



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

Notice of Decision

Decision Date: March 1, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027394

[REDACTED]

Dear [REDACTED],

On February 28, 2018, you appeared by telephone at an expedited hearing on your appeal of NY State of Health's January 19, 2018 eligibility determination and enrollment confirmation notices.

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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: March 1, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027394

[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 your eligibility for, and enrollment in, a qualified health plan (QHP), was effective March 1, 2018?

Procedural History

On December 28, 2016, NYSOH issued a notice stating that you were eligible to enroll in a QHP at full cost, effective February 1, 2017.

Also on December 28, 2016, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in a QHP, beginning February 1, 2017.

On October 24, 2017, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not determine whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2017, or you might lose your health insurance coverage and any financial assistance you were currently receiving.

On November 22, 2017, NYSOH issued a notice stating that you were disenrolled from your QHP, effective December 31, 2017, because you were no longer eligible to enroll in that plan. The notice stated that you were sent a separate notice about your eligibility.

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On January 18, 2018, you updated your application for financial assistance. That same day, NYSOH prepared a preliminary eligibility determination stating that you were eligible to enroll in a QHP at full cost, effective March 1, 2018.

Also on January 18, 2018, you spoke to NYSOH's Account Review Unit and appealed the preliminary eligibility determination, insofar as it began your eligibility for enrollment in a QHP on March 1, 2018, and not February 1, 2018. You also asked for your appeal request to be expedited.

On January 19, 2018, NYSOH issued a notice of eligibility redetermination stating that you were eligible to purchase a QHP at full cost. This eligibility was effective March 1, 2018.

Also on January 19, 2018, NYSOH issued a letter confirming your enrollment in a bronze-level QHP with a monthly premium responsibility of \$415.99, beginning March 1, 2018.

On February 5, 2018, documentation was faxed to NYSOH in support of your request for an expedited appeal.

On February 26, 2018, your request for an expedited appeal was approved.

On February 28, 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) Your NYSOH account indicates that you receive notices from NYSOH by regular mail.
- 2) You testified that you did not recall receiving any notices from NYSOH telling you that you needed to update the information in your NYSOH account to ensure that your coverage would not be interrupted.
- 3) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 4) Your NYSOH account reflects that, when you renewed your application for coverage on December 27, 2016, you selected the option for automatic renewal of coverage for five years.

- 5) Your NYSOH account reflects that you were sent a disenrollment notice on November 22, 2017 stating that your coverage was ending on December 31, 2017, and that you were sent a separate notice about your eligibility.
- 6) Your NYSOH account does not contain any eligibility determinations dated on or around November 22, 2017.
- 7) Your NYSOH account reflects that no updates were made to your account by December 15, 2017, the deadline stated in the renewal notice.
- 8) Your NYSOH account reflects that your eligibility was redetermined by NYSOH's system on December 16, 2017, and a preliminary eligibility determination was prepared stating that you were not eligible to enroll in health insurance through NYSOH because you did not respond to your renewal notice within the required timeframe.
- 9) Your NYSOH account does not contain any notice of eligibility determination stating that you were no longer eligible for coverage because you failed to renew your application, effective December 31, 2017.
- 10) You testified that you did not know you needed to renew your application until you realized that you had not received a bill for your premium in January 2018.
- 11) You testified that you called NYSOH around January 19, 2018 and, when you found out that your coverage had ended, you updated your application.
- 12) Your NYSOH account reflects that you updated your application on January 18, 2018, and that you were enrolled into a QHP as of March 1, 2018.
- 13) You testified that you were [REDACTED] in January 2018 and that, at the end of the month, [REDACTED] sent you to the hospital.
- 14) You testified that you were in the hospital for [REDACTED] and [REDACTED].
- 15) You testified that you are looking to have your insurance begin as of February 1, 2018 because you need coverage for your hospital bill.

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.

Legal Analysis

The issue under review is whether NYSOH properly determined that your eligibility for, and enrollment in, a QHP was effective March 1, 2018.

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 24, 2017, NYSOH issued an annual renewal notice in your case. That notice stated that based on information from federal and state sources, NYSOH could not determine whether you would qualify for financial help with paying for your health coverage. You were asked to update the information in your account by December 15, 2017, or your insurance coverage could end.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account. You testified, and

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your NYSOH account confirms, that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, the record reflects that NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated to ensure your enrollment in your health plan would continue.

Because there was no timely response to this notice, your enrollment in a QHP was terminated, effective December 31, 2017.

However, although NYSOH gave you proper and timely notice that you needed to renew your account, NYSOH failed to issue a new eligibility determination after the deadline for you to respond to the renewal notice had passed. While NYSOH did issue a notice on November 22, 2017 stating that you were being disenrolled from your QHP as of December 31, 2017, that notice also stated that you were sent a separate notice regarding your eligibility. The record is void of any such notice.

Moreover, though NYSOH's system redetermined your eligibility on December 16, 2017, finding that you were ineligible to enroll in coverage because you failed to renew your application, NYSOH failed to issue any eligibility determination notice that informed you of this determination. Such notice is required by law, and therefore, NYSOH failed to prove you timely and adequate notice of your eligibility after you did not respond to the renewal notice.

Finally, your NYSOH account reflects that, when you renewed your application in December 2016, you selected the option to have your coverage automatically renewed for a period of five years. Although selecting this option does not preclude the requirement that you complete a renewal application each year to have your eligibility for financial assistance determined, it does mean that you should have been automatically re-enrolled into your plan at full cost, effective January 1, 2018.

Therefore, for the reasons stated above, NYSOH's January 19, 2018 eligibility determination notice is MODIFIED to state that you were eligible to enroll in a QHP at full cost, effective January 1, 2018.

Your case is RETURNED to NYSOH to backdate your QHP enrollment to EITHER January 1, 2018 OR February 1, 2018, depending on which option you choose.

NYSOH will contact you immediately to effectuate the backdating of your coverage.

Decision

The January 19, 2018 eligibility determination notice is MODIFIED to state that you were eligible to enroll in a QHP at full cost, effective January 1, 2018.

Your case is RETURNED to NYSOH to backdate your QHP enrollment to EITHER January 1, 2018 OR February 1, 2018, depending on which option you choose.

NYSOH is directed to contact you immediately to effectuate the backdating of your coverage.

Effective Date of this Decision: March 1, 2018

How this Decision Affects Your Eligibility

You should have been automatically re-enrolled into your full cost QHP as of January 1, 2018.

You are eligible to have your QHP coverage backdated to January 1, 2018.

NYSOH will contact you so that your QHP coverage can be backdated to either January 1, 2018 or February 1, 2018, depending on which option you choose.

You will be responsible for any premium payments that result from the backdating of your coverage.

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)).

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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 January 19, 2018 eligibility determination notice is MODIFIED to state that you were eligible to enroll in a QHP at full cost, effective January 1, 2018.

Your case is RETURNED to NYSOH to backdate your QHP enrollment to EITHER January 1, 2018 OR February 1, 2018, depending on which option you choose.

NYSOH is directed to contact you immediately to effectuate the backdating of your 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).

You should have been automatically re-enrolled into your full cost QHP as of January 1, 2018.

You are eligible to have your QHP coverage backdated to January 1, 2018.

NYSOH will contact you so that your QHP coverage can be backdated to either January 1, 2018 or February 1, 2018, depending on which option you choose.

You will be responsible for any premium payments that result from the backdating of your coverage.

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 srε wo, frε 1-855-355-5777. ye&εtumi 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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