



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

Notice of Decision

Decision Date: January 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011199

[REDACTED]

[REDACTED]

On November 29, 2016, you and your spouse appeared by telephone at a hearing on your appeal of NY State of Health's June 7, 2016 eligibility determination notice and the June 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.

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: January 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011199

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly terminate your spouse's coverage in her MetroPlus bronze-level qualified health plan, effective May 31, 2016?

Did NYSOH properly terminate your coverage in Healthfirst Essential Plan 1 plus vision and dental, effective June 30, 2016?

Did NYSOH properly determine that you and your spouse's enrollment in Healthfirst silver-level couple's qualified health plan was effective July 1, 2016?

Did NYSOH properly determine that you and your spouse were qualified to select a health plan outside of the 2016 open enrollment period?

Procedural History

According to NYSOH, there are presently three open accounts between you and your spouse: [REDACTED] lists you only; [REDACTED] lists your spouse only; and [REDACTED] lists both you and your spouse.

On December 5, 2015, on [REDACTED], NYSOH issued a notice of eligibility redetermination stating that your spouse was eligible for advance premium tax credits (APTC) of \$160.00 per month, effective January 1, 2016.

Also on December 5, 2015, in [REDACTED], NYSOH issued an enrollment notice confirming your spouse's enrollment in MetroPlus bronze-level qualified health plan with a monthly premium responsibility of \$165.70, after her APTC of \$160.00 was applied, both effective January 1, 2016.

On January 5, 2016, in [REDACTED] NYSOH issued a notice of eligibility redetermination stating that you were eligible to enroll in the Essential Plan, effective February 1, 2016.

Also on January 5, 2016, in [REDACTED], NYSOH issued an enrollment notice confirming your enrollment in the Healthfirst Essential Plan 1 plus vision and dental with a monthly premium of \$46.56, effective February 1, 2016.

On May 18, 2016 in [REDACTED], NYSOH issued a notice of eligibility redetermination stating that you were eligible to receive APTC to help pay the cost of health coverage, effective July 1, 2016. That same notice stated that your spouse was conditionally eligible to purchase a qualified health plan at full cost, effective July 1, 2016.

Also on May 18, 2016, in [REDACTED] NYSOH issued a disenrollment notice stating that your Healthfirst Essential Plan 1 plus vision and dental would end effective June 30, 2016 because you were no longer eligible to remain enrolled in your current plan.

On May 19, 2016, in [REDACTED], NYSOH issued a notice of eligibility redetermination stating that you and your spouse were eligible to receive APTC of \$257.00 per month effective July 1, 2016. That notice further stated that you qualified to select a health plan outside of the 2016 open enrollment period. That same notice stated in part that your spouse did not qualify to select a health plan outside of the 2016 open enrollment period.

Also on May 19, 2016, in [REDACTED], NYSOH issued an enrollment notice confirming your spouse's enrollment in her MetroPlus bronze-level qualified health plan effective January 1, 2016. That same notice stated that you needed to pick a plan.

Also on May 19, 2016, in [REDACTED], NYSOH issued a disenrollment notice stating that your spouse's MetroPlus bronze-level qualified health plan coverage would end effective May 31, 2016.

Also on May 19, 2016, in [REDACTED], NYSOH issued an enrollment notice confirming your and your spouse's enrollment in Healthfirst silver-level couple's qualified health plan with a monthly premium responsibility of \$623.07, after your APTC of \$257.00 was applied. That notice further stated that the Healthfirst silver level plan would start June 1, 2016 and the APTC would be applied to your monthly premium, effective July 1, 2016.

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On May 24, 2016, in [REDACTED] NYSOH issued a cancellation notice stating that your and your spouse's enrollment in Healthfirst silver-level qualified health plan was cancelled effective June 1, 2016, because a premium payment had not been received by Healthfirst within the required timeframe.

On June 7, 2016, in [REDACTED], NYSOH issued a notice of eligibility redetermination stating that you and your spouse were eligible to receive APTC of \$257.00 per month, effective July 1, 2016. That notice further stated in part that you did not qualify to select a health plan outside of the 2016 open enrollment period. That same notice stated that your spouse did qualify to select a health plan outside of the 2016 open enrollment period.

Also on June 7, 2016, NYSOH issued an enrollment notice confirming your and your spouse's enrollment in Healthfirst silver-level couple's qualified health plan with a monthly premium responsibility of \$624.71, after your APTC of \$257.00 was applied. That notice further stated that the Healthfirst silver-level couple's plan would start July 1, 2016 and the APTC would be applied to your monthly premium effective July 1, 2016.

