



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

Notice of Decision

Decision Date: April 18, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: APM29538838

[REDACTED]

[REDACTED]

On April 5, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's October 12, 2017 cancellation 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.

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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DEPARTMENT OF HEALTH
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Decision

Decision Date: April 18, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: APM29538838

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Does the Appeals Unit of NY State of Health (NYSOH) have the authority to review the end of coverage due to nonpayment of premiums for your daughter, effective July 31, 2017?

Procedural History

On November 17, 2016, NYSOH issued an enrollment confirmation notice stating that your daughter was enrolled in a qualified health plan, with a monthly premium of \$157.49, effective January 1, 2017.

On October 12, 2017, NYSOH issued a cancellation notice stating that your daughter's enrollment in her qualified health plan was terminated, effective July 31, 2017, because a premium payment had not been received by the health plan.

On October 28, 2017, NYSOH issued a renewal notice stating that your daughter qualified for an advance premium tax credit (APTC) in the amount of \$362.28 per month, effective January 1, 2018.

On December 18, 2017, you selected a plan.

On December 19, 2017, NYSOH issued an enrollment notice stating that your daughter was enrolled in a qualified health plan with APTC, effective February 1, 2018.

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On January 3, 2018, you updated your NYSOH account attesting to a household income of \$21,500.00.

On January 4, 2018, NYSOH issued an eligibility determination notice stating that your daughter was eligible for the Essential Plan, with a \$20.00 monthly premium, effective February 1, 2018.

Also on January 4, 2018, NYSOH issued an enrollment confirmation notice stating that your daughter was enrolled in an Essential Plan, with a \$20.00 monthly premium, effective February 1, 2018.

On January 5, 2018, NYSOH issued a disenrollment notice stating that your daughter's qualified health plan coverage was ending January 31, 2018

On February 7, 2018, you spoke to NYSOH's Account Review Unit and appealed that eligibility determination insofar as your daughter's coverage in her qualified health plan ended July 31, 2017.

On April 5, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, [REDACTED], acted as your Authorized Representative. 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 were withdrawing the appeal of the start date of your daughter's Essential Plan.
- 2) Your daughter was enrolled in a qualified health plan for the 2017 coverage year with a monthly premium of \$156.85, effective January 1, 2017.
- 3) You testified that your daughter received an invoice for July 2017.
- 4) You testified that your daughter missed her monthly premium payment for July 2017.
- 5) You testified that your insurance carrier did not immediately disenroll your daughter for non-payment of the premium for July 2017.
- 6) You testified that in October 2017 your daughter went to the doctor and she was advised that she did not have health insurance coverage.

- 7) You testified that you contacted your insurance carrier in October 2017 and was advised that your daughter had missed the July 2017 premium payment and that was why she was disenrolled.
- 8) Your daughter was disenrolled from her qualified health plan, effective July 31, 2017.
- 9) Your daughter's Essential Plan enrollment was effective February 1, 2018.
- 10) You testified that you are appealing your daughter's disenrollment from her qualified health plan effective July 31, 2017.

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

Applicable Law and Regulations

Appealable Issues

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (4) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Legal Analysis

The only issue under review is whether the Appeals Unit of NY State of Health (NYSOH) has the authority to review the end of coverage due to nonpayment of premiums for your daughter, effective July 31, 2017.

Your daughter was enrolled in a qualified health plan for the 2017 coverage year with a monthly premium of \$156.85, effective January 1, 2017. You testified that your daughter received an invoice for July 2017. You testified that your daughter missed her monthly premium payment for July 2017. You testified that your insurance carrier did not immediately disenroll your daughter for non-payment of the premium for July 2017.

You testified that in October 2017 your daughter went to the doctor and she was advised that she did not have health insurance coverage. You testified that you contacted your insurance carrier in October 2017 and was advised that your

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daughter had missed the July 2017 premium payment and that was why she was disenrolled. Your daughter was disenrolled from her qualified health plan, effective July 31, 2017.

NYSOH Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) a failure to provide timely notice of an eligibility determination, and (4) a denial of a special enrollment period.

Since the Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums, we cannot reach the merits as to whether or not your daughter was properly terminated from her health plan for non-payment of premiums. Therefore, your appeal of the October 12, 2017 cancellation notice is **DISMISSED** as a non-appealable issue.

Decision

The appeal of the October 12, 2017 cancellation notice is **DISMISSED**.

Effective Date of this Decision: April 18, 2018

How this Decision Affects Your Eligibility

This decision does not affect your daughter's eligibility.

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

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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

Summary

The appeal of the October 12, 2017 cancellation notice is DISMISSED.

This decision does not affect your daughter's eligibility.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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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 1-855-355-5777 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&btumi 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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