



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

Notice of Decision

Decision Date: January 18, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024298

[REDACTED]

[REDACTED]

On January 11, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 9, 2017 disenrollment notice and November 14, 2017 plan 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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NY State of Health Account ID: [REDACTED]
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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health properly disenroll you from your qualified health plan for non-payment of premium, effective August 31, 2017?

Did NY State of Health properly determine that your reenrollment in a qualified health plan with advance payments of the premium tax credit was effective December 1, 2017?

Procedural History

On November 24, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating that you were eligible to receive up to \$224.00 per month in advance payments of the premium tax credit (APTC) as well as cost-sharing reductions if you enrolled into a silver level qualified health plan, effective January 1, 2017.

On November 28, 2016 NYSOH issued a notice confirming your enrollment in a silver level qualified health plan effective January 1, 2017.

On November 9, 2017, NYSOH issued a disenrollment notice stating your coverage in your silver level qualified health plan would end on August 31, 2017, because you did not pay your insurance bill by the payment deadline.

On November 13, 2017, you submitted an updated application for financial assistance and requested to reenroll into a qualified health plan. That day, a

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preliminary eligibility determination was prepared stating that you were eligible to receive up to \$162.00 per month in APTC.

On November 13, 2017, you spoke to NYSOH's Account Review Unit and appealed your disenrollment from your qualified health plan for non-payment of premium, effective August 31, 2017, and the start date of your reenrollment in the qualified health plan insofar as it did not begin September 1, 2017.

On November 14, 2017, NYSOH issued an eligibility determination notice, based on your November 13, 2017 application stating that you were eligible to receive up to \$162.00 per month in APTC, effective December 1, 2017.

On November 14, 2017, NYSOH issued a plan enrollment notice confirming your enrollment on November 13, 2017 in a qualified health plan with a start date of December 1, 2017.

On January 11, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed that day.

Findings of Fact

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

- 1) You enrolled in a silver level qualified health plan with APTC on November 27, 2016, with an enrollment start date of January 1, 2017 and a plan premium of \$229.55 per month.
- 2) You testified that you were late in making payments to your qualified health plan for the months of September, October, and November 2017.
- 3) You testified that you did not receive notice of nonpayment from your plan.
- 4) You testified that you are currently up-to-date in the premiums owed to your health plan for the months of September, October, and November 2017.
- 5) You testified that your health plan did not reinstate your coverage to September 2017.
- 6) You testified that you first learned of your disenrollment on [REDACTED] by your doctor's office.

- 7) You testified that you received no invoices from your plan and that your plan representative advised you that you have a negative balance which will be applied to your January 2018 premium.
- 8) You reenrolled into a silver level qualified health plan with premium tax credits on November 13, 2017, with an enrollment start date of December 1, 2017 and a plan premium of \$472.49 per month.
- 9) You testified you did not incur medical bills during the months of September, October, and November 2017.

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) an eligibility determination for an exemption; (4) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) 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

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)).

Legal Analysis

The first issue under review is whether NYSOH properly terminated your qualified health plan for non-payment of premium effective, August 31, 2017.

You enrolled in a silver level qualified health plan on November 27, 2016 with an effective date of January 1, 2017 with a premium amount of \$229.55 per month. You testified that you were late in making payments to your qualified health plan for the months of September, October, and November 2017.

On November 9, 2017 NYSOH issued a notice stating you were disenrolled from your qualified health plan for non-payment of premiums, effective August 31, 2017. The notice stated this was because you did not pay your insurance bill by the payment deadline. You testified that you are seeking to have coverage in your qualified health plan as of September 1, 2017.

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) an eligibility determination for an exemption, (4) a failure to provide timely notice of an eligibility determination and (5) 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 qualified health plan for non-payment of premiums. Therefore, your appeal of the November 9, 2017 disenrollment notice is DISMISSED as a non-appealable issue.

You testified that you paid for the months of September, October, and November 2017 for premiums to your qualified health plan even though you were terminated. You testified that your health plan has not agreed to reinstate you retroactively and that you have a negative balance, meaning that your plan did not give you a refund. If you have not already been assisted with your coverage issue, you may contact your health plan at 1-866-463-6743.

In addition, since your issues concern a health insurer and/or payment, reimbursement, coverage, benefits, rates and premiums, you can contact NY Department of Financial Services at their Consumer Hotline at (800) 342-3736 (Monday through Friday, 8:30 AM to 4:30 PM); or locally to (212) 480-6400; or you can file a complaint at <http://www.dfs.ny.gov/consumer/fileacomplaint.htm>.

The second issue under review is whether NYSOH properly determined that your reenrollment in a qualified health plan was effective December 1, 2017.

You testified, and the record indicates, that you updated your NYSOH application on November 13, 2017. As a result, you were found eligible for a qualified health plan as of December 1, 2017 and enrolled into a plan that day.

The date on which enrollment in a qualified health plan can take effect depends on the day a person selects the plan for enrollment.

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 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 from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

On November 13, 2017, you selected a qualified health plan, so your enrollment properly took effect on the first day of the month following November; that is, on December 1, 2017.

Therefore, the November 14, 2017 plan enrollment notice stating that your enrollment in the qualified health plan was effective December 1, 2017, is correct and must be AFFIRMED.

Decision

Your appeal of the November 9, 2017, disenrollment notice is DISMISSED as a non-appealable issue.

The November 14, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: January 18, 2018

How this Decision Affects Your Eligibility

Your enrollment in your qualified health plan ended August 31, 2017.

The effective date of your re-enrollment in your qualified health plan is December 1, 2017.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the 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 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

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- By fax: 1-855-900-5557

Summary

Your appeal of the November 9, 2017, disenrollment notice is DISMISSED as a non-appealable issue.

The November 14, 2017 plan enrollment notice is AFFIRMED.

Your enrollment in your qualified health plan ended August 31, 2017.

The effective date of your re-enrollment in your qualified health plan is December 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 1-855-355-5777번으로 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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