



STATE OF NEW YORK
DEPARTMENT OF HEALTH
PO Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: April 9, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026868

[REDACTED]

[REDACTED]

On March 26, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 29, 2017 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
PO 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(b).

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
PO Box 11729
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Decision

Decision Date: April 9, 2018

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000026868



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 spouse was not permitted to enroll in a qualified health plan as of November 28, 2017, and that the enrollment of you and your two children ended effective January 31, 2018?

Procedural History

On November 20, 2017, NYSOH received an update to your application for financial assistance with health insurance. This application reflected that you and your two children were seeking health insurance through NYSOH; however, you spouse was not seeking such insurance since she was enrolled in a plan outside of NYSOH.

On November 21, 2017, NYSOH issued an eligibility determination notice stating that you and your two children were eligible for an advance premium tax credit (APTC) of up to \$387.00 per month, effective January 1, 2018.

Also on November 21, 2017, NYSOH issued an enrollment notice confirming your selection of a qualified health plan (QHP) for you and your two children, with such coverage beginning effective January 1, 2018.

On November 28, 2017, NYSOH received an update to your application for financial assistance with health insurance. This application reflected that you were now seeking health insurance for your spouse in addition to yourself and

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your two children since she was no longer expected to be enrolled in a health plan outside of NYSOH.

On November 29, 2017, NYSOH issued an eligibility determination notice stating that you, your spouse, and your two children were eligible for an APTC of up to \$1,005.00 per month, effective January 1, 2018.

Also on November 29, 2017, NYSOH issued an enrollment notice confirming the enrollment of you and your two children in a QHP as of November 28, 2018. However, the notice advised you to select a plan for your spouse's coverage.

On January 6, 2018, you spoke to NYSOH's Account Review Unit and appealed the insofar as your spouse was not able to enroll in a health plan with you and your two children, and subsequently your family's enrollment ended effective January 31, 2018.

Between February 16, 2018 and March 28, 2018, your application has been updated several times to reinstate your family's coverage, without success.

On March 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 testified that you are appealing your inability to enroll your spouse in a health plan as of November 28, 2017, and seeking a reinstatement of the coverage of you and your children in a health plan as of February 1, 2018.
- 2) On November 20, 2017, you applied to NYSOH for financial assistance with your health insurance. This application reflected that you and your two children were seeking health insurance through NYSOH; however, you spouse was not seeking such insurance since she was enrolled in a plan outside of NYSOH.
- 3) Your NYSOH account reflects that you and your two children were enrolled in a QHP on November 20, 2017, with such coverage beginning January 1, 2018.
- 4) On November 28, 2017, NYSOH received an update to your application for financial assistance with health insurance. This application reflected that you were now seeking health insurance for your spouse in addition to yourself and your two children since she was no longer expected to be enrolled in a health plan outside of NYSOH.

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- 5) You testified that you made several attempts to enroll your spouse in the plan that you and your children had been enrolled in, but were unable to do so. You further testified that you contacted a NYSOH representative and were told that the inability to enroll your spouse was due to a system defect.
- 6) Your NYSOH enrollment details reflect that the coverage of you and your two children was ended effective January 31, 2018. The record does not contain a notice of disenrollment stating that you and your two children had been disenrolled, or the reasons for the disenrollment.
- 7) You testified, and your NYSOH account reflects, that between February 16, 2018 and March 28, 2018, your application has been updated several times to reinstate your family's coverage, without success.
- 8) You testified that you were seeking reinstatement of your family's coverage as of January 1, 2018 or, in the alternative, coverage for your family for the remainder of 2018.

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 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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your spouse was not permitted to enroll in a QHP as of November 28, 2017 application, and that the enrollment of you and your two children ended effective January 31, 2018.

On November 20, 2017, you applied for financial assistance with your health insurance. This application reflected that you and your two children were seeking health insurance through NYSOH; however, your spouse was not seeking such insurance since she was enrolled in a plan outside of NYSOH. Based on that

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application, you and your two children were found eligible for an APTC of up to \$387.00 per month, effective January 1, 2018.

The record reflects that on November 20, 2017, you selected a plan for enrollment of you and your two children, with such coverage beginning on January 1, 2018.

On November 28, 2017, you further revised your application for financial assistance with your health insurance. This application reflected that you were now seeking health insurance for your spouse in addition to yourself and your two children since she was no longer expected to be enrolled in a health plan outside of NYSOH.

You testified you attempted to enroll you spouse in a plan online together with you and your children, but were unable to proceed past the screen allowing you to confirm and checkout your plan selection for your spouse. You further testified that in addition to being unable to enroll your spouse in your health plan, you and you children were disenrolled from your health plan as of January 31, 2018.

You testified that you made several attempts to enroll your spouse in the plan that you and your children had been enrolled in, but were unable to do so. You further testified that you contacted a NYSOH representative and were told that the inability to enroll your spouse, or to reenroll you and your children in a health plan was due to a system defect.

Your NYSOH account reflects, that between February 16, 2018 and March 28, 2018, your application has been updated several times to reinstate your family's coverage, without success.

You were a qualified individual who had made efforts to select a QHP for your family during open enrollment period, and NYSOH's computer system would not allow you to proceed with your plan selection for your family's coverage.

The Appeals Unit finds that there was no factual or legal basis to deny coverage to your spouse or to disenroll the remainder of your family from coverage.

Your case is RETURNED to NYSOH to assist you in enrolling your spouse into a qualified health plan effective as early as January 1, 2018 and to reinstate your family's coverage as early as February 1, 2018, or to start such coverage from this point forward for the remainder of the 2018 plan year. You will be responsible for premium payments for any months you are enrolled into coverage.

Decision

The Appeals Unit finds that there was no factual or legal basis to deny coverage to your spouse or to disenroll the remainder of your family from coverage.

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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Effective Date of this Decision: April 9, 2018

How this Decision Affects Your Eligibility

NYSOH improperly denied you a special enrollment period, and your case is being sent back to NYSOH to allow your spouse and your family to enroll in coverage.

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

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- 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
PO Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The Appeals Unit finds that there was no factual or legal basis to deny coverage to your spouse or to disenroll the remainder of your family from coverage.

Your case is RETURNED to NYSOH to assist you in enrolling your spouse into a qualified health plan effective as early as January 1, 2018 and to reinstate your family's coverage as early as February 1, 2018, or to start such coverage from this point forward for the remainder of the 2018 plan year. You will be responsible for premium payments for any months you are enrolled into coverage. You will be responsible for premium payments for any months you are enrolled into coverage.

Your case is being sent back to NYSOH to allow your spouse and your family to enroll in coverage.

Legal Authority

We are issuing this determination in accordance with 45 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).

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، يرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجانًا.

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&btumi 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 איך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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