



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

Notice of Decision

Decision Date: August 25, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007481

[REDACTED]

Dear [REDACTED],

On August 16, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 26, 2016 eligibility determination 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: AP000000007481

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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 eligibility for advance payments of the premium tax credit (APTC) began on April 1, 2016?

Procedural History

On December 28, 2015, NYSOH received your updated application for health insurance.

On December 29, 2015, NYSOH issued a notice stating that your December 28, 2015 application had been reviewed, and that more information was needed to make a determination of your eligibility for health insurance. The notice directed you to submit documentation of your income by January 13, 2016 to confirm that the information provided in your application was accurate.

On January 30, 2016, you updated your NYSOH account and uploaded four paystubs to your NYSOH account.

On January 31, 2016, NYSOH issued a notice stating that your January 30, 2016 application had been reviewed, and that more information was needed to make a determination of your eligibility for health insurance. The notice directed you to submit documentation of your income by February 15, 2016 to confirm that the information provided in your application was accurate.

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On February 9, 2016 your account was updated to reflect annual expected earnings of \$30,940.00, and on February 10, 2016, NYSOH issued a notice stating that you were eligible to receive up to \$148.00 per month in advance payments of the premium tax credit (APTC), effective March 1, 2016. The notice also stated that you were eligible for a special enrollment period (SEP), which qualified you to select a health plan outside of open enrollment. The notice stated that you needed to select a health plan by April 9, 2016.

On February 25, 2016, you updated your NYSOH account.

On February 26, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to \$148.00 per month in APTC, effective April 1, 2016. The notice also stated that you were eligible for a SEP, and that you needed to select a health plan by April 25, 2016.

On February 29, 2016, you spoke to NYSOH's Account Review Unit and appealed the February 26, 2016 eligibility determination insofar as it began your financial assistance eligibility on April 1, 2016 and not March 1, 2016.

On March 14, 2016, you selected a health plan.

On March 15, 2016, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in a platinum-level qualified health plan (QHP), with a plan start date of March 1, 2016. The notice also stated that your APTC would be applied to your monthly premium as of March 1, 2016.

On April 19, 2016, NYSOH issued a cancellation notice stating that your enrollment in your platinum-level QHP was cancelled effective March 1, 2016 because your health plan had not received a premium payment.

On August 16, 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) You testified that you are proceeding with this appeal because you want an explanation of what happened, and because you would like coverage in a bronze-level QHP starting March 1, 2016.
- 2) You submitted an application to NYSOH for financial assistance on December 28, 2015.

- 3) You submitted income documentation on January 30, 2016, and NYSOH verified that documentation on February 9, 2016.
- 4) You were found eligible for APTC of up to \$148.00, effective March 1, 2016.
- 5) The record reflects that you updated your application on February 25, 2016.
- 6) On February 26, 2016, NYSOH issued a new eligibility determination stating that you were eligible to receive up to \$148.00 in APTC, effective April 1, 2016.
- 7) You testified that you were not trying to make any changes to your application on February 25, 2016, and were only trying to review your application.
- 8) You testified, and the record reflects, that you selected a qualified health plan on March 14, 2016.
- 9) The record reflects that NYSOH issued an enrollment confirmation notice on March 15, 2016 stating that your enrollment in your QHP, and the application of your APTC, both started on March 1, 2016.
- 10) You testified that you never received an invoice from your health plan, but that you called them in April 2016 and were told that you owed the full premium for March and the premium after the application of the tax credit for April.
- 11) You testified that you told your QHP you could not afford to pay the premiums owed.
- 12) You testified that you did not make any premium payments to your QHP.
- 13) The record reflects that your enrollment in your QHP was cancelled effective March 1, 2016 for nonpayment of premiums.
- 14) You testified that you currently have health insurance outside of NYSOH, but that it is preventative only.
- 15) You testified that you have outstanding medical bills for the month of March 2016, and also for the month of May 2016.

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 a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that its policy will be that any change made after the 15th of any month will not be effective until the first of the second following month (45 CFR § 155.330(f)(2)).

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)).

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) an eligibility determination for an exemption, (4) a failure by the Exchange to provide timely notice of an eligibility determination (155.405), and (5) 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 issue under review is whether NYSOH properly determined that your eligibility for APTC began on April 1, 2016.

The record shows that your application for health insurance was complete as of February 9, 2016, when NYSOH verified the income information that you submitted. When an individual changes information in their application on or before the 15th of any month, NYSOH must make the redetermination that results from the change effective the first day of the following month. The record reflects that NYSOH issued an eligibility determination on February 10, 2016 stating that you were eligible to receive up to \$148.00 per month in APTC,

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effective March 1, 2016, based on the fact that your application was submitted prior to the 15th of February 2016. The same notice also found you eligible for a SEP so that you could enroll in coverage outside of the 2016 open enrollment period.

On February 25, 2016, you updated the information in your NYSOH account. You testified that you were not attempting to change anything in your application, but instead only wanted to review the information. Nevertheless, information in your application was updated, which resulted in NYSOH issuing a new eligibility determination on February 26, 2016. This notice again stated that you were eligible to receive up to \$148.00 per month in APTC. However, since this eligibility determination was based on an application update that was done after the 15th of the month, the notice stated that your eligibility started on April 1, 2016. Since this effective date was proper based on the date of your application update, the February 26, 2016 eligibility determination notice is AFFIRMED.

The record reflects that, after you filed an appeal, you enrolled in a QHP on March 14, 2016. Ordinarily 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 from the first day to and including fifteenth day of a month goes into effect on the first day of the following month. Therefore, your plan selection on March 14, 2016 would have given you an April 1, 2016 start date for your plan.

However, the record shows that NYSOH issued an enrollment confirmation notice on March 15, 2016 stating that your enrollment in your QHP would begin on March 1, 2016, and that your APTC would be applied to your monthly premium effective March 1, 2016. Therefore, if you had begun payment of your monthly premiums, your coverage and the application of your APTC would have started on March 1, 2016.

You testified that you never received an invoice from your health plan, and that you called them in April to find out about making a payment. You further testified that you were told you owed the full premium for March, and that you informed your health plan that you could not afford to pay that amount on top of the premium payment you owed for April. You testified that you therefore did not make any premium payments and, as a result, your coverage was cancelled effective March 1, 2016 in a notice dated April 19, 2016.

The New York State of Health 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) an eligibility determination for an exemption, (4) a failure by the Exchange to provide timely notice of an eligibility determination and (5) a denial of a for a special enrollment period.

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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 you were properly terminated from your health plan for nonpayment of premiums. Likewise, we therefore lack the authority to make a determination that you should be placed back into the plan from which you were terminated for nonpayment of premiums. Further, you testified that you are not seeking to be placed back into this platinum–level QHP, but want to be enrolled into a bronze-level plan.

You testified that you are still seeking coverage, but you have not updated your application nor applied for a SEP since you filed your appeal, therefore, there is not enough information for NYSOH to make a determination as to your current eligibility. If you still wish to have your eligibility determined, and to find out whether you can enroll in coverage outside of open enrollment, you must update your NYSOH account.

Decision

The February 26, 2016 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: August 25, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

If you wish to find out whether you are currently eligible to enroll in coverage with NYSOH, you must update your NYSOH account.

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

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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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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The February 26, 2016 eligibility determination notice is AFFIRMED.

This decision does not change your eligibility.

If you wish to find out whether you are currently eligible to enroll in coverage with NYSOH, you must update your NYSOH account.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

