



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

Notice of Decision

Decision Date: November 2, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007713

[REDACTED]

Dear [REDACTED]

On October 25, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 17, 2016 notice of eligibility determination and the February 17, 2016 notice of enrollment confirmation.

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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Decision

Decision Date: November 2, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007713

[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 (APTC), was effective April 1, 2016?

Procedural History

On January 29, 2016, you updated your NYSOH account.

On January 30, 2016, NYSOH issued a notice of eligibility determination stating that you were newly eligible to receive up to \$39.00 per month in APTC. This eligibility was effective March 1, 2016. This same notice directed you to pick a health plan.

You did not pick a Qualified Health Plan at that time.

On February 16, 2016, you updated your NYSOH account.

On February 17, 2016, NYSOH issued a notice of eligibility redetermination stating that you were eligible to receive up to \$39.00 per month in APTC. This eligibility was effective April 1, 2016.

Also on February 17, 2016, NYSOH issued a notice confirming your enrollment in a Qualified Health Plan with a monthly premium responsibility of \$473.74, after your APTC of \$39.00 was applied, both effective April 1, 2016.

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On March 4, 2016 you spoke to NYSOH's Account Review Unit and appealed the eligibility determination and enrollment confirmation notices insofar as they began your financial assistance eligibility and enrollment in a Qualified Health Plan on April 1, 2016 and not March 1, 2016.

On August 9, 2016, a complaint was created ([REDACTED]) regarding the issue of the start date of your Qualified Health Plan and APTC. This complaint shows that your Qualified Health Plan and APTC were backdated to start on March 1, 2016

On October 25, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you testified you no longer wanted your qualified health plan to begin as of March 1, 2016 and that you wanted the start date to return to April 1, 2016. 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 submitted an application to NYSOH for financial assistance on January 29, 2016. You did not enroll in a Qualified Health Plan at that time.
- 2) On February 16, 2016, you updated your application for financial assistance.
- 3) You testified, and the record reflects, that you selected a Qualified Health Plan on February 16, 2016.
- 4) Your enrollment in the plan became effective April 1, 2016.
- 5) That record indicates that on February 16, 2016, a complaint was filed ([REDACTED]) regarding the start date of your Qualified Health Plan and APTC.
- 6) On August 9, 2016, another complaint was created ([REDACTED]) regarding the issue of the start date of your Qualified Health Plan and APTC. This complaint shows that your Qualified Health Plan and APTC were backdated to start on March 1, 2016
- 7) You testified that you do not have any medical bills for March 1, 2016.

- 8) You testified that you want your Qualified Health Plan and APTC to begin on April 1, 2016 because you were unable to use your plan in March of 2016, you do not have any bills for March of 2016, and you do not want to be responsible for paying the premium for March of 2016 as you were unable to use your coverage in that month.

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 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).

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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in a qualified health plan, as well as the application of APTC, was effective no earlier than April 1, 2016.

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The record shows that on February 16, 2016, you updated the information in your NYSOH account and submitted a request to enroll in a Qualified Health Plan. On February 17, 2016 NYSOH issued a notice of enrollment confirmation stating that your enrollment in your Qualified Health Plan was effective April 1, 2016 and that APTC would be applied to your monthly premium effective April 1, 2016.

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 selected after the fifteenth day of a month goes into effect on the first day of the second following month.

Therefore, NYSOH's February 17, 2016 notice of eligibility determination and notice of enrollment confirmation are AFFIRMED because they properly began your enrollment in your qualified health plan as well as your APTC on April 1, 2016.

On August 18, 2016, NYSOH backdated your enrollment in your Qualified Health Plan as well as your receipt of APTC to March 1, 2016. You have requested that this be rescinded.

As NYSOH did not provide you with proper written notice of this eligibility determination, the informal resolution contained in complaint # [REDACTED] is RESCINDED and the matter is RETURNED to NYSOH to effectuate the changes to your coverage noted herein.

Decision

Resolution of Complaint # [REDACTED] is RESCINDED. Your qualified health plan should have begun as of April 1, 2016.

The February 17, 2016 notice of eligibility determination is AFFIRMED.

The February 17, 2016 notice of enrollment confirmation is AFFIRMED.

The case is RETURNED to NYSOH to disenroll you from your qualified health plan for March 2016, ensuring that your coverage in the plan began as of April 1, 2016.

Effective Date of this Decision: November 2, 2016

How this Decision Affects Your Eligibility

Your enrollment in your Qualified Health Plan, and your eligibility for APTC properly began as of April 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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- By fax: 1-855-900-5557

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Summary

Resolution of Complaint # [REDACTED] is RESCINDED. Your qualified health plan should have begun as of April 1, 2016.

The February 17, 2016 notice of eligibility determination is AFFIRMED.

The February 17, 2016 notice of enrollment confirmation is AFFIRMED.

The case is RETURNED to NYSOH to effectuate the changes noted above.

Your enrollment in your Qualified Health Plan, and your eligibility for APTC properly began as of April 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:

