



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

## Notice of Decision

Decision Date: July 27, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007209

[REDACTED]

Dear [REDACTED]

On July 8, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's January 7, 2016 eligibility determination notice and the January 7, 2016 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).

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: July 27, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007209

[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, as well as the application of advance premium tax credits, was effective January 1, 2016?

## Procedural History

On November 12, 2015, you selected a Bronze level qualified health plan with a \$6,000.00 deductible.

On November 13, 2015 NYSOH issued a confirmation notice regarding your November 12, 2015 selection of a Bronze level qualified health plan with a \$6,000.00 deductible. The enrollment start date for this qualified health plan was December 1, 2015.

On November 16, 2015 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 by December 15, 2015 or you might lose the financial assistance you were currently receiving.

On December 12, 2015, NYSOH received your updated application for health insurance.

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Also on December 12, 2015, NYSOH made a preliminary eligibility determination stating that you were conditionally eligible to receive up to \$62.00 in advance premium tax credits (APTC) per month effective January 1, 2016.

Also on December 12, 2015 you cancelled the Bronze level qualified health plan with a \$6,000.00 deductible.

Also on December 12, 2015, you selected a Bronze level qualified health plan with a \$4,000.00 deductible.

On December 13, 2015, NYSOH issued a notice of eligibility redetermination stating that based upon the December 12, 2015 preliminary determination you were conditionally eligible to receive up to \$62.00 per month in APTC and that you were not eligible for cost sharing reductions (CSR). This eligibility was effective January 1, 2016. The notice stated you needed to submit documentation regarding your income by March 11, 2016.

Also on December 13, 2015, NYSOH issued a disenrollment notice confirming that your Bronze level qualified health plan with a \$6,000.00 deductible would end effective December 31, 2015.

Also on December 13, 2015, NYSOH issued a letter confirming your enrollment in the Bronze level qualified health plan with a \$4,000.00 deductible with monthly premium responsibility of \$381.46, after your APTC of \$62.00 was applied, effective January 1, 2016.

On January 6, 2016, you updated your account with new income information. On that date, NYSOH made a preliminary eligibility determination based on that updated information that you were conditionally eligible to receive up to \$122.00 in APTC per month effective February 1, 2016.

On January 7, 2016, NYSOH issued a notice of eligibility redetermination stating that based upon the January 6, 2016 preliminary determination you were conditionally eligible to receive up to \$122.00 per month in APTC and that you were not eligible for CSR. The APTC of \$122.00 would be applied to the monthly premium effective February 1, 2016.

Also on January 7, 2016, NYSOH issued a letter confirming your continued enrollment in the Bronze level qualified health plan with a \$4,000.00 deductible as of January 1, 2016 with monthly premium responsibility of \$321.46, after your APTC of \$122.00 was applied as of February 1, 2016.

On February 18, 2016 you spoke to NYSOH's Account Review Unit and appealed the start date of your qualified health plan insofar as it began on January 1, 2016 and not February 1, 2016.

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On July 8, 2016, 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 support the following findings of fact:

- 1) Your NYSOH account indicates that you receive notices from NYSOH via electronic mail.
- 2) According to your NYSOH account, you were enrolled in a silver-level qualified health plan with Health Republic from January 1, 2015 to November 30, 2015.
- 3) According to your NYSOH account, on November 12, 2015 you selected a Bronze level qualified health plan with a \$6,000.00 deductible with an effective start date of December 1, 2015.
- 4) You testified that in mid-December you went on the health plan's website and compared different plans. On December 12, 2015 you accessed your NYSOH account to cancel the Bronze level plan with a \$6,000.00 deductible and selected the Bronze level plan with a \$4,000.00 deductible.
- 5) The record reflects that cancellation notices and disenrollment notices were issued by NYSOH stating that the Bronze level qualified health plan with the \$6,000.00 deductible would end December 31, 2015.
- 6) The record reflects that on December 13, 2015 a confirmation letter was issued stating that you were enrolled in the Bronze level qualified health plan with a \$4,000.00 deductible with a start date of January 1, 2016.
- 7) You testified that you did not receive any welcoming package, insurance identification cards, or an invoice from the qualified health care plan in regards to the Bronze level \$4,000.00 deductible plan. You testified that you did not seek medical care during January because you had no identification card.
- 8) You credibly testified that you paid your premiums for December 2015 and January 2016 via credit card.
- 9) You testified and the record reflects that you contacted NYSOH by phone on January 6, 2016 to update your account in regards to current income.

