



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

Notice of Decision

Decision Date: March 29, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026074

[REDACTED]

Dear [REDACTED],

On February 23, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 17, 2017 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.

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).

This page intentionally left blank.



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

Decision

Decision Date: March 29, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026074

[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 that you and your spouse's enrollment in a silver-level qualified health plan and the application of advance payments of the premium tax credit and cost-sharing reductions began on February 1, 2018?

Procedural History

On December 14, 2017, NYSOH received your updated application for health insurance for your family.

On December 15, 2017, NYSOH issued an eligibility redetermination notice stating in part, that you and your spouse were eligible to receive up to \$842.00 per month in advance payments of the premium tax credit (APTC) and, if you selected a silver-level qualified health plan (QHP), for cost-sharing reductions. This eligibility was effective January 1, 2018.

Also on December 15, 2017, NYSOH issued an enrollment notice stating in part, that you and your spouse needed to pick a plan and that coverage in a QHP would not start until you picked a plan.

On December 17, 2017, NYSOH issued an enrollment notice stating that you and your spouse were enrolled in a silver-level QHP with a monthly premium responsibility of \$224.80, after your APTC of \$842.00 was applied, with the plan

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).

enrollment and the application of APTC and cost-sharing reductions starting on February 1, 2018.

On December 19, 2017, you spoke to NYSOH's Account Review Unit and appealed, insofar as your and your spouse's enrollment in your silver-level QHP began on February 1, 2018 and not on January 1, 2018.

On February 23, 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) Your NYSOH account reflects that you and your spouse were enrolled in a silver-level QHP and received APTC of \$542.00 per month during 2017.
- 2) Your NYSOH account reflects that NYSOH sent you a notice on October 24, 2017 informing you that you needed to update the information on your NYSOH account by December 15, 2017 or you and your spouse would be at risk of losing your health insurance coverage and any financial assistance you were receiving.
- 3) You testified that you receive your notices from NYSOH by electronic alert and you received these alerts.
- 4) According to your NYSOH account and your testimony, on December 14, 2017 you contacted NYSOH by telephone to update your account. As a result of that updated application, you and your spouse were determined eligible for APTC of up to \$842.00 per month to help pay for your health insurance. You and your spouse were also eligible for cost sharing reductions. This eligibility was effective as of January 1, 2018.
- 5) You testified that you were not sure if you selected a plan for you and your spouse on December 14, 2017.
- 6) After the hearing, the Hearing Officer requested the recording of the December 14, 2017 phone call you had with NYSOH when you updated your application. The following findings of fact are taken from that recording:

- a. The NYSOH representative updated your account based on information you provided. You and your spouse were determined eligible for \$842.00 in APTC and cost sharing reductions effective January 1, 2018.
 - b. It was determined that you had multiple NYSOH accounts and that you were attempting to pick a plan on the wrong account.
 - c. You were transferred to a NYSOH account center representative for assistance regarding these multiple accounts.
 - d. With the assistance of the NYSOH representative, you eventually logged on to the correct account.
 - e. The NYSOH representative assisted you in navigating the screens that were available to you so that you could compare the different health plans and metal levels that were available for your selection.
 - f. The NYSOH representative confirmed that you wanted to make the plan selection by yourself, using the website.
 - g. The NYSOH representative stated that you needed to make your plan selection by close of business the next day, December 15, 2017, to have coverage start on January 1, 2018, and that any plan selected after December 15, 2017 would have a plan start date of February 1, 2018.
 - h. The NYSOH representative stated you would need to confirm your plan selection and check out for a plan selection to be processed.
- 7) According to your NYSOH account, no plan selection was made on December 14, 2017.
 - 8) According to your NYSOH account, on December 16, 2017, you logged on to your NYSOH account and selected a plan for you and your spouse.
 - 9) Your NYSOH account reflects that you and your spouse's enrollment was updated on December 16, 2017 and you were both enrolled in a silver-level QHP with a plan enrollment and application of APTC and cost-sharing reductions starting on February 1, 2018.
 - 10) You testified that you think you had an office visit with a doctor in January 2018, but have not received a bill for services yet for that visit.

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

Applicable Law and Regulations

Enrollment in a Qualified Health Plan

The effective date of coverage by a QHP is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i)). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you and your spouse's enrollment in your silver-level QHP and the application of \$842.00 in APTC and cost-sharing reductions were effective no earlier than February 1, 2018.

You testified that you received the renewal notice which stated you needed to update the information on your NYSOH account by December 15, 2017 or you and your spouse would be at risk of losing your health insurance coverage and any financial assistance you were receiving. According to your NYSOH account and your testimony, on December 14, 2017 you contacted NYSOH by telephone to update your account. As a result of that updated application, you and your spouse were determined eligible for APTC of up to \$842.00 per month and cost sharing reductions, effective January 1, 2018.

A review of the recording of that December 14, 2017 phone call you had with NYSOH representatives indicates that you were initially logged on to the wrong account. The NYSOH representatives assisted you in logging on the correct account and assisted you in navigating the screens so you could compare the different health plans and metal levels that were available for your selection. The NYSOH representative confirmed that you wanted to make the plan selection yourself using the website. The NYSOH representative told you that you needed to make your plan selection by close of business the next day, December 15, 2017 to have a plan start date of January 1, 2018, and that a plan selected after December 15, 2017 would have a plan start date of February 1, 2018. The NYSOH representative also stated you would need to confirm your plan selection and check out for a plan selection to be processed.

According to your NYSOH account, no plan selection was made on December 14, 2017. Your NYSOH account reflects that on December 16, 2017 you logged on to your account and you selected a silver-level QHP with a plan enrollment

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).

and application of APTC and cost-sharing reductions starting on February 1, 2018.

The record shows that on December 16, 2017, you selected a silver-level QHP for you and your spouse. On December 17, 2017, NYSOH issued an enrollment confirmation notice stating that your and your spouse's enrollment in your silver-level QHP was effective February 1, 2018.

The date on which a QHP can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

Since you selected your and your spouse's silver-level QHP on December 16, 2017, it properly took effect the first day of the second month following December 2017; that is, on February 1, 2018.

Decision

The December 17, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: March 29, 2018

How this Decision Affects Your Eligibility

Your and your spouse's enrollment in your silver-level QHP and your eligibility for \$842.00 in monthly APTC and cost-sharing reductions properly began on February 1, 2018.

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.

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).

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.

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

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: 1-855-900-5557

Summary

The December 17, 2017 enrollment confirmation notice is AFFIRMED.

Your and your spouse's enrollment in your silver-level QHP and your eligibility for \$842.00 in monthly APTC and cost-sharing reductions properly began on February 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।

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 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 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.

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).