



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

Notice of Decision

Decision Date: November 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020871

[REDACTED]

[REDACTED]

On October 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 28, 2016 disenrollment 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: November 10, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000020871

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health (NYSOH) properly end your MetroPlus qualified health plan (QHP) as of January 1, 2017?

Procedural History

On October 21, 2016, NYSOH issued a renewal notice stating that you have been re-enrolled in your current plan for another year and did not have to do anything more. The notice stated that you were eligible for up to \$250.77 per month in tax credits, and were enrolled in a SilverPlus-S2, NS, INN, Family Dental, Family Vision, Dep25 (MetroPlus) health plan, with a start date of January 1, 2017.

On November 18, 2016, NYSOH issued a plan enrollment notice confirming that as of November 17, 2016, you were enrolled in a MetroPlus QHP with an enrollment start date of January 1, 2017.

On December 28, 2016, NYSOH issued a disenrollment notice stating that your enrollment with MetroPlus ended on January 1, 2017, because you asked to end your coverage on December 27, 2016.

Also on December 28, 2016, NYSOH issued a plan enrollment notice confirming that on December 27, 2016, you enrolled in a Fidelis Care QHP with an enrollment start date of February 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).

On July 26, 2017, spoke with NYSOH's Account Review Unit and requested an appeal relative to the end date of your MetroPlus QHP.

On October 10, 2017, you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was left open until October 13, 2017, to allow you to submit to NYSOH Appeals Unit a history of your health insurance premium payments.

On October 11, 2017, you faxed eight-pages of documentation to NYSOH Appeals. That documentation was made part of the record as "Appellant Exhibit A." The record is complete and closed.

Findings of Fact

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

- 1) You testified that you want your MetroPlus QHP to be reinstated for the month of January 2017.
- 2) According to your NYSOH account, you were enrolled in MetroPlus QHP in 2016.
- 3) On October 21, 2016, NYSOH issued a notice stating that you have been re-enrolled in your current plan for another year and did not have to do anything more, with a start date of January 1, 2017 [REDACTED]
- 4) According to your NYSOH account, you were re-enrolled in a MetroPlus QHP with an enrollment start date of January 1, 2017.
- 5) According to your NYSOH account, on December 27, 2016, you contacted NYSOH and changed your QHP from MetroPlus to Fidelis Care.
- 6) According to your NYSOH account, your MetroPlus QHP ended on January 1, 2017, because "User Requested Cancellation/UIDIS."
- 7) According to your NYSOH account, you were enrolled in the Fidelis Care QHP with a start date of February 1, 2017.
- 8) You testified that you wanted to be enrolled in the MetroPlus QHP from January 1, 2017, to January 31, 2017, because you incurred expenses in that month.

- 9) On January 27, 2017, you contacted NYSOH and requested the reinstatement of your MetroPlus QHP for the month of January 2017 (Tracking # [REDACTED]).

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Open Enrollment Period

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)).

Qualified Health Plan – Enrollment Start Date

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)).

Termination of Qualified Health Plan – During an Open Enrollment Period

NYSOH may initiate termination of an enrollee's enrollment in a QHP, and must permit a QHP issuer to terminate such coverage or enrollment, when the enrollee changes from one QHP to another during an annual open enrollment period or special enrollment period (45 CFR § 155.430(b)(2)(v)).

If an enrollee changes QHPs during an annual open enrollment or special enrollment period, the last day of coverage in an enrollee's prior QHP is the day before the effective date of coverage in their new QHP (45 CFR § 155.430(d)(6)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your MetroPlus QHP should have ended as of January 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).

The record reflects that you were enrolled in a MetroPlus QHP in 2016. Further, NYSOH issued you notices on October 21, 2016, and November 18, 2016, confirming that you had been re-enrolled in the same MetroPlus QHP, with an enrollment start date of January 1, 2017.

NYSOH must provide annual open enrollment period, during which time qualified individuals may enroll in a qualified health plan and enrollees may change qualified health plans. NYSOH provided an open enrollment period from November 1, 2016 until January 31, 2017.

The record reflects that on December 27, 2016, you contacted NYSOH and changed your QHP selection from a MetroPlus plan to a Fidelis Care plan. Based on that change, on December 28, 2016, NYSOH issued a disenrollment notice stating that your enrollment with MetroPlus ended on January 1, 2017, because you asked to end your coverage on December 27, 2016.

The enrollment start date of a QHP is determined by the date on which an applicant selects their plan. For selections received from the first to the fifteenth day of the month, the effective date is the first date of the following month. For selections received from the sixteenth to the last day of the month, the effective date is the first day of the second following month.

On December 27, 2016, you enrolled in the Fidelis Care QHP. Based on that selection date, NYSOH determined that you were enrolled in that health plan on the first date of the second following month; that is on February 1, 2017.

If an enrollee changes the QHP that they are enrolled in during an annual open enrollment period or special enrollment period, the last day of coverage in an enrollee's prior QHP is the day before the effective date of coverage in their new QHP.

The record supports that you were enrolled in the Fidelis Care QHP with an effective date of February 1, 2017. Therefore, your MetroPlus QHP should have been terminated January 31, 2017.

The December 28, 2016, disenrollment notice is MODIFIED to state that your enrollment with MetroPlus ended on January 31, 2017.

Your case is RETURNED to NYSOH to reinstate your MetroPlus QHP for the month of January 2017.

Decision

The December 28, 2016, disenrollment notice is MODIFIED to state that your enrollment with MetroPlus ended on January 31, 2017.

Your case is RETURNED to NYSOH to reinstate your MetroPlus QHP for the month of January 2017, and to notify you accordingly.

Effective Date of this Decision: November 10, 2017

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to effectuate the end date of your MetroPlus QHP as of January 31, 2017. NYSOH will notify you once this is done.

You were enrolled in the Fidelis Care QHP as of February 1, 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 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 December 28, 2016, disenrollment notice is MODIFIED to state that your enrollment with MetroPlus ended on January 31, 2017.

Your case is RETURNED to NYSOH to reinstate your MetroPlus QHP for the month of January 2017.

Your case is being sent back to NYSOH to change the end date of your MetroPlus QHP to January 31, 2017. NYSOH will notify you once this is done.

You were enrolled in the Fidelis Care QHP as of February 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 مجانًا.

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 איר געבן א דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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