- 10) The record reflects that on January 7, 2016 NYSOH issued a letter confirming your enrollment in the Bronze level \$4,000.00 deductible qualified health plan with a premium of \$321.46. The start date of that plan continued to be January 1, 2016. The new APTC amount of \$122.00 would be applied to your monthly premium effective February 1, 2016.
- 11) You testified that in middle to late January you contacted the health plan about your not receiving identification cards and welcome package. You were told there was a “hold” on your account for an unknown reason.
- 12) The record reflects that on February 18, 2016 you contacted NYSOH Account Review Unit and requested that the start date of your qualified health plan be made February 1, 2016 instead of January 1, 2016. The record reflects that you did not request to cancel the January 2016 qualified health care coverage prior to February 18, 2016. Also, on February 18, 2016 you requested a telephone hearing on the start date of your qualified health plan.

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

## **Applicable Law and Regulations**

### 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 15<sup>th</sup> 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 15<sup>th</sup> of a given month will take effect the month after the following month.

### Enrollment in a Qualified Health 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).

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)).

### Enrollee-Initiated Termination of Coverage

NYSOH must permit an enrollee to terminate his or her coverage with a qualified health plan, including when an enrollee obtains minimum essential coverage, with appropriate notice to NYSOH or qualified health plan (45 CFR § 155.430(b)(1), (d)).

For enrollee-initiated terminations, the last day of coverage is either:

- 1) The termination date specified by the enrollee, if the enrollee provides reasonable notice (at least 14 days before the requested termination date);
- 2) Fourteen days after the enrollee requests the termination, if they do not provide reasonable notice; or
- 3) On a date on or after the date the enrollee requests the termination, if the enrollee's qualified health plan issuer and the enrollee agree to such a date

(45 CFR § 155.430(d)(2)(i)-(iii)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your enrollment in a qualified health plan as well as your eligibility for advance premium tax credits was effective January 1, 2016.

The record shows that on December 12, 2015 you updated the information in your NYSOH account and submitted a request to enroll in a qualified health plan for 2016 coverage. On December 13, 2015 NYSOH sent you a confirmation letter regarding your December 12, 2015 plan selection that you were enrolled in a Bronze level qualified health plan with a \$4,000.00 deductible with a start date of January 1, 2016.

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 selected from the first day to

an including the fifteenth day of a month goes into effect on the first day of the following month.

Therefore, NYSOH's December 13, 2015 eligibility determination notice and enrollment confirmation notices are correct because they properly began your enrollment in your qualified health plan as well as your advance premium tax credits on January 1, 2016.

You testified that you did not seek medical services in January because you did not have an identification card and thus did not want coverage through your qualified health plan for the month of January.

Enrollees must be allowed to terminate their coverage with a qualified health plan if they provide appropriate notice to NYSOH or to their health plan. Notice is considered reasonable if made 14 days prior to the requested end date.

You did not request to terminate the Bronze level plan with a \$4,000.00 deductible for the month of January until February 18, 2016, which is 50 days after January 1, 2016. Therefore, there was no reasonable notice of cancellation for the Bronze level plan with the \$4,000.00 deductible for the month of January 2016.

Therefore, NYSOH's January 7, 2016 eligibility determination notice and enrollment confirmation notices are AFFIRMED because they properly continued your enrollment in your qualified health plan effective January 1, 2016 and applied the new advance premium tax credits effective February 1, 2016.

During the hearing you testified that in middle to late January you contacted the health plan about not receiving identification cards or a welcome package and was told there was a "hold" on your account for an unknown reason.

The NYSOH Appeals Unit does not have authority to direct a health care plan provider on its actions. If a health care plan provider did not timely issue identification cards or related plan related material to an enrollee, that issue needs to be addressed directly with the health plan provider by the consumer.

## **Decision**

The January 7, 2016 eligibility determination notice is AFFIRMED.

The January 7, 2016 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** July 27, 2016



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

This decision does not change your eligibility.

Your enrollment in your qualified health plan, and your eligibility for APTC properly began as of January 1, 2016.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. 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 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:  
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## **Summary**

The January 7, 2016 eligibility determination notice is AFFIRMED.

The January 7, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

Your enrollment in your qualified health plan, and your eligibility for APTC properly began as of January 1, 2016.

## **Legal Authority**

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

**A Copy of this Decision Has Been Provided To:**

