



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

Notice of Decision

Decision Date: May 25, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030555



Dear [REDACTED],

On May 21, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 18, 2017 plan enrollment and January 4, 2018 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 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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Issues

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

Did NY State of Health (NYSOH) properly determine that you and your spouse were enrolled in a platinum-level qualified health plan (QHP) with an enrollment start date of January 1, 2018?

Did NYSOH properly determine that your and your spouse's platinum-level QHP would end as of January 31, 2018?

Procedural History

On October 24, 2017, NYSOH issued a notice that it was time to renew your household's health insurance for the upcoming coverage year. That notice stated that based on the information from federal and state sources, a decision about whether your household qualified for financial help could not be determined. Further, the notice instructed you to update your account by December 16, 2017, to ensure the continuation of your financial assistance.

On November 17, 2017, your NYSOH account was updated.

On November 18, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that you and your spouse were eligible for a shared tax credit up to \$630.00 per month, effective as of January 1, 2018.

Also on November 18, 2017, NYSOH issued a plan enrollment notice confirming that as of November 17, 2017, you and your spouse were enrolled in a platinum-level QHP with an enrollment start date of January 1, 2018.

On January 4, 2018, NYSOH issued a disenrollment notice stating that you and your spouse's platinum-level QHP would end as January 31, 2018, because you requested to end your coverage on January 3, 2018.

On January 4, 2018, NYSOH issued a plan enrollment notice confirming that as of January 3, 2018, you and your spouse were enrolled in a bronze-level QHP with an enrollment start date of February 1, 2018.

On March 21, 2018, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the termination date of your and your spouse's platinum-level QHP.

On May 21, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was left open to allow the Hearing Officer to request the recording of the November 17, 2017 conversation between you and NYSOH.

On May 22, 2018, the recording of the November 17, 2017 conversation between you and NYSOH was received by NYSOH's Appeals Unit. That recording has been incorporated into the record and will be referred to as "[REDACTED]." The record is now complete and closed.

Findings of Fact

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

- 1) According to your NYSOH account, you and your spouse were enrolled in a platinum-level QHP from February 1, 2017, through December 31, 2017.
- 2) According to your NYSOH account and testimony, you receive notices from NYSOH by regular mail through the United States Postal Service (USPS).
- 3) You testified that you did not receive the November 18, 2017 plan enrollment notice from NYSOH stating that you and your spouse were enrolled in the platinum-level QHP with an enrollment start date of January 1, 2018.
- 4) According to your NYSOH account, the November 18, 2017 plan enrollment notice was not returned to NYSOH as undeliverable.

- 5) You testified that you contacted NYSOH on November 17, 2017, and during that conversation, you terminated your and your spouse's platinum-level QHP.
- 6) On November 17, 2017, you contacted NYSOH to renew your household's coverage because you received the October 24, 2017 renewal notice. The NYSOH representative assisted you with the application, and your household's eligibility for financial assistance was determined for 2018. You stated that you would access your account and select a health plan on your own time ([REDACTED]).
- 7) You testified that "[REDACTED]" is your NYSOH username.
- 8) According to your NYSOH account, on January 3, 2018, you accessed your account and deleted your and your spouse's platinum-level QHP.
- 9) You testified that you want the platinum-level QHP to have an end date of December 31, 2017.

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)).

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).

Annual Re-enrollment into a Qualified Health Plan

If an enrollee remains eligible for enrollment in a qualified health plan as part of the annual eligibility redetermination and the plan in which they are enrolled remains available through NYSOH for renewal, such enrollee will have his or her enrollment through the qualified health plan renewed, unless an enrollee voluntarily terminates coverage (45 CFR § 155.335(j)(1)).

Open Enrollment Period

NYSOH must provide annual open enrollment periods during which time qualified individuals may enroll in a QHP and enrollees may change QHPs (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).

Termination of Qualified Health Plan – During an Open 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 special enrollment period (45 CFR § 155.430(b)(2)(v)).

If an enrollee changes QHPs during an annual open enrollment or special enrollment period, 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 and your spouse in the platinum-level QHP with an enrollment start date of January 1, 2018.

The record reflects that you and your spouse were enrolled in a platinum-level QHP from February 1, 2017, through December 31, 2017.

NYSOH must annually redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance. 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

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determination for the upcoming coverage year based on the information contained in the renewal notice.

If at the time of the annual renewal an enrollee remains eligible for enrollment in a QHP and the plan in which they were enrolled in remains available, the enrollee will have their enrollment renewed unless an enrollee voluntarily terminates coverage.

On November 17, 2017, you contacted NYSOH to renew your household's coverage because you received the October 24, 2017 renewal notice. The NYSOH representative assisted you with the application, and your household's eligibility for financial assistance was determined for 2018. You stated that you would access your account and select a health plan on your own time.

You testified that you did not receive the November 18, 2018 plan enrollment notice from NYSOH. The record reflects that you elected to receive notifications from NYSOH by the USPS. Further, there is no evidence in the record that the November 18, 2017 notice was returned as undeliverable.

The record supports that NYSOH properly notified you that you and your spouse were reenrolled in the platinum-level QHP with an enrollment start date of January 1, 2018. The record further supports that you did not terminate your and your spouse's platinum-level QHP until January 3, 2018.

Since you and your spouse were eligible to enroll in a QHP in 2018, and the QHP in which you were enrolled in during 2017 was still available, NYSOH was required to reenroll you and your spouse in the platinum-level QHP as of January 1, 2018.

Therefore, the November 18, 2017 plan enrollment notice is AFFIRMED.

The second issued under review is whether NYSOH properly determined that your and your spouse's platinum-level QHP would end as of January 31, 2018.

NYSOH must provide annual open enrollment period, during which time qualified individuals may enroll in a qualified health plan and enrollees may change qualified health plans. NYSOH provided an open enrollment period from November 1, 2017 until January 31, 2018.

The record reflects that on January 3, 2018, you accessed your account and changed your and your spouse's coverage from a platinum-level to a bronze-level QHP. Based on that change, on January 4, 2018, NYSOH issued notices stating that your and your spouse's platinum-level QHP would end as of January 31, 2018, and your bronze-level QHP would be effectuated February 1, 2018.

If an enrollee changes their QHP selection during an open enrollment period, the last day of coverage in an enrollee's prior QHP is the day before the effective date of coverage in their new QHP.

The record supports that you and your spouse were enrolled in the bronze-level QHP with an effective date of February 1, 2018. Therefore, the platinum-level QHP properly ended as of January 31, 2018, and the January 4, 2018 disenrollment notice is AFFIRMED.

Decision

The November 18, 2017 plan enrollment notice is AFFIRMED.

The January 4, 2018 disenrollment notice is AFFIRMED.

Effective Date of this Decision: May 25, 2018

How this Decision Affects Your Eligibility

Your and your spouse's platinum-level QHP was properly terminated as of January 31, 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

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 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 November 18, 2017 plan enrollment notice is AFFIRMED.

The January 4, 2018 disenrollment notice is AFFIRMED.

Your and your spouse's platinum-level QHP was properly terminated as of January 31, 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 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।

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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&tumi 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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