



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

## Notice of Decision

Decision Date: September 6, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017847

[REDACTED]

Dear [REDACTED],

On July 24, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 15, 2017 and March 17, 2017 cancellation notices and the April 8, 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: September 6, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017847

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

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

## Procedural History

On January 26, 2017, NYSOH received your updated application for health insurance.

On January 27, 2017, NYSOH issued an eligibility determination stating you were eligible to purchase a QHP at full cost, effective March 1, 2017.

Also on January 27, 2017, NYSOH issued an enrollment notice confirming you were enrolled in a QHP with a \$453.55 monthly premium and a dental plan with a \$38.45 monthly premium, effective March 1, 2017.

On March 15, 2017, NYSOH issued a cancellation notice stating your dental plan coverage was terminated, effective March 1, 2017, because you did not pay your insurance bill by the payment deadline.

On March 17, 2017, NYSOH issued a cancellation notice stating your QHP coverage was terminated, effective March 1, 2017, because you did not pay your insurance bill by the payment deadline.

On March 23, 2017, NYSOH received your updated application for health insurance.

On March 24, 2017, NYSOH issued an eligibility determination notice stating you were eligible to purchase a QHP at full cost, effective May 1, 2017. It further stated that you did not qualify to select a health plan outside of the open enrollment period for 2017.

On April 7, 2017, NYSOH received another updated application submitted on your behalf. That day, a preliminary eligibility determination was prepared stating that you were eligible to purchase a QHP at full cost, effective May 1, 2017, but you did not qualify to select a health plan outside of the open enrollment period for 2017.

Also on April 7, 2017, you spoke to NYSOH's Account Review Unit and appealed your inability to reenroll into a QHP outside of the open enrollment period.

On April 8, 2017, NYSOH issued an eligibility determination notice stating you were eligible to purchase a QHP at full cost, effective May 1, 2017. It further stated that you did not qualify to select a health plan outside of the open enrollment period for 2017.

On July 24, 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) According to the notices issued on your account, your mailing address was updated from [REDACTED] [REDACTED] [REDACTED] sometime between January 22, 2016 and February 18, 2016.
- 2) You testified that the [REDACTED] address was your employer's former address.
- 3) You testified that your employer had previously set up your NYSOH account and completed the applications on your behalf. You further testified that the invoices from the health plan were sent directly to your

employer.

- 4) You testified that your employer's building was sold so your employer updated the mailing address on your account to your home address so that you would begin receiving your own invoices.
- 5) According to your account, an updated application was submitted on your behalf online on January 27, 2017. You testified that this was the first application you submitted with the help of your employer.
- 6) According to your account, you enrolled in a new QHP and dental plan, effective March 1, 2017.
- 7) According to your account, the health plan initiated termination of your coverage for non-payment of the premium on March 14, 2017. Your enrollment in your QHP and your dental plan were retroactively terminated back to March 1, 2017.
- 8) An updated application for health insurance was received by NYSOH on March 23, 2017. NYSOH denied you a special enrollment period to reenroll into a QHP outside the open enrollment period for 2017.
- 9) Also on March 23, 2017, your mailing address was updated to [REDACTED]. You testified that was your correct mailing address.
- 10) You submitted another updated application on April 7, 2017 and you were again denied a special enrollment period.
- 11) You testified that you did not make the March 2017 premium payment to the health plan, because you did not receive an invoice from the health plan until after the due date had passed. You testified that the health plan had the wrong address listed on your account.
- 12) You testified that your employer erroneously updated your account with an inaccurate mailing address for you. You testified that you were unsure when this happened, because you never had anything to do with your NYSOH account until January 2017, because your employer had previously handled the account.
- 13) You testified you are seeking a special enrollment period to reenroll into a QHP for 2017.
- 14) You testified there have been no significant changes in your household since applying for insurance for 2017.

- 15) According to your account, you receive your communication from NYSOH by electronic notice.

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 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:

- (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 qualified health plan 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 qualified health plan 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 qualified health plan 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 qualified health plan 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 qualified health plan; 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 not elected to adopt this subsection at this time.

(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 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.

On January 27, 2017, you were enrolled into a new QHP and dental plan for the 2017 coverage year, effective March 1, 2017.

You testified that your employer had previously set up your NYSOH account and handled all your business with NYSOH on your behalf, including submitting applications and enrollments and paying your invoices. You testified that the invoices had previously been sent from your former health plan directly to your employer. You testified that, at some point, your employer's building was sold so your employer erroneously updated your account with your incorrect mailing address, so that you could begin receiving your own invoices. You testified that you did not receive the March 2017 premium invoice from the health plan in time to make the payment, because the health plan sent it to the incorrect mailing address listed in the account.

Your account confirms that your health plan initiated termination of your coverage for non-payment of the premium on March 14, 2017 and your enrollment in your QHP and your dental plan was retroactively terminated back to March 1, 2017.

Pursuant to the regulations, the 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 QHP or your dental plan for non-payment of premiums. Therefore, your appeal of the March 15, 2017 and March 17, 2017 cancellation notices 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 May 1, 2017.

NYSOH provided an open enrollment period from November 1, 2016 until January 31, 2017. On March 23, 2017, and again on April 7, 2017, you submitted requests to reenroll in a QHP. This was outside the open enrollment period for 2017.

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. You testified that there have been no changes to your household in 2017.

Although you did lose health coverage as a result of the March 15, 2017 disenrollment from your dental plan and the March 17, 2017 disenrollment from your QHP, 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.

Although you testified that you did not receive an invoice from the health plan in time to pay your March 2017 premium, you testified that it was due to your employer erroneously updating your account with your incorrect mailing address. Based on your testimony that your employer had previously set up your account and handled all business associated with your NYSOH account on your behalf, it is concluded that your employer was acting as your agent in updating your account. Furthermore, you testified that you completed the January 27, 2017 application with the help of your employer. Therefore, it is concluded that you had the opportunity to review the information in your application and correct any existing errors, such as your mailing address, at that time. Thus, it cannot be concluded that your employer's action, in erroneously updating your account on your behalf as your agent, constituted an error by NYSOH.

Furthermore, there is no evidence that your employer was in the business of providing enrollment assistance or conducting enrollment activities for NYSOH. Rather, the evidence establishes that your employer was acting on your behalf, with your permission, as your agent. Therefore, the error of your employer does not constitute an error of NYSOH. Thus, you do not qualify for a special enrollment period based on the error of your employer/agent.

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 qualify you for a special enrollment period as of the date of the hearing.

Therefore, the April 8, 2017 eligibility determination, to the extent it denied you a special enrollment period, was correct and is AFFIRMED.

## **Decision**

Your appeal of the March 15, 2017 and March 17, 2017 cancellation notices is DISMISSED as a non-appealable issue.

The April 8, 2017 eligibility determination, insofar as it stated that you were not eligible for a special enrollment period, effective May 1, 2017, is AFFIRMED.

**Effective Date of this Decision:** September 6, 2017

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

You do not qualify for a special enrollment period at this time.

## **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

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).

- 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  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

Your appeal of the March 15, 2017 and March 17, 2017 cancellation notices is **DISMISSED** as a non-appealable issue.

The April 8, 2017 eligibility determination, insofar as it stated that you were not eligible for a special enrollment period, effective May 1, 2017, is **AFFIRMED**.

You do not qualify for a special enrollment period at this time.

### **Legal Authority**

We are issuing this determination in accordance with 45 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).

**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)

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).

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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