On August 1, 2016, you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation notices insofar as they began your spouse's enrollment in the Healthfirst silver-level couple's qualified health plan on July 1, 2016, and not June 1, 2016.

On November 29, 2016, you and your spouse had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open until December 13, 2016 for you to submit documents related to the start and/or end date of your qualified health plans. No documentation was submitted within the allotted time. The record is now closed.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) There are three open accounts in NYSOH which list you and your spouse either individually or as a couple in a household. [REDACTED] lists you individually, [REDACTED] lists your spouse individually, and [REDACTED] lists both you and your spouse as a couple in the same household.
- 2) Your spouse was determined eligible for APTC under her account, [REDACTED], effective January 1, 2016. She enrolled in MetroPlus bronze-level qualified health plan with coverage starting January 1, 2016.

- 3) You were determined eligible to enroll in the Essential Plan under your account, [REDACTED], on January 5, 2016 and enrolled in Healthfirst Essential Plan 1 plus vision and dental with coverage starting February 1, 2016.
- 4) You were married on [REDACTED]
- 5) You testified that you both decided to obtain one health plan as a couple through one health plan provider.
- 6) According to NYSOH account [REDACTED] and your testimony, on May 17, 2016, you updated that account and added your spouse as a member of the household.
- 7) According to NYSOH account [REDACTED] and your testimony, on May 18, 2016, your spouse updated her account to indicate she was married. At that time she requested her MetroPlus bronze-level health plan be terminated.
- 8) According to NYSOH account [REDACTED] and your testimony, on May 18, 2016, you selected a Healthfirst silver level couple tier qualified health plan.
- 9) You testified that you both wanted a June 1, 2016 start date for the new Healthfirst silver-level couple plan and paid a premium on May 26, 2016 to ensure a June 1, 2016 start date.
- 10) You testified that, on June 2 or 3, 2016, your spouse went to a doctor and was informed that she did not have active coverage with either MetroPlus or Healthfirst.
- 11) According to NYSOH account [REDACTED] and your testimony, on June 6, 2016, you updated this account and again selected Healthfirst silver-level couple's qualified health plan.
- 12) Your enrollment in the Healthfirst silver-level couple's qualified health plan became effective July 1, 2016.
- 13) You testified that you need your spouse's enrollment in the Healthfirst qualified health plan to begin on June 1, 2016 because she was pregnant and has several thousand dollars of uncovered medical bills for the month of June 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 benefit year that correspond to the tax filer's total projected premium tax credit for that benefit year (45 CFR § 155.330(g)).

Qualified Health Plan Termination Requests

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)).

NYSOH must provide an opportunity at the time of plan selection for an enrollee to choose to remain enrolled in a QHP if he or she becomes eligible for other minimum essential coverage and the enrollee does not request termination (45 CFR § 155.430(b)(1)(ii)).

Notice – Terminating Enrollment

NYSOH may initiate termination of an enrollee's enrollment in a health plan through NYSOH and must permit a health plan issuer to terminate such coverage or enrollment when the enrollee is no longer eligible for coverage in a health plan through NYSOH with appropriate notice to the enrollee (45 CFR § 155.430(b)(2)(i), (d)).

For NYSOH-initiated terminations where the enrollee is no longer eligible for coverage in a health plan through NYSOH, the last day of enrollment is the last day of eligibility, as described in 45 CFR § 155.330(f) (45 CFR § 155.430(d)(3)).

Notice of the effective dates for termination of coverage or enrollment must be reasonable, which is defined as at least fourteen days before the requested date of termination (45 CFR § 155.430(d)(1)(i)-(ii)).

Effective dates of termination of coverage or enrollment must be implemented by NYSOH as follows:

- 1) When resulting from a redetermination, the termination date is the first day of the month following the date of the written notice, which must be at least fourteen days before the requested date of termination to be considered timely; or
- 2) When resulting from an appeal decision, on the date specified in the appeal decision; or
- 3) When affecting enrollment or premiums only, on the first day of the month following the date on which the Marketplace is notified on the change.

(45 CFR § 155.330(f)(1)(i)-(iii)).

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)).

