



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

Notice of Decision

Decision Date: August 1, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007248

[REDACTED]

Dear [REDACTED],

On July 20, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 6, 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007248



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 January 1, 2016?

Procedural History

On October 29, 2015, NYSOH issued a notice of automatic renewal of your health insurance for the upcoming coverage year. That notice stated that you had been re-enrolled in your current gold level qualified health plan at full cost for another year. This was based on information from federal and state sources which showed you continued to meet all of the eligibility requirements.

On November 23, 2015, NYSOH issued a notice that your current plan would end effective December 31, 2015. That notice stated that you would be automatically renewed into the same plan for 2016.

On November 25, 2015, NYSOH issued an enrollment confirmation notice regarding your Gold level qualified health plan with an effective date of January 1, 2016.

On January 25, 2016, NYSOH received your updated application for health insurance.

On January 26, 2016, NYSOH issued an eligibility determination notice, based on the information contained in the January 25, 2016 application, stating that you

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were eligible to receive up to \$63.00 in advance payments of the premium tax credit (APTC) effective March 1, 2016. That notice further stated that you were not eligible for cost sharing reductions (CSR) and that you were not eligible for Medicaid.

Also on January 26, 2016, NYSOH issued a notice confirming your enrollment in a Gold level qualified health plan with a start date of January 1, 2016. The notice also stated that your APTC would be applied to your health plan, effective February 1, 2016.

On February 6, 2016, NYSOH again issued a notice confirming your enrollment in a Gold level qualified health plan with a start date of January 1, 2016. The notice also stated that your APTC would be applied to your health plan, effective February 1, 2016.

On February 19, 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.

On July 20, 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) According to your NYSOH account, you had elected automatic renewal of coverage.
- 2) On November 25, 2015, NYSOH re-enrolled you in the same Gold level qualified health care plan with a start date of January 1, 2016.
- 3) You testified that you updated the information in your NYSOH account on January 25, 2016. You testified that you finalized your plan selection on January 28, 2016. That day you updated your enrollment and continued the Gold level qualified health plan.
- 4) You testified that you paid your premiums for the Gold level qualified health plan for January and February 2016 by online banking directly to the health plan.
- 5) You testified that you had multiple billing issues with your health plan. You testified that you spoke with customer service several times with the health plan and NYSOH in regards to these billing issues.

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- 6) You testified that you do not have any medical service bills for the month of January 2016. You testified that you do have medical service bills for the month of February 2016.
- 7) The record reflects that you never canceled your Gold level qualified health plan at any time.
- 8) You testified that you want your Gold level qualified health plan to have a start date of February 1, 2016 and not January 1, 2016.

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 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.

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

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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)).

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 was effective January 1, 2016.

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.

On October 29, 2015, NYSOH issued an annual renewal notice in your case. That notice stated that you had been re-enrolled in your current health plan at full cost for another year. This was based on information from federal and state sources which showed you continued to meet all of the eligibility requirements. That notice also stated that NYSOH would send you notice regarding new coverage information and any financial assistance you might receive after you make changes to your account.

The record shows that on November 25, 2015, NYSOH automatically re-enrolled you in the same gold level qualified health plan with an effective date of January 1, 2016.

Since you had elected to be automatically renewed for coverage for the following year, NYSOH renewal of your Gold level qualified health plan on November 25, 2015 properly had an effective start date of January 1, 2016.

The record shows that on January 25 and January 28, 2016 you updated the information in your NYSOH account. On January 28, 2016 you updated your enrollment and continued the Gold level qualified health plan.

Based upon your updated information submitted on January 25 and January 28, 2016, NYSOH redetermined your eligibility for APTC. The amount of APTC was calculated at \$63.00 per month with eligibility for this to be credited toward your monthly premium to be effective February 1, 2016.

The effective date of eligibility for APTC is distinct from the effective date of the plan enrollment start date. On all confirmation of enrollment notices, the effective date of your Gold level plan was January 1, 2016. The start of the application of APTC toward the monthly premium amount changed based on updated account information.

The fact that you did not have any medical service bills during the month of January 2016 does not impact the start date of your Gold level health plan. Premium billing issues between you and the health plan also do not affect the start date of the plan.

You did not request to terminate the Gold level plan at any time. You first requested that the plan's start date begin February 1, 2016 when you contacted the NYSOH Account Review Unit on February 19, 2016. There was no reasonable notice of cancellation for the Gold level plan for the month of January 2016.

Therefore, NYSOH's February 6, 2016 enrollment confirmation notice is **AFFIRMED** because it properly began your qualified health care plan on January 1, 2016.

Decision

The February 6, 2016 enrollment confirmation notice is **AFFIRMED**.

Effective Date of this Decision: August 1, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your enrollment in your qualified health plan began 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

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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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- By fax: 1-855-900-5557

Summary

The February 6, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

Your enrollment in your qualified health plan 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:

