



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

## Notice of Decision

Decision Date: May 16, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000029525



Dear [REDACTED]

On April 27, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's March 1, 2018 eligibility determination notice and verbal denial of a special enrollment period.

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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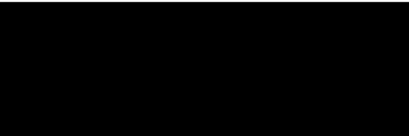


STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## **Decision**

Decision Date: May 16, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000029525



## **Issues**

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

Did NY State of Health properly determine that you were ineligible for advance payments of the premium tax credit and cost-sharing reductions?

Did NY State of Health properly determine that you were eligible for Medicaid?

Did NY State of Health properly determine that you do not qualify to enroll in a qualified health plan outside of the open enrollment period?

## **Procedural History**

On October 17, 2017, NY State of Health (NYSOH) issued a renewal notice stating that you were eligible to purchase a qualified health plan at full cost, effective January 1, 2018.

On November 18, 2017, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a qualified health plan with a plan enrollment start date of January 1, 2018.

On February 28, 2018, you contacted NYSOH. As a result, NYSOH changed your application from a non-financial application to a financial assistance application. That day, NYSOH issued a preliminary eligibility determination stating that you were eligible for Medicaid.

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Also on February 28, 2018, you spoke to NYSOH's Account Review Unit and appealed insofar as you were not eligible to enroll in a qualified health plan outside of the open enrollment period.

On March 1, 2018, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective February 1, 2018.

Also on March 1, 2018, NYSOH issued a disenrollment notice stating that your enrollment in your qualified health plan would end on February 28, 2018. This was because you were no longer eligible to enroll in a qualified health plan.

Additionally, on March 1, 2018, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a Medicaid Managed Care plan with a plan enrollment start date of April 1, 2018.

On April 27, 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 supports the following findings of fact:

- 1) You testified that you are seeking to be found eligible to enroll in a qualified health plan with or without advance payments of the premium tax credit (APTC).
- 2) You testified that you expect to file your 2018 tax return with a tax filing status of single and you will not claim any dependents on that tax return.
- 3) The application that was submitted on February 28, 2018 lists annual expect income of \$0.00. You testified that this was correct, as of that time.
- 4) You explained that you have since started working in a position as [REDACTED] and anticipate that your annual expected income for 2018 will now be \$50,000.00.
- 5) You testified that you did not receive any unemployment insurance benefits in 2018.
- 6) You testified that you reside in New York County.
- 7) You testified that you do not want Medicaid and that you requested to remain eligible for a qualified health plan, even if that meant that you were not eligible for financial assistance. You testified that NYSOH

representatives advised you that you could not reenroll in a qualified health plan, even at full cost.

- 8) During the hearing, you gave permission for the Hearing Officer to listen to recordings of phone calls you had with NYSOH.
- 9) On February 28, 2018, you contacted NYSOH. A review of the recording of your first phone call with NYSOH reveals that you were calling because your current qualified health plan was not meeting your financial or coverage needs and you were calling to find out what your options were. The NYSOH representative stated that you would need to change your application from a non-financial application to a financial application in order to see what you were eligible for and to review your options. The NYSOH representative went through your information and advised you that you were now eligible for Medicaid. The NYSOH representative then answered a series of questions you had regarding Medicaid. The NYSOH representative then attempted to assist you in selecting a Medicaid Managed Care plan, however, it appeared that none of your providers accepted Medicaid or Medicaid Managed Care plans. The NYSOH representative advised you that the only way to be sure what plans your providers accepted would be to contact the plans as the NYSOH information regarding whether providers accepted certain plans was not always accurate. The NYSOH representative then stated that if you did not want Medicaid, your application could be switched back to a non-financial application. The NYSOH representative agreed to stay on the line while you contacted your doctor's office to determine whether you would select a Medicaid Managed Care plan or would switch back to a non-financial application. While you were contacting your doctor's office, the call was dropped.
- 10) On February 28, 2018, you placed a second call to NYSOH. A review of the recording of that call reflects that you advised the NYSOH representative that you wanted to change your application back to a non-financial application and enroll in a qualified health plan as your providers did not accept Medicaid. The NYSOH representative advised you that you would be ineligible to enroll in a qualified health plan because you were outside of the open enrollment period. This representative transferred you to the Account Review Unit.

The Account Review Unit representative advised you that you would not be able to select a qualified health plan outside of the open enrollment period, and that therefore, you should not change your application to a non-financial application until your incident had been resolved. You explained to the Account Review Unit representative that the first NYSOH representative you had spoken to told you that you would be able to switch back to a non-financial application. The Account Review Unit

representative advised you that a request was being submitted for a member of the supervisory team to review the first call on February 28, 2018, and that if agent error was confirmed, you would be able to select a qualified health plan for enrollment. The Account Review Unit representative advised you that once a resolution had been issued, she would call you to assist you in updating your application to a non-financial assistance application and recommended that you select a Medicaid Managed Care plan until a resolution was issued on your complaint. The Account Review Unit representative then assisted you in filing an appeal.

11) As a result of the February 28, 2018 contact with the Account Review Unit, incident [REDACTED] A note dated March 12, 2018 indicates that the call on February 28, 2018 was reviewed and it was determined that you had not submitted a valid request for a new enrollment start date, and that you would have to switch back to a non-financial application if you were seeking to enroll in a qualified health plan.

12) There is no indication that an agent of NYSOH ever reached out to you to assist you in changing your application back to a non-financial assistance application.

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

## **Applicable Law and Regulations**

### Advance Payments of Premium Tax Credit

APTC are generally available to a person who is eligible to enroll in a qualified health plan and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a qualified health plan, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 26 CFR § 1.36B-2, 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

The maximum amount of APTC that can be authorized equals:

- 1) the cost of the health insurance premium for the taxpayer's coverage family in the second lowest cost silver plan offered through NY State of Health in the county where the taxpayer resides

*minus*

2) the taxpayer's expected contribution amount

(see 26 USC § 36B, 26 CFR § 1.36B-3).

The taxpayer's expected contribution amount is the amount that the taxpayer is expected to spend on health insurance premiums. The expected contribution for 2018 is set by federal law at 2.01% to 9.56% of household income (26 USC § 36B(b)(3)(A), 26 CFR § 1.36B-3, IRS Rev. Proc. 2017-36).

In an analysis of APTC eligibility, the determination is based on the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested (45 CFR §§ 155.300(a), 155.305(f)(1)(i)). On the date of your application, that was the 2017 FPL, which is \$12,060.00 for a one-person household (82 Federal Register 8831).

### Cost-Sharing Reductions

Cost-sharing reductions are available to a person who (1) is eligible to enroll in a qualified health plan through NYSOH, (2) meets the requirements to receive APTC, (3) is expected to have an annual household income that does not exceed 250% of the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested, and (4) is enrolled in a silver-level qualified health plan (45 CFR § 155.300(a), 45 CFR § 155.305(g)(1)).

### Medicaid

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

### Qualified Health Plan

NYSOH must determine an applicant eligible for enrollment in a qualified health plan through NYSOH if they (1) are a citizen or national of the United States, or a non-citizen who is lawfully present in the United States, (2) is not incarcerated, (3) meets the applicable residency standard (45 CFR §155.305(a)).

### Applications

NYSOH must use a single streamlined application for all insurance affordability programs (42 CFR §435.907(a)(1), 42 CFR §435.907(a)(2)).

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NYSOH must permit an applicant to request an eligibility determination for enrollment in a qualified health plan through NYSOH, however, NYSOH may not permit an applicant to request an eligibility determination for less than all insurance affordability programs (45 CFR §155.310(b)).

