



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

## Notice of Decision

Decision Date: April 04, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000026956

[REDACTED]

[REDACTED]

On March 6, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 22, 2017 disenrollment notice and the January 3, 2018 enrollment confirmation 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.

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## Decision

Decision Date: April 04, 2018

NY State of Health Account ID [REDACTED]  
Appeal Identification Number: AP000000026956



## Issue

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

Did NY State of Health (NYSOH) properly determine your enrollment in a full cost qualified health plan ended December 31, 2017 and did not resume until February 1, 2018?

## Procedural History

On November 3, 2017, NYSOH received several updated applications for health insurance submitted on behalf of you, your spouse, and your child.

On November 4, 2017, NYSOH issued an eligibility determination notice, based on the final application submitted on November 3, 2017, stating you were conditionally eligible to purchase a qualified health plan (QHP) at full cost, effective December 1, 2017. The notice directed you to submit proof of your citizenship status by February 1, 2018 to confirm your eligibility or you might lose your insurance or receive less help paying for your coverage.

Also on November 4, 2017, NYSOH issued an enrollment notice, based on your November 3, 2017 plan selection, confirming the enrollment of you and your spouse in a couple's QHP, effective December 1, 2017.

On November 6, 2017, NYSOH systematically redetermined your eligibility.

On November 7, 2017, NYSOH issued an eligibility determination notice stating you were eligible to purchase a QHP at full cost, effective December 1, 2017.

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On November 9, 2017, NYSOH issued a renewal notice stating that, based on information for state and federal data sources, NYSOH could not determine whether you and your spouse still qualified for health insurance coverage. The notice directed you to update your account between November 16, 2017 and December 15, 2017. The notice stated that if you missed the deadline, you were at risk of losing your health coverage.

On November 14, 2017, NYSOH issued a notice confirming your mailing address had been changed.

Also on November 14, 2017, NYSOH issued an enrollment notice confirming your enrollment in a couple's QHP, effective December 1, 2017.

On November 22, 2017, NYSOH issued a disenrollment notice stating the QHP enrollment for you and your spouse would end, effective December 31, 2017, because you were no longer eligible to enroll in the plan.

Also on November 22, 2017, NYSOH issued a notice confirming the enrollment of your child in a Child Health Plus plan and directing you and your spouse to "pick a health plan now."

On January 2, 2018, NYSOH received an updated application for health insurance submitted on your behalf.

On January 3, 2018, NYSOH issued an eligibility determination notice stating you were eligible to purchase a QHP at full cost, effective February 1, 2018.

Also on January 3, 2018, NYSOH issued an enrollment notice, based on your January 2, 2018 plan selection, confirming your enrollment in an individual QHP, effective February 1, 2018.

On January 9, 2018, you spoke to NYSOH's Account Review Unit and appealed the effective date of your QHP insofar as you were not covered for the month of January 2018.

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

## **Findings of Fact**

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

- 1) You testified you are only appealing your disenrollment for the month of January 2018. You testified your spouse is not seeking coverage for 2018.

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- 2) NYSOH received several updated applications for health insurance for you, your spouse, and your child on November 3, 2017.
- 3) You were determined conditionally eligible to purchase a full cost QHP, effective December 1, 2017, pending receipt of documentation verifying your citizenship status.
- 4) According to your account, on November 3, 2017, a couple's QHP was selected on behalf of you and your spouse. Coverage through that plan became effective on December 1, 2017.
- 5) Also on November 3, 2017, NYSOH received a copy of your certificate of citizenship, which was subsequently verified.
- 6) You were determined fully eligible to purchase a full cost QHP, effective December 1, 2017.
- 7) On November 9, 2017, NYSOH issued a renewal notice directing you and your spouse to update your application to renew your coverage for the 2018 coverage year.
- 8) You testified, and your account indicates, that you receive your notices from NYSOH by regular mail.
- 9) The November 9, 2017 notice was addressed to the mailing address on file at that time, [REDACTED]
- 10) You testified that you are not sure whether you received the November 9, 2017 renewal notice, because you receive a lot of papers from NYSOH.
- 11) There is no record of any notice issue to you by NYSOH being returned as undeliverable.
- 12) According to your account, on November 13, 2017 your application was updated and your mailing address was changed to [REDACTED] [REDACTED] Your QHP enrollment was confirmed the same day.
- 13) NYSOH issued a disenrollment notice on November 22, 2017 indicating the QHP enrollment for you and your spouse would end on December 31, 2017.
- 14) You testified that you do not recall receiving the November 22, 2017 disenrollment notice.

