spouse had until May 19, 2017 to select a QHP for enrollment. You subsequently attempted to select a plan on March 23, 2017, but were denied, as confirmed in the March 24, 2017 eligibility determination notice.

Since the March 21, 2017 determination notice stated you had until May 19, 2017 to select and confirm a QHP, NYSOH should have honored this granting of a special enrollment period until May 19, 2017. It was NYSOH's error that prevented you from selecting a plan on March 23, 2017.

Therefore, NYSOH's March 24, 2017 eligibility determination that you and your spouse did not qualify to select a health plan outside of the open enrollment period for 2017 is MODIFIED to reflect that you and your spouse were eligible for a special enrollment period as of the date of your March 23, 2017 application.

Your case is RETURNED to NYSOH to assist you and your spouse in enrolling into a QHP. You may choose to enroll into a QHP as early as May 1, 2017 (the date your coverage would have started if you had been allowed to enroll at that time) because NYSOH failed to honor the special enrollment period it had granted to you. In the alternative, you may elect to enroll into coverage going forward. You have 60 days from the date of this decision to select a plan for enrollment.

## **Decision**

The March 24, 2017 eligibility determination stating that you and your spouse do not qualify to select a health plan outside of the open enrollment period for 2017 is MODIFIED to reflect that you and your spouse are eligible for a special enrollment period as of the date of your March 23, 2017 application.

Your case is RETURNED to NYSOH to assist you in enrolling into a QHP. You may choose to enroll into a qualified health plan as of May 1, 2017, if you so choose. In the alternative, you may elect to enroll into coverage going forward. You have 60 days from the date of this decision to select a QHP for enrollment.

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

**Effective Date of this Decision:** July 5, 2017

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

NYSOH improperly denied you a special enrollment period.

Your case is being sent back to NYSOH to allow you and your spouse to enroll into coverage as of May 1, 2017, if you so choose. In the alternative, you may elect to enroll into coverage going forward.

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

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

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:  
Health Insurance Marketplace  
Attn: Appeals  
465 Industrial Blvd.  
London, KY 40750-0061
- By fax: 1-877-369-0129

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 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**

The March 24, 2017 eligibility determination stating that you and your spouse do not qualify to select a health plan outside of the open enrollment period for 2017 is MODIFIED to reflect that you and your spouse are eligible for a special enrollment period as of the date of your March 23, 2017 application.

Your case is RETURNED to NYSOH to assist you in enrolling into a QHP. You may choose to enroll into a qualified health plan as of May 1, 2017, if you so choose. In the alternative, you may elect to enroll into coverage going forward. You have 60 days from the date of this decision to select a QHP for enrollment.

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

NYSOH improperly denied you a special enrollment period.

Your case is being sent back to NYSOH to allow you and your spouse to enroll into coverage as of May 1, 2017, if you so choose. In the alternative, you may elect to enroll into coverage going forward.

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

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

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## **Legal Authority**

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

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**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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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।

### **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 bɛtumi ama wo obi a okyerɛ 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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