### De Novo Review

NYSOH Appeals Unit must review each appeal de novo and “consider all relevant facts and evidence adduced during the appeals process” (45 CFR § 155.535(f)). “De novo review means a review of an appeal without deference to prior decisions in the case” (45 CFR § 155.500).

### 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, 2018, the national annual open enrollment period began on November 1, 2017 and extended through December 15, 2017 (45 CFR § 155.410(e)(3)). NY State extended this enrollment period through January 31, 2018 for applications processed through NYSOH ([https://www.health.ny.gov/press/releases/2017/2017-09-07\\_open\\_enrollment\\_dates.htm](https://www.health.ny.gov/press/releases/2017/2017-09-07_open_enrollment_dates.htm)).

### Special Enrollment Periods

After each open enrollment period ends, NYSOH provides special enrollment periods to qualified individuals. During a special enrollment period, a qualified individual may enroll in a qualified health plan, and an enrollee may change their enrollment to another plan. This is generally permitted when one of the following triggering events occur:

- (1) The qualified individual or his or her dependent either:
  - (i) Loses minimum essential coverage.
  - (ii) Is enrolled in any non-calendar year group health plan or individual health insurance coverage, even if the qualified individual or his or her dependent has the option to renew such coverage.
  - (iii) Loses pregnancy-related coverage.



(iv) Loses medically needy coverage as described under section 1902(a)(10)(C) of the Social Security Act only once per calendar year.

(2)(i) The qualified individual gains a dependent or becomes a dependent through marriage, birth, adoption, placement for adoption, or placement in foster care, or through a child support order or other court order.

(ii) the enrollee loses a dependent or is no longer considered a dependent through divorce or legal separation as defined by State law in the State in which the divorce or legal separation occurs, or if the enrollee, or his or her dependent, dies.

(3) The qualified individual, or his or her dependent, becomes newly eligible for enrollment in a qualified health plan because he or she gains citizenship, status as a national, or lawful present or is no longer incarcerated.

(4) The qualified individual's or his or her dependent's, enrollment or non-enrollment in a qualified health plan is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, misconduct, or inaction of an officer, employee, or agent of NYSOH, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities.

(5) The enrollee or, his or her dependent adequately demonstrates to NYSOH that the qualified health plan in which he or she is enrolled substantially violated a material provision of its contract in relation to the enrollee;

(6) The enrollee or enrollee's dependent is newly eligible or ineligible for advance payments of the premium tax credit, or change in eligibility for cost-sharing reductions.

(7) The qualified individual or enrollee, or his or her dependent, gains access to new qualified health plan as a result of a permanent move and either—

(i) Had minimum essential coverage for one or more days during the 60 days preceding the date of the permanent move, or

(ii) Was living outside of the United States or in a United States territory at the time of the permanent move;

(8) The qualified individual or dependent who gains or maintains status as an Indian may enroll in a qualified health plan or change from one plan to another, once per month.

(9) The qualified individual or enrollee, or his or her dependent, demonstrates to the Exchange, in accordance with guidelines issued by HHS, that the individual meets other exceptional circumstances as the Exchange may provide;

(10) A qualified individual or enrollee—

(i) Is a victim of domestic abuse or spousal abandonment, including a dependent or unmarried victim within a household, is enrolled in minimum essential coverage and seeks to enroll in coverage separate from the perpetrator of the abuse or abandonment; or

(ii) Is a dependent of a victim of domestic abuse or spousal abandonment, on the same application as the victim, may enroll in coverage at the same time as the victim;

(11) A qualified individual or dependent—

(i) Applies for coverage through NYSOH during the annual open enrollment period or due to a qualifying event, is assessed as potentially eligible for Medicaid or Child Health Plus and is determined ineligible for Medicaid or Child Health Plus either after open enrollment has ended or more than 60 days after the qualifying event; or

(ii) Applies for coverage at their Local Department of Social Services or Human Resources Administration during the annual open enrollment period, and is determined ineligible for Medicaid or Child Health Plus after open enrollment has ended;

(12) The qualified individual or enrollee, or his or her dependent, adequately demonstrates to NYSOH that a material error related to plan benefits, service area, or premium influenced the qualified individual's or enrollee's decision to purchase a qualified health plan; or

(13) At the option of NYSOH, the qualified individual provides satisfactory documentary evidence to verify his or her eligibility for an insurance affordability program or enrollment following termination of enrollment due to a failure to verify such status within 90 days. NYSOH has not elected to adopt this subsection at this time.

