



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

Notice of Decision

Decision Date: March 20, 2018

NY State of Health Account ID: [REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

Dear [REDACTED],

On March 13, 2018, you and your authorized representative, [REDACTED], appeared by telephone at a hearing on your appeal of NY State of Health's January 17, 2018 plan enrollment and disenrollment 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with federal regulation 45 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: March 20, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027526

[REDACTED]

[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did New York State of Health (NYSOH) properly enroll you in the Platinum-Level qualified health plan (QHP), through Fidelis Care, with a plan enrollment start date of March 1, 2018?

Did NYSOH properly ended your enrollment in the Gold-Level QHP, through Fidelis Care, as of February 28, 2018?

Procedural History

On January 15, 2018, you submitted an application for financial assistance through NYSOH.

On January 16, 2018, NYSOH issued two notices:

- (1) An eligibility determination notice stating that you were eligible for a tax credit up to \$67.00 per month, effective February 1, 2018; and
- (2) A plan enrollment notice confirming that as of January 15, 2018, you were enrolled in a Gold-Level QHP with an enrollment start date of February 1, 2018.

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Also on January 16, 2018, your NYSOH account was updated.

On January 17, 2018, NYSOH issued three notices:

- (1) An eligibility determination notice stating that you were eligible for a tax credit up to \$67.00 per month, effective March 1, 2018;
- (2) A disenrollment notice stating that your Gold-Level QHP would end on February 28, 2018, because you requested to end your coverage on January 16, 2018;
- (3) A plan enrollment notice confirming that as of January 16, 2018, you were enrolled in a Platinum-Level QHP with an enrollment start date of March 1, 2018.

On January 19, 2018, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the enrollment start date of your Platinum-Level QHP and the end date of your Gold-Level QHP.

On March 13, 2018, you and your authorized representative 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 an employer-sponsored insurance plan with a coverage end date of January 31, 2018.
- 2) On February 13, 2018, you uploaded a letter from CareConnect to your NYSOH account. The letter states, in relevant part, that your group's health insurance policy would not be renewed because CareConnect would no longer sell health insurance in New York State. Your coverage would end as of January 31, 2018 (see Document [REDACTED]).
- 3) According to your NYSOH account, on January 15, 2018, you enrolled in a Fidelis Care Gold-Level QHP.
- 4) According to your NYSOH account, on January 16, 2018, you changed your QHP selection from the Fidelis Care Gold-Level QHP to the Fidelis Care Platinum-Level QHP.

- 5) You testified that you want the Fidelis Care Platinum-Level QHP to be effectuated as of February 1, 2018.

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

Applicable Law and Regulations

Special Enrollment Period – Loss of Minimum Essential Coverage

NYSOH must allow a qualified individual or their dependent to enroll in a QHP if the qualified individual or their dependent loses minimum essential coverage. The triggering event is the date of the loss of coverage, which is the last day the consumer would have had coverage under their previous plan (45 CFR § 155.420(d)(1)(i)).

A qualified individual or their dependent has 60 days before or after the last day of coverage under their previous plan to select a QHP (45 CFR § 155.420(c)(2)).

Special Enrollment Period – Effective Date

Generally, the effective date for a QHP is the first day of the following month if the enrollment is received by NYSOH on or before the fifteenth day of the month, and enrollments received after the fifteenth day of the month are effective the first day of the second following month (45 CFR § 155.420(b)(1)).

When an individual loses minimum essential coverage, if the plan selection is made on or before the date of the loss of coverage, NYSOH must ensure that the coverage effective date is on the first day of the month following the loss of coverage. If the plan selection is made after the date of the loss of coverage, NYSOH must ensure that coverage is effective with the regular effective dates or the first day of the following month (45 CFR § 155.420(b)(iv)).

Termination of QHP – During Open or Special Enrollment Period

NYSOH may initiate termination of an enrollee's enrollment in a QHP, and must permit a QHP issuer to terminate such coverage or enrollment, when the enrollee changes from one QHP to another during an annual open enrollment period or SEP (45 CFR § 155.430(b)(2)(v)).

If an enrollee changes QHPs during an annual open enrollment or SEP, the last day of coverage in an enrollee's prior QHP is the day before the effective date of coverage in their new QHP (45 CFR § 155.430(d)(6)).

Legal Analysis

The first issue under review is whether NYSOH properly enrolled you in the Platinum-Level QHP with an enrollment start date of March 1, 2018.

NYSOH must allow qualified individuals or their dependents to enroll in a QHP if they lose their minimum essential coverage. They have 60 days before or after their minimum essential coverage ends to select a QHP.

