



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

Notice of Decision

Decision Date: July 26, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018325

[REDACTED]

Dear [REDACTED],

On July 20, 2017 you appeared by telephone at a hearing on your appeal of NY State of Health's April 13, 2017 enrollment 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 26, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000018325



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's enrollment in a qualified health plan was effective May 1, 2017?

Procedural History

On March 28, 2016, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to enroll in the Essential Plan for a limited time, effective May 1, 2016. This notice further stated that you must submit income documentation by June 25, 2016 in order to confirm your and your spouse's eligibility.

Also on March 28, 2016, NYSOH issued an enrollment notice stating that you and your spouse were enrolled in your Essential Plan with a plan enrollment start date of May 1, 2016.

On November 30, 2016, you updated your household's application for financial assistance.

Also on November 30, 2016, you uploaded income documentation to your NYSOH account.

On December 1, 2016, NYSOH issued a notice of eligibility determination, based on the November 30, 2016 application, stating that you and your spouse were eligible to enroll in the Essential Plan for a limited time, effective January 1, 2017.

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This notice further stated that you must submit income documentation by February 28, 2017 in order to confirm your and your spouse's eligibility.

Also on December 1, 2016, NYSOH issued a notice of enrollment stating that you and your spouse's enrollment were enrolled in your Essential Plan with a plan enrollment start date of May 1, 2016.

On December 22, 2016, NYSOH issued a notice stating that the income documentation you submitted was insufficient to confirm the information in your application and that additional income documentation was due by February 28, 2017.

No additional income documentation was submitted.

On March 6, 2017, NYSOH redetermined your household's eligibility for financial assistance based on income information from state and federal data sources.

On March 7, 2017, NYSOH issued a notice of eligibility redetermination stating that you and your spouse were eligible to receive up to \$822.00 per month in advance payments of the premium tax credits (APTC) and, if you selected a silver-level qualified health plan, for cost-sharing reductions, effective April 1, 2017. This notice directed you and your spouse to select a plan for enrollment.

On March 7, 2017, NYSOH issued a disenrollment notice stating that you and your spouse's enrollment in your Essential Plan would end on March 31, 2017. This was because you and your spouse were no longer eligible to enroll in the Essential Plan.

On April 12, 2017, you updated your household's application for financial assistance.

On April 13, 2017, NYSOH issued a notice of eligibility determination, based on your April 12, 2017 application, stating that you and your spouse were eligible to receive up to \$843.00 per month in APTC and, if you selected a silver-level qualified health plan, for cost-sharing reductions, effective May 1, 2017.

Also on April 13, 2017, NYSOH issued an enrollment notice stating that you and your spouse were enrolled in your qualified health plan with a plan enrollment start date of May 1, 2017.

On April 24, 2017, you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation notice insofar as it began your and your spouse's enrollment in your qualified health plan on May 1, 2017, and not April 1, 2017.

On July 20, 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 testified, and your NYSOH account confirms, that you receive all of your notices from NYSOH by electronic mail.
- 2) You credibly testified that you did not receive any electronic alerts notifying you of any notice in your NYSOH account stating that you and your spouse's eligibility had been redetermined and that you and your spouse would need to select a qualified health plan for enrollment.
- 3) You testified that you did not know that you and your spouse were without coverage until [REDACTED] when you went to the hospital to have [REDACTED].
- 4) Your NYSOH account reflects that you selected a qualified health plan for yourself and your spouse in a qualified health plan on April 12, 2017.
- 5) You confirmed that you are seeking to have enrollment in your qualified health plan effective April 1, 2017. You explained that this is because you have outstanding medical bills for that month.

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

The effective date of coverage by a qualified health plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i)). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Notice of Eligibility

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).

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)). NYSOH must send an applicant timely written notice of the eligibility determination (45 CFR §155.310(g)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH by either electronic or regular mail. If the individual elects electronic communications, NYSOH must send an email or other electronic communication alerting the individual when a notice has been posted to his or her account and send a notice by regular mail within three business days if the electronic communication cannot be delivered (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4), (5)).

Legal Analysis

The issue under review is whether NYSOH properly determine that your and your spouse's enrollment in a qualified health plan was effective May 1, 2017.

On March 7, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for up to \$822.00 in APTC and cost-sharing reductions if you and your spouse enrolled in a silver-level qualified health plan, effective April 1, 2017. This notice also directed you and your spouse to select a qualified health plan for enrollment.

However, you testified, and your NYSOH account reflects, that you have elected to receive alerts regarding notices from NYSOH electronically. You credibly testified that you did not receive an electronic alert regarding the eligibility determination notice, which advised you that you and your spouse needed to select a qualified health plan for enrollment. There is no evidence in your account documenting that any email alert was sent to you regarding the need to submit documentation, nor is there any evidence that the notice was sent to you by regular mail.

Therefore, it is concluded that NYSOH did not give you proper notice that you and your spouse's eligibility had been redetermined and that you and your spouse needed to select a qualified health plan for enrollment.

The date on which a qualified health plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month.

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Had you been properly notified of the March 7, 2017 eligibility determination, you and your spouse would have been able to select a qualified health plan for enrollment as early as March 7, 2017. Had you selected a plan on March 7, 2017, it would have gone into effect on the first day of the following month; that is, on April 1, 2017.

Therefore, the April 13, 2017 enrollment notice is MODIFIED to reflect that your and your spouse's enrollment in your qualified health plan was effective as of April 1, 2017.

Decision

The April 13, 2017 enrollment notice is MODIFIED to reflect that your and your spouse's enrollment in your qualified health plan was effective as of April 1, 2017.

Your case is RETURNED to NYSOH to enroll you and your spouse in your qualified health plan as of April 1, 2017

Effective Date of this Decision: July 26, 2017

How this Decision Affects Your Eligibility

Your and your spouse's enrollment in your qualified health plan should have begun on April 1, 2017.

Your case is being sent back to NYSOH to enroll you and your spouse in your qualified health plan for April 2017.

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

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

Summary

The April 13, 2017 enrollment notice is MODIFIED to reflect that your and your spouse's enrollment in your qualified health plan was effective as of April 1, 2017.

Your and your spouse's enrollment in your qualified health plan should have begun on April 1, 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).

Your case is RETURNED to NYSOH to enroll you and your spouse in your qualified health plan as of April 1, 2017

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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