(45 CFR § 155.420(d)).

Generally, if a triggering life event occurs, the qualified individual or enrollee has 60 days from the date of a triggering event to select a qualified health plan (45 CFR § 155.420(c)(1)).

## **Legal Analysis**

The first issue under review is whether NYSOH properly determined that you were ineligible for advance payments of the premium tax credit and cost-sharing reductions.

The application submitted on February 28, 2018 listed annual expected income of \$0.00. You testified that this was correct as of that time.

You expect to file your 2018 tax return as single and you will not claim any dependents on that tax return. Therefore, you are in a one-person household.

APTC are available to a person who has a household income greater than 200% of the FPL and less than 400% of the FPL. Cost-sharing reductions are available to a person who has a household income no greater than 250% of the FPL and who are eligible for APTC.

On the date of your application, the relevant FPL was \$12,060.00 for a one-person household. Since \$0.00 is 0% of the 2017 FPL, NYSOH properly found you to be ineligible for APTC and cost-sharing reductions.

The second issue is whether NYSOH properly determined that you were eligible for Medicaid.

Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138% of the FPL for the applicable family size.

NYSOH utilizes a single streamlined application for all health insurance financial assistance programs including APTC, cost-sharing reductions, the Essential Plan, Child Health Plus, and Medicaid. NYSOH may not permit an applicant to request an eligibility determination for less than all insurance affordability programs.

The record reflects that on February 28, 2018, you contacted NYSOH because you were not satisfied with your qualified health plan. You were advised that you would need to submit a financial assistance application in order to determine what coverage you were eligible for, and you were subsequently determined eligible for Medicaid. Thereafter, you were advised that if you did not want

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Medicaid, your application could be switched back to a non-financial application. This call was disconnected. When you contacted NYSOH later that day, two NYSOH representatives prevented you from submitting a non-financial application, despite your repeated requests to submit a non-financial application.

NYSOH must permit an applicant to request an eligibility determination for enrollment in a qualified health plan through NYSOH without financial assistance. This is known as a non-financial application.

Therefore, NYSOH erred in not permitting you to submit a non-financial application on February 28, 2018.

Had NYSOH allowed you to change your application to a non-financial application, you would have been found eligible for a full cost qualified health plan and ineligible for Medicaid.

Therefore, the March 1, 2018 eligibility determination notice is **RESCINDED** insofar as it found you eligible for Medicaid.

The third issue under review is whether NYSOH properly determined that you do not qualify to enroll in a qualified health plan outside of the open enrollment period.

You testified that you are appealing the denial of a special enrollment period to enroll into a health plan through NYSOH. However, the record does not contain a notice of eligibility determination or redetermination on the issue of special enrollment period.

Here, the lack of a notice of eligibility determination on the issue of special enrollment periods does not prevent the Appeals Unit from reaching the merits of the case or constitute material error. Under 45 CFR § 155.505(b), you are as entitled to appeal NYSOH failure to timely issue a notice of eligibility determination as you are to appeal an adverse notice of eligibility determination. Your credible testimony along with the recordings of phone calls with NYSOH representatives on February 28, 2018, permits an inference that NYSOH did deny your special enrollment request.

Since the Appeals Unit review of NYSOH determinations is performed on a de novo basis, no deference would have been granted to the eligibility determination notice had it been issued.