- 15) According to your account, the November 22, 2017 disenrollment notice was addressed to [REDACTED]
- 16) You testified that [REDACTED] has been your mailing address since March 2017.
- 17) You testified that you had your mail forwarded from your former address, [REDACTED] You testified that the forwarding service has ended, but you still have access to mail at that address and you pick it up every couple of months.
- 18) According to your account, the couple's QHP enrollment for you and your spouse ended December 31, 2017.
- 19) You testified that you thought you had enrolled for the 2018 coverage year when you applied in November 2017.
- 20) You testified that you did not realize you had been disenrolled from your QHP coverage until you received an automated call from your health plan in early January 2018 reminding you to renew your policy.
- 21) According to your account, NYSOH received an updated application for you on January 2, 2018. You were determined eligible to purchase a full cost QHP, effective February 1, 2018.
- 22) According to your account an enrollment request for an individual QHP was submitted on your behalf on January 2, 2018. Coverage through that plan became effective on February 1, 2018.
- 23) You appealed insofar as you were not enrolled in a QHP for January 2018, because you testified you have outstanding medical bills from that month.

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

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

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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 issue under review is whether NYSOH properly determined your enrollment in a QHP ended December 31, 2017 and did not resume until February 1, 2018.

Several updated applications for health insurance were submitted on behalf of you and your spouse on November 3, 2017. You were initially determined conditionally eligible to purchase a full cost QHP pending receipt of documentation verifying your citizenship status. However, you submitted a copy of your certificate of citizenship and you were subsequently determined fully eligible to purchase a full cost QHP, effective December 1, 2017. Your account confirms that a couple's QHP was selected on behalf of you and your spouse on November 3, 2017. Coverage through that plan became effective on December 1, 2017.

On November 9, 2017, NYSOH issued a renewal notice directing you and your spouse to update your application to renew your coverage for the 2018 coverage year. You testified that you are not sure whether you received the November 9, 2017 renewal notice. Your account confirms that the November 9, 2017 renewal notice was addressed to [REDACTED]. Although you testified that your mailing address since March 2017 has been [REDACTED], according to your account, your mailing address was not updated with NYSOH until November 14, 2017, after the November 9, 2017 renewal notice had been issued. Therefore, your account confirms that NYSOH issued written notice of the need to update your account between November 16, 2017 and December 15, 2017 to renew your coverage for 2018 to the mailing address listed on your account.

Although your account confirms that your mailing address and your application were updated on November 14, 2017, this was prior to the renewal period as indicated in the November 9, 2017 renewal notice; thus, the November 14, 2017 update did not renew your coverage for 2018.

Subsequently, NYSOH issued a disenrollment notice on November 22, 2017 notifying you that your current QHP enrollment would end on December 31, 2017. You testified that you do not recall receiving that notice, however, your account confirms that the November 22, 2017 disenrollment notice was addressed to your current mailing address and there is no record of any notice issued to you by NYSOH being returned as undeliverable. Therefore, the competent evidence of record establishes that NYSOH provided you with

adequate notice that your QHP coverage would end on December 31, 2017, at the end of the year.

According to your account, an application for 2018 coverage was not received by NYSOH until January 2, 2018. A request for enrollment in an individual QHP was submitted on your behalf the same day and coverage through that plan became effective February 1, 2018. You appealed insofar as you were not enrolled in a QHP for the month of January 2018.

Pursuant to the above cited regulations, the effective date of coverage by a QHP is determined by the date on which an applicant selects a plan for enrollment. For selections received by NYSOH from the first to the fifteenth of any month NYSOH must generally ensure that coverage is effective the first day of the following month. 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.

Although you testified that when you enrolled in a QHP on November 3, 2017, you thought that enrollment was effective for 2018, your account confirms that your coverage through that plan became effective on December 1, 2017, because you enrolled prior to the enrollment period for 2018.

Since the evidence establishes that you did not select a QHP for 2018 until January 2, 2018, before the fifteenth day of the month, coverage through that plan properly became effective on the first day of the following month; that is, on February 1, 2018.

Therefore, based on the foregoing, the November 22, 2017 disenrollment notice and the January 3, 2018 enrollment confirmation notices stating the QHP couple's enrollment for you and your spouse ended on December 31, 2017 and your individual QHP enrollment did not become effective until February 1, 2018, were correct and are AFFIRMED.

## **Decision**

The November 22, 2017 disenrollment notice is AFFIRMED.

The January 3, 2018 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** April 04, 2018



## **How this Decision Affects Your Eligibility**

This decision does not change your coverage start date.

Your prior QHP enrollment ended on December 31, 2017.

Your current QHP enrollment became effective on February 1, 2018.

You were not enrolled in a QHP in January 2018.

## **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 to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

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 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 November 22, 2017 disenrollment notice is AFFIRMED.

The January 3, 2018 enrollment confirmation notice is AFFIRMED.

This decision does not change your coverage start date.

Your prior QHP enrollment ended on December 31, 2017.

Your current QHP enrollment became effective on February 1, 2018.

You were not enrolled in a QHP in January 2018.

## **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)

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### 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&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 אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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