



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

Notice of Decision

Decision Date: November 22, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008208

[REDACTED]

Dear [REDACTED]

On November 14, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's January 20, 2016 and February 3, 2016 eligibility determination notices, and February 3, 2016 and February 5, 2016 enrollment confirmation notices.

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]
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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly determine that your enrollment in your Bronze qualified health plan was effective January 1, 2016?

Did NYSOH properly determine that your enrollment in your Silver qualified health was effective February 1, 2016?

Procedural History

On January 20, 2016, NYSOH issued a notice of eligibility determination, based on your January 19, 2016 application, stating that you were eligible to receive up to \$54.00 per month in advance payments of the premium tax credits (APTC). This eligibility was effective March 1, 2016.

On January 20, 2016, NYSOH issued an enrollment notice confirming your enrollment in a Metro Health Plus Bronze qualified health plan with a monthly premium responsibility of \$267.34, after your APTC of \$54.00 was applied, both effective March 1, 2016.

On February 2, 2016, you updated your application.

On February 3, 2016, NYSOH issued an enrollment notice confirming your enrollment in a Metro Health Plus Bronze qualified health plan with a monthly premium responsibility of \$267.34, after your APTC of \$54.00 was applied, both effective January 1, 2016.

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Also on February 3, 2016, NYSOH issued a notice of eligibility redetermination stating that you were eligible to receive up to \$174.00 per month in APTC and, if you selected a silver-level qualified health plan, for cost-sharing reductions (CSR). This eligibility was effective March 1, 2016.

On February 4, 2016, you contacted NYSOH and changed your enrollment to a Silver qualified health plan. On February 5, 2016, NYSOH issued an enrollment notice confirming your enrollment in a Metro Health Plus Silver qualified health plan with a monthly premium responsibility of \$200.10, after your APTC of \$174.00 was applied, both effective February 1, 2016.

On March 23, 2016, you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation notice insofar as it began your enrollment in a Silver qualified health plan on February 1, 2016 and not January 1, 2016.

On November 14, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, [REDACTED] acted as your Authorized Representative and assisted you with your testimony. 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 19, 2016 and updated your application on February 2, 2016 and February 4, 2016.
- 2) Your authorized representative testified that when you initially applied for insurance, the system defaulted to the Bronze plan. Your authorized representative testified that at that time, your primary concern was getting coverage as quickly as possible and you intended to change your plan at a later date.
- 3) Your authorized representative testified that you wanted the Silver plan as it was more comprehensive and included adult dental.
- 4) Your authorized representative testified that you contacted Metro Health Plus and they have advised you that they have no record of coverage in any plan, Bronze or otherwise, for January 2016.
- 5) Your authorized representative testified that you paid your premiums to the Silver plan for February 2016 to September 2016, when you disenrolled from the Silver plan.

- 6) Your authorized representative testified that you attempted to pay your premium for the Bronze plan for January 2016, but that Metro Health Plus would not accept the payment.
- 7) Your authorized representative testified that you have medical bills for January 2016.
- 8) The record reflects that you selected a Bronze qualified health plan on January 19, 2016.
- 9) The record reflects that you selected a Silver qualified health plan on February 4, 2016.
- 10) Your enrollment in the Bronze plan became effective January 1, 2016
- 11) Your enrollment in the Silver plan became effective February 1, 2016.
- 12) Your authorized representative testified that you are seeking to have your Silver qualified health plan and eligibility for financial assistance to begin on January 1, 2016.
- 13) The NYSOH system shows that you were enrolled in a Bronze qualified health plan from January 1, 2016 to January 31, 2016 and in a Silver qualified health plan from February 1, 2016 to September 30, 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)).

When an eligibility redetermination results in a change in the amount of advance payments of the premium tax credit (APTC) for the benefit year, NYSOH must recalculate the amount of APTC in such a manner as to account for any advance payments already made on behalf of the tax filer, such that the recalculated advance payment amount is projected to result in total advance payments for the

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benefit year that correspond to the tax filer's total projected premium tax credit for that benefit year (45 CFR § 155.330(g)).

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).

Legal Analysis

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

The record shows that on January 19, 2016 you created your NYSOH account and submitted a request to enroll in a qualified health plan.

