



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

Notice of Decision

Decision Date: March 27, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027956

[REDACTED]

Dear [REDACTED],

On March 22, 2018 you appeared by telephone at a hearing on your appeal of NY State of Health's January 30, 2018 eligibility determination notice and the January 30, 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.

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 27, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027956

[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 your enrollment in a qualified health plan, was effective March 1, 2018?

Procedural History

On October 21, 2016, NYSOH issued a renewal notice stating that you were eligible for up to \$298.71 per month in advance payments of the premium tax credit (APTC), effective January 1, 2017.

On November 18, 2016, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a qualified health plan with a plan start date of January 1, 2017 and that your APTC would be applied to your monthly premium as of January 1, 2017.

On October 24, 2017, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account between November 16, 2017 and December 15, 2017 or you were at risk of losing your health insurance coverage and, if applicable, any financial assistance.

On November 15, 2017, you updated your application for financial assistance.

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).

On November 16, 2017, NYSOH issued a notice of eligibility determination, based on your November 15, 2017 application, stating that you were newly eligible to purchase a qualified health plan at full cost through NYSOH, effective December 1, 2017.

Also on November 16, 2017, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a qualified health plan with an enrollment start date of January 1, 2017.

On November 22, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your qualified health plan would end on December 31, 2017. This was because you were no longer eligible to remain enrolled in this plan. This notice directed you to log into your account to pick a plan and that your coverage would not start until you selected a plan.

No updates were received by NYSOH between November 16, 2017 and December 15, 2017.

On December 19, 2017, NYSOH redetermined your eligibility for financial assistance. That day, NYSOH prepared a preliminary eligibility determination stating that you were not eligible to enroll in health insurance through NYSOH because you did not respond to your renewal notice within the required timeframe and that your current eligibility would end as of December 31, 2017.

No eligibility determination notice was issued with regard to the December 19, 2017 eligibility redetermination.

On January 29, 2018, NYSOH received your updated application for health insurance. That day, NYSOH prepared a preliminary eligibility determination with regard to that application stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective March 1, 2018.

Also on January 29, 2018, you spoke to NYSOH's Account Review Unit and appealed insofar as your qualified health plan began on March 1, 2018 and not January 1, 2018.

On January 30, 2018, NYSOH issued a notice of eligibility determination, based on the January 29, 2018 application, stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective March 1, 2018.

Also on January 30, 2018, NYSOH issued an enrollment confirmation notice, based on your January 29, 2018 plan selection, stating that you were enrolled in a qualified health plan with a plan enrollment start date of March 1, 2018.

On March 22, 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 on November 15, 2017, you completed an application for financial assistance with health insurance on-line.
- 2) You testified that the purpose of this application was to obtain coverage for 2018 and that you did not realize when you completed this application, that you had not enrolled in a plan for 2018.
- 3) You testified that you receive notices from NYSOH both by regular mail and by electronic mail. However, your NYSOH account indicates that you have elected to receive all of your notices from NYSOH by electronic mail.
- 4) You testified that you did receive the October 24, 2017 renewal notice, however, you were not sure if you received this via regular mail or were alerted to this notice by an electronic alert, nor could you recall when you received the notice.
- 5) The October 24, 2017 renewal notice states that you must update your NYSOH application between November 16, 2017 and December 15, 2017 in order to qualify for January 1, 2018.
- 6) You testified that you received the November 22, 2017 disenrollment notice stating that your qualified health plan for 2017 would end on December 31, 2017. However, you were not concerned by this notice because you knew your plan for 2017 would terminate at the end of 2017 and you believed that you had enrolled in coverage for 2018.
- 7) The November 22, 2017 disenrollment notice indicates that you must log in to your NYSOH account to pick a plan.
- 8) No updates were made to your account between November 16, 2017 and December 15, 2017.
- 9) On December 19, 2017, NYSOH redetermined your eligibility for health insurance, and determined that you were ineligible for health insurance through NYSOH as you had failed to renew your application within the required timeframe.

- 10) You testified that you did not receive any eligibility determination notice with regard to the December 19, 2017 eligibility redetermination and no such notice exists within your NYSOH account.
- 11) You testified that you did not know that your coverage was not in place for 2018 until you needed medical service on or around [REDACTED]
- 12) Your NYSOH account reflects that you contacted NYSOH, updated the information in your NYSOH account, and selected a qualified health plan for enrollment on January 29, 2018.
- 13) You testified that you are seeking to have your enrollment in your qualified health plan begin as of January 1, 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)).

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)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

Notice of Decision Concerning Eligibility

NYSOH must issue a written notice of eligibility for every application unless such application has been withdrawn, the applicant has died, or the application cannot be located (42 CFR §600.330(e)).

Redetermination During a Benefit Year

When an eligibility redetermination results in a change in the amount of APTC for a part of the benefit year, NYSOH must recalculate the amount of APTC in such a manner as to account for any advance payments already made (or not made) on behalf of the tax filer, such that the recalculated advance payment amount is projected to result in total advance payments for the benefit year that correspond to the tax filer's total projected premium tax credit for the overall benefit year (45 CFR § 155.330(g)).

