



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

Notice of Decision

Decision Date: October 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020791

[REDACTED]

Dear [REDACTED],

On October 5, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 25, 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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Decision

Decision Date: October 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020791

[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 did not qualify to enroll in a qualified health plan (QHP) outside of the 2017 open enrollment period as of July 24, 2017?

Procedural History

On June 1, 2107, NYSOH received your updated application for health insurance.

On June 2, 2017, NYSOH issued a notice stating that you were eligible to receive up to \$156.00 per month in advance payment of the premium tax credit (APTC), and eligible to receive cost-sharing reductions if you enrolled in a silver level QHP, effective July 1, 2017. The notice further stated that you had until July 31, 2017 to select a plan for enrollment.

Also on June 2, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an MVP bronze level QHP, beginning July 1, 2017.

On July 22, 2017, NYSOH issued a notice of disenrollment, stating that you were disenrolled from your QHP coverage, effective July 1, 2017, because your health plan did not receive your premium payment by the payment deadline.

On July 24, 2017, NYSOH received your updated application for financial assistance. That day, a preliminary eligibility determination was prepared stating

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that you were eligible to receive up to \$156.00 per month in APTC, and eligible to receive cost-sharing reductions if you enrolled in a silver level QHP, effective September 1, 2017. You also attempted to enroll into a QHP, but were unable to select a plan for enrollment.

That same day, you spoke to NYSOH's Account Review Unit and appealed your inability to enroll into a QHP outside of the 2017 open enrollment period.

On July 25, 2017, NYSOH issued an eligibility determination notice, based on the July 24, 2017 application for financial assistance, stating that you were eligible to receive up to \$156.00 per month in APTC and eligible for cost-sharing reductions if you enrolled in a silver level QHP, effective September 1, 2017. It further stated that you did not qualify to select a health plan outside of the open enrollment period for 2017.

On October 5, 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 May 4, 2017, NYSOH issued a renewal notice stating that you were newly eligible for APTC, and advising you to pick a plan or update your application by June 15, 2017.
- 2) On June 1, 2017, you submitted an updated application for health insurance.
- 3) On June 2, 2017, NYSOH issued a notice stating that you were eligible to receive up to \$156.00 per month in APTC, and eligible for cost-sharing reductions, effective July 1, 2017. The notice also stated that you had until July 31, 2017 (60 days from the date of your application) to select a health plan for enrollment.
- 4) That same day, NYSOH confirmed your enrollment in a QHP, beginning July 1, 2017.
- 5) You were disenrolled from your QHP in a notice dated July 22, 2017 for nonpayment of the premium, effective July 1, 2017.
- 6) You testified that you had previously been eligible for health insurance with no premium, and the record confirms that you were enrolled in Medicaid and a Medicaid Managed Care plan until June 30, 2017.

- 7) You testified that you became eligible for a tax credit because your income had changed, but you were having a financial hardship at that time, and were unable to pay your July 2017 premium.
- 8) You testified that you found out that you had been disenrolled from your health plan toward the end of July 2017.
- 9) You testified that you called NYSOH right away to try to re-enroll in coverage.
- 10) Your NYSOH account reflects that you contacted NYSOH on July 24, 2017 to update your account, and to try to re-enroll in a QHP.
- 11) You testified that you spoke to a couple of different representatives who told you that you should be able to enroll in coverage because you were still within the 60-day period from the date of your application, but that, when they tried to enroll you in a plan, the system would not let them.
- 12) You testified that you are appealing because you would like health insurance coverage, and that you would like to re-enroll in coverage retroactively.

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)).

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 (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)).

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Legal Analysis

The issue under review is whether NYSOH properly determined that you do not qualify to enroll in a QHP outside of the 2017 open enrollment period, as of July 24, 2017.

NYSOH provided an open enrollment period from November 1, 2016 until January 31, 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 by NYSOH. To qualify for a special enrollment period, a person must experience a triggering event.

On May 4, 2017, NYSOH issued a renewal notice informing you that you needed to update your application for financial assistance. On June 1, 2017, you updated your application, and were found eligible for APTC. You were also granted a special enrollment period by NYSOH so that you could enroll in a QHP, because you were newly eligible to receive APTC, and no longer eligible for the Medicaid coverage you were previously receiving. NYSOH gave you 60 days to select a plan for enrollment, and informed you in its June 2, 2017 eligibility determination that you had until July 31, 2017 to select a plan.

You were subsequently disenrolled for failure to pay your insurance premium. Your testimony and information in the record reflects that you tried to re-enroll in a QHP on July 24, 2017, but were unable to. On July 25, 2017, NYSOH issued a notice denying your request to enroll in a QHP outside of the 2017 open enrollment period.

On June 2, 2017, NYSOH issued a notice stating that you qualified for a special enrollment and that you needed to confirm your selection of a QHP by July 31, 2017. After you were disenrolled for nonpayment, you subsequently attempted to select another plan on July 24, 2017, but were denied.

Because the June 2, 2017 determination notice stated you had until July 31, 2017 to select a QHP for enrollment, and you tried to enroll within the special enrollment period you had already been granted, NYSOH had to honor this granting of a special enrollment period until July 31, 2017. It was therefore error on NYSOH's part that prevented you from selecting a plan on July 24, 2017.

As such, NYSOH's July 25, 2017 eligibility determination notice stating that you do not qualify to select a health plan outside of the open enrollment period for 2017 is MODIFIED to reflect that you were eligible for a special enrollment period as of the date of your July 24, 2017 application.

Your case is RETURNED to NYSOH to assist you in enrolling into a QHP. You may choose to enroll into a QHP with a plan start date as early as September 1, 2017, which is the earliest your reenrollment could have been effected had you

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been allowed to enroll on July 24, 2017. In the alternative, you may elect to enroll into coverage from this point forward. You have 60 days from the date of this decision to select a plan for enrollment.

Decision

The July 25, 2017 eligibility determination notice stating that you do not qualify to select a health plan outside of the open enrollment period for 2017 is MODIFIED to reflect that you are eligible for a special enrollment period as of the date of your July 24, 2017 application.

Your case is RETURNED to NYSOH to assist you in enrolling into a QHP. You may choose to enroll into a QHP with coverage beginning as early as September 1, 2017, if you so choose. In the alternative, you may elect to enroll into coverage from this point forward.

You have 60 days from the date of this decision to select a plan. You will be responsible for premium payments for any months you are enrolled into coverage.

Effective Date of this Decision: October 11, 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 to enroll into coverage beginning as early as September 1, 2017, if you so choose. In the alternative, you may elect to enroll into coverage from this point forward.

You will 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.

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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 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

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Summary

The July 25, 2017 eligibility determination notice stating that you do not qualify to select a health plan outside of the open enrollment period for 2017 is MODIFIED to reflect that you were eligible for a special enrollment period as of the date of your July 24, 2017 application.

Your case is RETURNED to NYSOH to assist you in enrolling into a QHP. You may choose to enroll into a QHP with coverage beginning as early as September 1, 2017, if you so choose. In the alternative, you may elect to enroll into coverage from this point forward.

You have 60 days from the date of this decision to select a plan. You will be responsible for premium payments for any months you are enrolled into coverage.

NYSOH improperly denied you a special enrollment period.

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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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.

אַײַדיש (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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