



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

Notice of Decision

Decision Date: April 12, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027708

[REDACTED]

On March 19, 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 20, 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 12, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027708

[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 your enrollment in a qualified health plan ended December 31, 2017 and did not resume until March 1, 2018?

Procedural History

On December 30, 2016, NYSOH issued a notice of enrollment confirming your enrollment in qualified health plan (QHP) with advance premium tax credits applied, effective February 1, 2017.

On April 4, 2017, NYSOH issued an eligibility determination notice stating you were newly eligible to purchase a full cost qualified health plan, effective May 1, 2017.

Also on April 4, 2017, NYSOH issued an enrollment notice confirming your enrollment in a full cost QHP, effective February 1, 2017.

On October 24, 2017, NYSOH issued a notice stating 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, NYSOH could not decide whether you qualified for financial help paying for your health coverage. The notice directed you to update your account by December 15, 2017 or you might lose your health coverage or the financial assistance you were receiving.

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On November 22, 2017, NYSOH issued a disenrollment notice stating your QHP coverage would end on December 31, 2017, because you were no longer eligible to enroll in that plan.

On January 19, 2018, NYSOH received an updated application for financial assistance with health insurance submitted on your behalf.

On January 20, 2018, NYSOH issued an eligibility redetermination notice stating you were eligible to purchase a full cost QHP, effective March 1, 2018.

Also on January 20, 2018, NYSOH issued an enrollment notice, based on your January 19, 2018 plan selection, stating you were enrolled in a full cost QHP, effective March 1, 2018.

On January 24, 2018, you spoke to NYSOH's Account Review Unit and appealed insofar as you were not enrolled in coverage for the months of January and February 2018.

On March 19, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open to April 2, 2018 to allow you to submit supporting documentation. As of April 2, 2018, the Appeals Unit had not received any documentation for you and none was visible in your NYSOH account. Therefore, the record closed that day and this decision is based on the record as developed during the hearing.

Findings of Fact

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

- 1) You were enrolled in a QHP in 2017.
- 2) You testified that you did not know whether you received your communication from NYSOH electronically or by U.S. mail.
- 3) According to your account, you have elected to receive email alerts regarding notices from NYSOH.
- 4) You testified that you do not know whether you received an email alert concerning the October 24, 2017 renewal notice posted to your NYSOH account. You testified that you also do not know whether you received a copy of the October 24, 2017 renewal notice in your regular mail.
- 5) You testified that you were [REDACTED] in October 2017 and suffering from [REDACTED]. You testified that because of your medical

condition, you were not [REDACTED] to respond to NYSOH's October 24, 2017 renewal notice and timely complete the renewal of your 2018 health coverage.

- 6) You were provided with the opportunity to provide medical documentation to support your testimony. As of the date of this decision, no such documentation has been received.
- 7) You testified that you do not know whether you received an email alert concerning the November 22, 2017 disenrollment notice and you did not know whether you received a written copy of that notice by mail, because you were not staying at your own home at that time.
- 8) Your QHP enrollment was terminated on December 31, 2017.
- 9) Your account confirms that an updated application was received on your behalf on January 19, 2018. You were determined eligible to purchase a full cost QHP, effective March 1, 2018.
- 10) According to your account, a QHP enrollment request was submitted on your behalf on January 19, 2018. Coverage through that plan became effective March 1, 2018.
- 11) According to your account, you were not enrolled in health coverage for the months of January and February 2018.
- 12) You testified that you are seeking to backdate your subsequent QHP enrollment to January 1, 2018, because you have outstanding medical bills from the months of January and February 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)).

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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 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.

Electronic Notices

If the individual elects electronic communications, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to his or her account and send a notice by regular mail within three business days if the electronic communication cannot be delivered (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4), (5)).

Legal Analysis

The issue under review is whether NYSOH properly determined properly determine your enrollment in a QHP ended December 31, 2017 and did not resume until 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 qualified for financial assistance with your health coverage. The notice directed you to update your account by December 15, 2017 or you might lose your health coverage or the financial assistance you were receiving.

Although you testified you are not sure how you receive your notices from NYSOH, your account confirms that you have elected to receive your communication from NYSOH electronically. You testified that you do not know whether you received an email alert concerning the October 24, 2017 renewal notice posted to your NYSOH account. It is concluded that your testimony that you were unsure whether you received an email alert concerning the October 24,

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2017 renewal notice was insufficient to establish that such an alert had not been sent. Given the lack of reliable evidence to the contrary, it is concluded that NYSOH provided you with proper notice that you had to update your account by December 15, 2017 to continue your coverage for 2018.

Although you testified that in October 2017, you were [REDACTED] and suffering from [REDACTED] which rendered you unable to respond to NYSOH's October 24, 2017 renewal notice and timely complete the renewal of your 2018 health coverage, you failed to submit any medical documentation to corroborate your testimony. Thus, there is insufficient evidence to support your contention that your medical condition prevented your timely compliance. Therefore, your contention is rejected.

Your account confirms that you did not update your application by the December 15, 2017 deadline to renew your coverage for 2018. Therefore, your QHP enrollment properly terminated at the end of the annual term, that is, on December 31, 2017.

Therefore, the November 22, 2017 disenrollment notice stating your QHP enrollment would end on December 31, 2017, is supported by the record and is AFFIRMED.

According to your account, you first renewed your eligibility for financial assistance through NYSOH for 2018 on January 19, 2018. You were determined eligible to purchase a full cost QHP, effective March 1, 2018 and you selected a QHP for enrollment that day. Coverage through your subsequent QHP enrollment became effective on March 1, 2018 and you appealed insofar as your coverage was not effective January 1, 2018.

In accordance with the above cited regulations, the date on which enrollment in a QHP can take effect depends on the day a person selects the plan for enrollment. A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

Since your account confirms that a QHP reenrollment request was not submitted on your behalf until January 19, 2018, after the fifteenth day of the month, that enrollment could not become effective until the first day of the second following month; that is, on March 1, 2018.

Therefore, the January 20, 2018 enrollment confirmation notice stating your subsequent QHP enrollment became effective March 1, 2018 was correct and is AFFIRMED.

Decision

The November 22, 2017 disenrollment notice is AFFIRMED.

The January 20, 2018 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: April 12, 2018

How this Decision Affects Your Eligibility

This decision does not change your enrollment dates.

Your enrollment in your QHP properly ended on December 31, 2017 and your subsequent enrollment was not effective until March 1, 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

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).

- 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 November 22, 2017 disenrollment notice is AFFIRMED.

The January 20, 2018 enrollment confirmation notice is AFFIRMED.

This decision does not change your enrollment dates.

Your enrollment in your QHP properly ended on December 31, 2017 and your subsequent enrollment was not effective until March 1, 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)

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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