The record reflects that you were enrolled in an employer-sponsored insurance plan, through CareConnect. CareConnect opted to not renew your group's health insurance policy because they would no longer be selling health insurance in New York State. Therefore, your employer-sponsored health insurance coverage was discontinued as of January 31, 2018.

The record reflects that on January 15, 2018, you accessed your NYSOH and submitted a financial assistance application. Based on that application, you were determined eligible to enroll in a QHP with tax credit and enrolled in a Fidelis Care Gold-Level QHP. On the following day, you opted to change your QHP selection from the Fidelis Care Gold-Level QHP to the Fidelis Care Platinum-Level QHP.

If the applicant selects the QHP on or before the date of the loss of minimum essential coverage, NYSOH must ensure the coverage is effective on the first of the month following the loss of coverage. If the applicant selects the QHP after their minimum essential coverage has ended, the effective date of the QHP is contingent on whether the selection was made before the 16th of the month.

Your employer-sponsored insurance coverage ended as of January 31, 2018, and you selected the Fidelis Care Platinum-Level QHP on January 16, 2018. Therefore, the Platinum-Level QHP coverage must be effectuated as of the first day following the loss of your employer-sponsored insurance; that is February 1, 2018.

The January 17, 2018 plan enrollment notice is MODIFIED to confirm that you were enrolled in the Platinum-Level QHP with an enrollment start date of February 1, 2018.

The second issue under review is whether NYSOH properly ended your Gold-Level QHP, through Fidelis Care, as of February 28, 2018.

As state above, on January 16, 2018, you opted to change your coverage from the Fidelis Care Gold-Level QHP to the Fidelis Care Platinum-Level QHP.

NYSOH may terminate an enrollee's QHP coverage when the enrollee changes from one QHP to another during an annual open enrollment period or SEP. If an

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enrollee changes their QHP selection during an annual open enrollment period or SEP, the prior QHP will end on the day before the new QHP is effective.

Based on the analysis above, your Platinum-Level enrollment should have been effectuated as of February 1, 2018. Therefore, the Gold-Level QHP should have ended on the day before you were enrolled in the Platinum-Level QHP. Ordinarily, that date would be as of January 31, 2018. However, your Gold-Level QHP was not slated to begin until February 1, 2018. Therefore, the end date of that QHP must be February 1, 2018.

The January 17, 2018, disenrollment notice is MODIFIED to state that your Fidelis Care Platinum-Level QHP coverage ended as of February 1, 2018.

Your case is RETURNED to NYSOH to effectuate your Fidelis Care Platinum-Level QHP as of February 1, 2018 and your disenrollment from the Fidelis Care Gold-Level QHP also as of February 1, 2018, and to notify you accordingly.

Decision

The January 17, 2018 plan enrollment notice is MODIFIED to confirm that you were enrolled in the Platinum-Level QHP with an enrollment start date of February 1, 2018.

The January 17, 2018, disenrollment notice is MODIFIED to state that your Fidelis Care Gold-Level QHP coverage ended as of February 1, 2018.

Your case is RETURNED to NYSOH to effectuate your enrollment in the Fidelis Care Platinum-Level QHP as of February 1, 2018 and your disenrollment from the Fidelis Care Gold-Level QHP also as of February 1, 2018, and to notify you accordingly.

Effective Date of this Decision: March 20, 2018

How this Decision Affects Your Eligibility

Your case is being sent back to change your enrollment start date in the Fidelis Care Platinum-Level QHP to be effective as of February 1, 2018.

Your case is also being sent back to disenroll you from the Fidelis Care Gold-Level QHP to be effective as of February 1, 2018.

You shall be responsible for any difference in health insurance premiums that results from 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).

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 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

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- By fax: 1-855-900-5557

Summary

The January 17, 2018 plan enrollment notice is MODIFIED to confirm that you were enrolled in the Platinum-Level QHP with an enrollment start date of February 1, 2018.

The January 17, 2018, disenrollment notice is MODIFIED to state that your Fidelis Care Gold-Level QHP coverage ended as of February 1, 2018.

Your case is RETURNED to NYSOH to effectuate your enrollment in the Fidelis Care Platinum-Level QHP as of February 1, 2018 and your disenrollment from the Fidelis Care Gold-Level QHP also as of February 1, 2018, and to notify you accordingly.

Your case is being sent back to change your enrollment start date in the Fidelis Care Platinum-Level QHP to be effective as of February 1, 2018.

Your case is also being sent back to disenroll you from the Fidelis Care Gold-Level QHP to be effective as of February 1, 2018.

You shall be responsible for any difference in health insurance premiums that results from this decision.

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

[REDACTED]

[REDACTED]

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 1-855-355-5777번으로 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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