Any change resulting from redeterminations during a benefit year should be made effective the first day of the month following the date of the notice of redetermination, except that redeterminations resulting from changes made after a date specified by the state, which can be no earlier than the 15th of the month, may not be made effective until the first day of the month after the month following the date of the notice of redetermination. (45 CFR § 155.330(f)(1) and (2)). New York has specified that changes made after the 15th of a given month will take effect the month after the following month.

Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health plan 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)).

End of Tax Year Reconciliation

At the end of a tax year, a person who elects to take APTC to help pay for the cost of an insurance premium must file a tax return to reconcile any differences between the amount of income the person reported to NYSOH and their actual gross income for that year. A person who received less tax credit than her maximum entitlement, based on gross income, may receive an income tax refund, or owe less in taxes. A person who received more tax credit than his maximum entitlement, based on gross income, will owe the excess as an additional income tax liability (26 CFR § 1.36B-4).

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).

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 that your enrollment in a qualified health plan effective 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 make a decision about whether or not you would qualify for financial help with paying for your health coverage. This notice indicated that you needed to make changes to your application between November 16, 2017 and December 15, 2017 in order for those changes to be effective as of January 1, 2018.

On November 22, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your qualified health plan would end on December 31, 2017, that you must log-in to your account to pick a plan, and that your coverage would not begin until you had selected a plan.

You did not respond to the renewal notice to update your eligibility for financial assistance between November 16, 2017 and December 15, 2016. As a result, NYSOH found that you were ineligible to enroll in health insurance through NYSOH as of January 1, 2018.

You testified that you did receive the October 24, 2017 renewal notice. However, in response to the notice, you updated your account on November 15, 2017.

The record reflects that NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated between

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).

November 16, 2017 and December 15, 2017 in order to ensure your enrollment in your health plan and eligibility for financial assistance would continue for 2018.

You testified that you also received the November 22, 2017 disenrollment notice, which indicated that you must pick a plan. However, you testified that you disregarded this notice.

As no updates were made to your NYSOH account between November 16, 2017 and December 15, 2017, NYSOH redetermined your eligibility for financial assistance on December 19, 2017.

No eligibility determination notice was issued with regard to the December 19, 2017 eligibility redetermination.

As NYSOH failed to issue an eligibility determination notice with regard to the December 19, 2017 eligibility redetermination, you were not properly notified that you were no longer eligible to enroll in health insurance through NYSOH as of January 1, 2018.

Had such a notice been issued you, you could have updated the information in your NYSOH account as early as December 20, 2017.

When an individual changes information in their application after the 15th of any month, NYSOH will make the redetermination that results from the change effective the first day of the second following month. Additionally, the date on which a qualified health plan can take effect depends on the day a person selects the plan for enrollment. A plan that is after the fifteenth day of a month goes into effect on the first day of the second following month.

Had you updated your account on December 20, 2017, your eligibility for and enrollment in your qualified health plan would have begun on the first day of the first month following after December 20, 2017; that is, on February 1, 2018.

Therefore, the January 30, 2018 eligibility determination notice and the January 30, 2018 enrollment confirmation notice are MODIFIED to reflect that your eligibility for and enrollment in your qualified health plan was effective as of February 1, 2018.

Your case is RETURNED to NYSOH to begin your enrollment in your qualified health plan as of February 1, 2018.

Decision

The January 30, 2018 eligibility determination notice is MODIFIED to state that your eligibility to purchase a qualified health plan at full cost through NYSOH was effective as of February 1, 2018.

The January 30, 2018 disenrollment notice is MODIFIED to state that your enrollment in your qualified health plan was effective as of February 1, 2018.

Your case is RETURNED to NYSOH to begin your enrollment in your qualified health plan as of February 1, 2018.

Effective Date of this Decision: March 27, 2018

How this Decision Affects Your Eligibility

As you did not update your application between November 16, 2017 and December 15, 2017, your enrollment in your qualified health plan cannot be effective as of January 1, 2018.

As NYSOH failed to issue a notice of eligibility determination with regard to the December 19, 2017 eligibility redetermination, your enrollment in your qualified health plan is effective as of February 1, 2018.

Your case is being sent back to NYSOH to begin your enrollment in your qualified health plan as of February 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

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).

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 January 30, 2018 eligibility determination notice is MODIFIED to state that your eligibility to purchase a qualified health plan at full cost through NYSOH was effective as of February 1, 2018.

The January 30, 2018 disenrollment notice is MODIFIED to state that your enrollment in your qualified health plan was effective as of February 1, 2018.

Your case is RETURNED to NYSOH to begin your enrollment in your qualified health plan as of February 1, 2018.

As you did not update your application between November 16, 2017 and December 15, 2017, your enrollment in your qualified health plan cannot be effective as of January 1, 2018.

As NYSOH failed to issue a notice of eligibility determination with regard to the December 19, 2017 eligibility redetermination, your enrollment in your qualified health plan is effective as of February 1, 2018.

Your case is being sent back to NYSOH to begin your enrollment in your qualified health plan as of 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 srε wo, frε 1-855-355-5777. ye&εtumi 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.

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).