



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

Notice of Decision

Decision Date: March 12, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024498

[REDACTED]

Dear [REDACTED]

On January 26, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 16, 2017 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: March 12, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024498

[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 and your spouse's enrollment in your qualified health plan ended effective November 30, 2017?

Procedural History

On November 17, 2016, NYSOH issued a plan enrollment notice confirming your and your spouse's enrollment in a qualified health plan at full cost, effective January 1, 2017.

On October 17, 2017, NYSOH issued a renewal notice, stating that you and your spouse were eligible to purchase a qualified health plan at full cost, effective January 1, 2018. You were directed to select a health plan between November 16, 2017 and December 15, 2017.

On November 15, 2017, you submitted an updated application for health insurance.

On November 16, 2017, NYSOH issued an eligibility determination notice stating that, if you and your spouse qualified for a special enrollment period, you both were eligible to purchase a qualified health plan at full cost, effective December 1, 2017.

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Also on November 16, 2017, NYSOH issued a disenrollment notice stating that your and your spouse's qualified health plan coverage would end on November 30, 2017, because you and your spouse were no longer eligible to enroll in the plan. The notice stated that this was because the health plan was discontinued for the next year.

On November 17, 2017, you spoke to NYSOH's Account Review Unit and filed an appeal insofar as you and your spouse did not have coverage in December 2017.

On December 3, 2017, NYSOH issued a plan enrollment notice stating that you and your spouse were enrolled in a full cost qualified health plan, effective January 1, 2018.

On January 26, 2018, 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 support the following findings of fact:

- 1) You submitted an application to NYSOH for health insurance on November 15, 2017. You credibly testified that it was not your intention to submit an application that day, but that you wanted to see a list of health plans. You testified that you needed to confirm which plan your doctor accepted.
- 2) Based on that application, your and your spouse's eligibility was redetermined and you both were disenrolled from your qualified health plan, effective November 30, 2017.
- 3) You testified that you were aware that you needed to select a new health plan because you received a letter from your health plan that your coverage in 2017 would be discontinued and unavailable in 2018.
- 4) You testified that it was not your intention to be disenrolled from your qualified health plan on November 15, 2017, and that there was no indication that your coverage would end on November 30, 2017, if you updated your information on your account that day.
- 5) According to your NYSOH account and testimony, you selected a qualified health plan for you and your spouse on December 2, 2017.
- 6) Your enrollment in the plan became effective January 1, 2018.

- 7) You testified that you and your spouse need qualified health plan coverage through December 2017, because you have outstanding bills for medical services received that month.

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

Applicable Law and Regulations

Annual Eligibility Redetermination

Generally, NYSOH must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

NYSOH must send an annual renewal notice that contains the information by which NYSOH will use to redetermine a qualified individual's projected eligibility for that year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the information and projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

Redetermination During a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that its policy will be that any change made after the 15th of any month will not be effective until the first of the second following month (45 CFR § 155.330(f)(2)).

When an eligibility redetermination results in a change in the amount of advance payments of the premium tax credit (APTC) for the benefit year, NYSOH must recalculate the amount of APTC in such a manner as to account for any advance payments already made on behalf of the tax filer, such that the recalculated advance payment amount is projected to result in total advance payments for the

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benefit year that correspond to the tax filer's total projected premium tax credit for that benefit year (45 CFR § 155.330(g)).

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)).

NYSOH permits a qualified health plan to terminate an individual's coverage if (1) the enrollee is no longer eligible for coverage or (2) non-payment of the premiums by the enrollee (45 CFR § 155.430(b)(2)(i)-(ii)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your and your spouse's enrollment in a qualified health plan ended effective November 30, 2017.

On November 17, 2016, NYSOH issued a plan enrollment notice stating that you and your spouse were enrolled in a qualified health plan at full cost, effective January 1, 2017.

NYSOH must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. NYSOH must issue a renewal notice that contains the individual's projected eligibility. If an individual does not respond to this notice, NYSOH must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On October 17, 2017, NYSOH issued a renewal notice, stating that you and your spouse were eligible to purchase a qualified health plan at full cost, effective January 1, 2018. You were directed to select a health plan between November 16, 2017 and December 15, 2017.

The record reflects that on November 15, 2017, you updated the information in your NYSOH account. On November 16, 2017, NYSOH issued an eligibility determination notice stating that, if you and your spouse qualified for a special enrollment period, you both were eligible to purchase a qualified health plan at full cost, effective December 1, 2017.

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You credibly testified that you did not intend to update your application on November 15, 2017, but that you knew that you needed to select a new plan and were trying to find a list of health plans so that you could determine which plan your doctors would accept. You further testified that it was not your intention to be disenrolled from your qualified health plan on November 15, 2017, and that there was no indication that your coverage would end on November 30, 2017 if you updated your information in your account that day.

However, based on your November 15, 2017 application, on November 16, 2017, NYSOH issued a disenrollment notice stating that you and your spouse's qualified health plan coverage would end on November 30, 2017, because you and your spouse were no longer eligible to enroll in the plan. The notice stated that this was because the health plan was discontinued for the next year.

Based on the record and your credible testimony, it is reasonable to conclude that the November 15, 2017 application was submitted due to a misunderstanding. You credibly testified that you were only seeking a list of doctors that day, and did not intend to update your application. Had you not updated your application that day and done so as of November 16, 2017, your and your spouse's qualified health plan would have continued until December 31, 2017. Based on the foregoing and in the interest of justice, your and your spouse's enrollment in a qualified health plan should be reinstated for the month of December 2017.

Therefore, NYSOH's November 16, 2017 disenrollment notice is MODIFIED to state that your and your spouse's qualified health plan coverage would end on December 31, 2017.

Your case is RETURNED to NYSOH to reinstate you and your spouse into your qualified health plan for December 2017, and to ensure that effect is given to any deductibles met for the year. NYSOH is to notify you accordingly.

Decision

The November 16, 2017 disenrollment notice is MODIFIED to state that your and your spouse's qualified health plan coverage would end on December 31, 2017.

Your case is RETURNED to NYSOH to reinstate you and your spouse into your qualified health plan for December 2017, and to ensure that effect is given to any deductibles met for the year. NYSOH is to notify you accordingly.

Effective Date of this Decision: March 12, 2018

How this Decision Affects Your Eligibility

You and your spouse should have remained enrolled in your qualified health plan until December 31, 2017.

Your case is being sent back to NYSOH to reinstate your and your spouse's enrollment in your qualified health plan for December 2017. NYSOH will notify once this is done.

You will be responsible to pay directly to the health plan your monthly premium for December 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 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

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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):

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- 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 November 16, 2017 disenrollment notice is MODIFIED to state that your and your spouse's qualified health plan coverage would end on December 31, 2017.

Your case is RETURNED to NYSOH to reinstate you and your spouse into your qualified health plan for December 2017, and to ensure that effect is given to any deductibles met for the year. NYSOH is to notify you accordingly.

You and your spouse should have remained enrolled in your qualified health plan until December 31, 2017.

Your case is being sent back to NYSOH to reinstate your and your spouse's enrollment in you qualified health plan for December 2017. NYSOH will notify once this is done.

You will be responsible to pay directly to the health plan your monthly premium for December 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 okyerε 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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