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 January 20, 2016 eligibility determination notice properly found you eligible for APTC as of March 1, 2016.

However, NYSOH's February 3, 2016 enrollment confirmation notice found that your enrollment in your Bronze qualified health plan and APTC of up to \$54.00 per month would take effect January 1, 2016. As per the February 3, 2016 enrollment confirmation notice, NYSOH has voluntarily elected to enroll you and apply your APTC of up to \$54.00 per month earlier than is required.

In so much as the January 20, 2016 eligibility determination notice finding you eligible for APTC of up to \$54.00 per month effective March 1, 2016 is inconsistent with the February 3, 2016 enrollment confirmation notice, the January 20, 2016 eligibility determination notice is MODIFIED to reflect that your eligibility for APTC of up to \$54.00 per month is effective as of January 1, 2016.

Your case is RETURNED to NYSOH to apply your APTC of up to \$54.00 per month to your monthly premium effective January 1, 2016 until January 31, 2016 and to ensure that you have enrollment in the bronze level plan for that month.

The second issue under review is whether NYSOH properly determined that your enrollment in a Silver qualified health plan, was effective February 1, 2016.

The record shows that on February 2, 2016 you updated the information in your NYSOH account. The record shows that on February 4, 2016 you enrolled in a Silver qualified health plan.

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. A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month.

As you updated your account on February 2, 2016 and changed your enrollment on February 4, 2016, NYSOH's February 3, 2016 eligibility determination notice properly found you eligible for APTC of up to \$174.00 per month as of March 1, 2016.

However, NYSOH's February 3, 2016 enrollment confirmation notice found that your enrollment in your Silver qualified health plan and APTC of up to \$174.00 per month would take effective February 1, 2016. As per the February 5, 2016 enrollment confirmation notice, NYSOH has voluntarily elected to enroll you and apply your APTC of up to \$174.00 per month earlier than is required.

In so much as the February 3, 2016 eligibility determination notice finding you eligible for APTC of up to \$174.00 per month effective March 1, 2016 is inconsistent with the February 5, 2016 enrollment confirmation notice, the February 3, 2016 eligibility determination notice is MODIFIED to reflect that your eligibility of APTC of up to \$174.00 per month is effective as of February 1, 2016.

Decision

The January 20, 2016 eligibility determination notice is MODIFIED to reflect that you were eligible for APTC of up to \$54.00 per month effective January 1, 2016.

The February 3, 2016 eligibility determination notice is MODIFIED to reflect that you were eligible for APTC of up to \$174.00 per month effective February 1, 2016.

The case is RETURNED to NYSOH to apply your APTC of up to \$54.00 per month effective January 1, 2016 to January 31, 2016 and ensure your enrollment in your bronze level qualified health plan for that month.

Effective Date of this Decision: November 22, 2016

How this Decision Affects Your Eligibility

You are eligible for APTC of up to \$54.00 per month effective January 1, 2016 to January 31, 2016 and were enrolled in a Bronze qualified health plan for the period January 1, 2016 to January 31, 2016.

You are eligible for APTC of up to \$174.00 per month effective February 1, 2016.

Your case has been returned to NYSOH to make your APTC of up to \$54.00 and enrollment in a Bronze plan effective January 1, 2016 to January 31, 2016 and ensure your enrollment in your bronze level qualified health plan for that month.

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

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

Summary

The January 20, 2016 eligibility determination notice is MODIFIED to reflect that you were eligible for APTC of up to \$54.00 per month effective January 1, 2016.

You are eligible for APTC of up to \$54.00 per month effective January 1, 2016 to January 31, 2016 and were enrolled in a Bronze qualified health plan for the period January 1, 2016 to January 31, 2016.

The February 3, 2016 eligibility determination notice is MODIFIED to reflect that you were eligible for APTC of up to \$174.00 per month effective February 1, 2016.

You are eligible for APTC of up to \$174.00 per month effective February 1, 2016.

The case is RETURNED to NYSOH to apply your APTC of up to \$54.00 per month effective January 1, 2016 to January 31, 2016 and ensure your enrollment in your bronze level qualified health plan for that month..

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

