



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

Notice of Decision

Decision Date: March 14, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026635

[REDACTED]

Dear [REDACTED]

On March 6, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 24, 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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Decision

Decision Date: March 14, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026635



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 your qualified health plan (QHP) should have an enrollment start date of February 1, 2018?

Procedural History

On December 12, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to \$229.00 monthly of advance premium tax credit (APTC) and cost-sharing reductions (CSR), effective as of January 1, 2017.

On December 16, 2016, NYSOH issued a plan enrollment notice confirming that you were enrolled in a QHP plan with an enrollment start date of January 1, 2017.

On October 28, 2017, NYSOH issued a notice stating that it was time to renew your health insurance for the upcoming coverage year. The notice contained an eligibility redetermination that stated, based on information from federal and state sources, you qualified for up to \$386.44 monthly of APTC and CSR, effective January 1, 2018. Further, the notice instructed you to select a health plan between November 16, 2017 and December 15, 2017.

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On November 17, 2017, NYSOH issued a disenrollment notice stating that your QHP coverage would end on December 31, 2017, because the health plan has been discontinued for the next year.

On December 23, 2017, your NYSOH account was updated.

On December 24, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to \$340.00 monthly of APTC and CSR, effective as of February 1, 2018.

Also on December 24, 2017, NYSOH issued a plan enrollment notice confirming that as of December 23, 2017, you were enrolled in a QHP with an enrollment start date of February 1, 2018.

On January 2, 2018, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the enrollment start date of your QHP.

On March 6, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken and the record was fully developed during the hearing. The record was closed at the end of the hearing.

Findings of Fact

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

- 1) According to your NYSOH account and testimony, you were enrolled in a silver-level QHP, through BlueCross BlueShield of Western New York, in 2017.
- 2) According to your NYSOH account, you elected to have your coverage automatically renewed.
- 3) You testified you did receive the October 28, 2017 renewal notice instructing you to select a health plan between November 16, 2017 and December 15, 2017.
- 4) You testified that, on December 23, 2017, you accessed your account and discovered that the silver-level QHP that you were enrolled in during 2017 was no longer available.
- 5) According to your NYSOH account and testimony, on December 23, 2017, you enrolled in a silver-level QHP, through BlueCross BlueShield of Western New York, with an enrollment start date of February 1, 2018.

- 6) You testified that you selected the QHP that was most similar to the plan that you were enrolled in during 2017.
- 7) You testified that you want your silver-level QHP to have an enrollment start date of January 1, 2018.

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)).

Annual Re-enrollment into a Qualified Health Plan

If an enrollee remains eligible for enrollment in a qualified health plan as part of the annual eligibility redetermination and the plan in which they are enrolled remains available through NYSOH for renewal, such enrollee will have his or her enrollment through the qualified health plan renewed, unless an enrollee voluntarily terminates coverage (45 CFR § 155.335(j)(1)(i)).

If the enrollee's current qualified health plan is no longer available through NYSOH, they will be renewed in a qualified health plan at the same metal level as the enrollee's current qualified health plan within the same product (45 CFR § 155.335(j)(1)(ii)).

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If the enrollee's current qualified health plan is no longer available through NYSOH, and the enrollee's product no longer includes a qualified health plan at the same metal level as the enrollee's current qualified health plan and the enrollee's current qualified health plan is a silver level plan, the enrollee will be re-enrolled in a silver level qualified health plan under a different product offered by the same qualified health plan issuer that is the most similar to the enrollee's product (45 CFR §155.335(j)(1)(iii)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your QHP should have an enrollment start date of February 1, 2018.

The record reflects that you were enrolled in a silver-level QHP, through BlueCross BlueShield of Western New York, during 2017.

NYSOH must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance every year. 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 28, 2017, NYSOH issued a notice stating that it was time to renew your health insurance for the upcoming coverage year. The notice stated that, based on information from federal and state sources, you qualified for up to \$386.44 monthly of APTC and CSR, effective January 1, 2018. Further, the notice instructing you to select a health plan between November 16, 2017 and December 15, 2017.

You testified you did receive the October 28, 2017 renewal notice. The record reflects that you did not select a health plan between November 16, 2017 and December 15, 2017, but did so on December 23, 2017.

If an enrollee remains eligible for enrollment in a QHP, and the plan in which they are enrolled in remains available through NYSOH, such enrollee will have their enrollment through the QHP automatically renewed. If the enrollee's current QHP is no longer available through NYSOH, they will be renewed in a QHP at the same metal level as the enrollee's current QHP within the same product.

The record reflects that on December 23, 2017, you accessed your account and discovered that the silver-level QHP that you were enrolled in during 2017 was no longer available. Therefore, you selected a different silver-level plan through BlueCross BlueShield of Western New York, which was most similar to the plan that you were enrolled in during 2017.

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The record further reflects that you elected to have your coverage automatically renewed through NYSOH. Since your previous QHP was no longer available, NYSOH was required to enroll you in a QHP with the same company at the same metal level as your previous health plan. Therefore, you should have been enrolled in a silver-level QHP, through BlueCross BlueShield of Western New York, with an enrollment start date of January 1, 2018.

Therefore, the December 24, 2017 plan enrollment notice is MODIFIED to state that you were enrolled in a QHP with an enrollment start date of January 1, 2018.

Your case is RETURNED to effectuate your QHP coverage and apply APTC and CSR for the month of January 2018, and to notify you accordingly.

Decision

The December 24, 2017, enrollment notice is MODIFIED to state that you were enrolled in a QHP with an enrollment start date of January 1, 2018.

Your case is RETURNED to effectuate your QHP coverage and apply APTC and CSR for the month of January 2018, and to notify you accordingly.

Effective Date of this Decision: March 14, 2018

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to enroll you in a silver-level QHP, through BlueCross BlueShield of Western New York, with an enrollment start date of January 1, 2018. NYSOH will notify you once this is done.

You will be responsible to pay any health insurance premiums to effectuate this coverage that month.

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.

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).

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

Summary

The December 24, 2017, enrollment notice is MODIFIED to state that you were enrolled in a QHP with an enrollment start date of January 1, 2018.

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 effectuate your QHP coverage and apply APTC and CSR for the month of January 2018, and to notify you accordingly.

Your case is being sent back to NYSOH to enroll you in a silver-level QHP, through BlueCross BlueShield of Western New York, with an enrollment start date of January 1, 2018. NYSOH will notify you once this is done.

You will be responsible to pay any health insurance premiums to effectuate this coverage that month.

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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