NYSOH provided an open enrollment period from November 1, 2017 until January 31, 2018. On February 28, 2018 you requested to submit a non-financial application and to enroll in a qualified health plan outside of the open enrollment period. NYSOH representatives verbally denied your request to enroll in a qualified health plan outside of the open enrollment period that day.

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Once the annual open enrollment period ends, a health plan enrollee must qualify for a special enrollment period in order to enroll in, or change to another health plan offered in NYSOH. In order to qualify for a special enrollment period, a person must experience a triggering event.

A special enrollment period can be granted if a qualified individual's enrollment or non-enrollment in a qualified health plan is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, misconduct, or inaction of an officer, employee, or agent of NYSOH, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities.

You testified that you spoke to a representative from NYSOH who told you that you could change your plan to a non-financial application and enroll in a qualified health plan. A review of the telephone conversation placed that day confirms that a representative informed you that you needed to submit an application for financial assistance in order to determine which plans you would be eligible for and that if you did not like your eligibility, you could change back to a non-financial application. Thereafter, NYSOH representatives denied your request to change your application back to a non-financial application.

Since the record indicates that your non-enrollment into a qualified health plan was the direct result of statements made to you by a representative of NYSOH, you should have been granted a special enrollment period as of your February 28, 2018 request to submit a non-financial application.

Therefore, NYSOH's verbal determination that you do not qualify to select a health plan outside of the open enrollment period for 2018 is incorrect, you should have been eligible for a special enrollment period as of the date of your February 28, 2018 request to submit a non-financial application.

Your case is RETURNED to NYSOH to assist you in updating your application to a non-financial application and enrolling into a qualified health plan. You may choose to enroll into a qualified health plan as of February 28, 2018 because NYSOH gave you incorrect information. In the alternative, you may elect to enroll into coverage within 60 days from the date of this decision.

## **Decision**

NYSOH's March 1, 2018 eligibility determination notice is RESCINDED insofar as it found you eligible for Medicaid.

NYSOH's verbal determination that you do not qualify to select a health plan outside of the open enrollment period for 2018 is incorrect, you should have been

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eligible for a special enrollment period as of the date of your February 28, 2018 request to submit a non-financial application.

Your case is RETURNED to NYSOH to assist you in updating your application to a non-financial application and enrolling into a qualified health plan. You may choose to enroll into a qualified health plan as of February 28, 2018 because NYSOH gave you incorrect information. In the alternative, you may elect to enroll into coverage within 60 days from the date of this decision. You will be responsible for premium payments for any months you are enrolled into coverage.

**Effective Date of this Decision:** May 16, 2018

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

NYSOH improperly found you eligible for Medicaid as you requested to submit a non-financial assistance application.

NYSOH improperly denied you a special enrollment period.

Your case is being sent back to NYSOH to allow you to enroll into coverage as of February 28, 2018, if you so choose. In the alternative, you may elect to enroll into coverage within 60 days from the date of this decision.

You will be responsible for any premium payments for any months you are enrolled into 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.

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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
- By fax: 1-855-900-5557

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## **Summary**

NYSOH's March 1, 2018 eligibility determination notice is RESCINDED insofar as it found you eligible for Medicaid.

NYSOH's verbal determination that you do not qualify to select a health plan outside of the open enrollment period for 2018 is incorrect, you should have been eligible for a special enrollment period as of the date of your February 28, 2018 request to submit a non-financial application.

NYSOH improperly denied you a special enrollment period.

Your case is RETURNED to NYSOH to assist you in updating your application to a non-financial application and enrolling into a qualified health plan. You may choose to enroll into a qualified health plan as of February 28, 2018 because NYSOH gave you incorrect information. In the alternative, you may elect to enroll into coverage within 60 days from the date of this decision. 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 you to enroll into coverage as of February 28, 2018, if you so choose. In the alternative, you may elect to enroll into coverage within 60 days from the date of this decision.

You will be responsible for any premium payments for any months you are enrolled into 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 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।

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).

### **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 मदद 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 okyerE 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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