Special Enrollment Periods

After each open enrollment period ends, NYSOH provides special enrollment periods to qualified individuals. During a special enrollment period, a qualified individual may enroll in a QHP, and an enrollee may change their enrollment to another plan. This is generally permitted when one of the following triggering events occur:

- (1) The qualified individual or his or her dependent involuntarily loses certain health insurance coverage:
 - (a) Health insurance considered to be minimum essential coverage;
 - (b) Enrolled in any non-calendar year health insurance policy, even if they have the option to renew the expiring non-calendar year individual health insurance policy; or
 - (c) Pregnancy-related coverage; or
 - (d) Medically needy coverage.
- (2) The qualified individual gains a dependent or becomes a dependent through marriage, birth, adoption, placement for adoption, or placement in foster care; or
- (3) The qualified individual or his or her dependent, who was not previously a citizen, national, or lawfully present individual gains such status; or
- (4) The qualified individual's or his or her dependent's, enrollment or non-enrollment in a QHP is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, or inaction of an officer, employee, or agent of the Exchange or HHS, or its instrumentalities as evaluated and determined by the Exchange; or a non-Exchange entity providing enrollment assistance or conducting enrollment activities; or
- (5) The enrollee or dependent adequately demonstrates to the Exchange that the QHP in which he or she is enrolled substantially violated a material provision of its contract in relation to the enrollee; or
- (6) The enrollee or enrollee's dependent is newly eligible or ineligible for advance payments of the premium tax credit, or has a change in eligibility for cost-sharing reductions; or
- (7) The qualified individual, enrollee, or their dependent, gains access to new QHPs as a result of a permanent move; or

- (8) The qualified individual is an Indian, as defined by section 4 of the Indian Health Care Improvement Act, and may enroll in a QHP or change from one QHP to another one time per month; or
- (9) The qualified individual or enrollee, or their dependent, demonstrates to the Exchange, in accordance with guidelines issued by HHS, that the individual meets other exceptional circumstances as the Exchange may provide;

(45 CFR § 155.420(d)).

Generally, if a triggering life event occurs, the qualified individual or enrollee has 60 days from the date of a triggering event to select a QHP (45 CFR § 155.420(c)(1)).

Legal Analysis

The first issue under review is whether NYSOH properly terminated your spouse's MetroPlus bronze-level qualified health plan, effective May 31, 2016.

Your spouse was enrolled in MetroPlus bronze-level qualified health plan starting January 1, 2016 and was receiving APTC of \$160.00 per month since then to help with the cost of this 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. Reasonable notice is defined as at least 14 days prior to the requested termination date.

The record reflects that your spouse did not request to terminate her health insurance coverage through NYSOH until May 18, 2016, which is less than 14 days' notice for a May 31, 2016 termination date. Therefore, NYSOH should have continued your spouse's MetroPlus bronze-level health plan until the last day of the second month following May 2016 which would be June 30, 2016.

Therefore, NYSOH's May 19, 2016 disenrollment notice issued on account [REDACTED], is MODIFIED to state that your spouse would no longer have coverage with MetroPlus Health Plan, effective June 30, 2016.

The second issue under review is whether NYSOH properly terminated your Healthfirst Essential Plan 1 plus vision and dental plan effective June 30, 2016.

According to NYSOH account [REDACTED], on May 17, 2016, you updated the information in this account to include adding your spouse and your household

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income. As a result of those updates, your eligibility was redetermined and you were no longer eligible for the Essential Plan. On May 18, 2016, NYSOH issued a disenrollment notice stating that your Healthfirst Essential Plan 1 plus vision and dental coverage would end effective June 30, 2016.

For NYSOH-initiated terminations where the enrollee is no longer eligible for coverage in a health plan through NYSOH, there must be at least 14 days of notice before the termination of coverage. Fourteen days from May 18, 2016 would take coverage into June 2016. Further, it is the policy of NYSOH that any change made after the 15th of any month will not be effective until the first day of the second following month.

Therefore, the May 18, 2016 disenrollment notice properly cancelled your Healthfirst Essential Plan 1 plus vision and dental on June 30, 2016 and is AFFIRMED.

The third issue under review is whether NYSOH properly determine that you and your spouse's enrollment in the Healthfirst silver-level couple's qualified health plan was effective no earlier than July 1, 2016.

According to NYSOH account [REDACTED] on May 18, 2016 you updated the information in that account and submitted a request to enroll you and your spouse in Healthfirst silver-level couple's qualified health plan. On May 19, 2016, NYSOH issued an enrollment confirmation notice stating that you and your spouse's enrollment in Healthfirst silver-level couple tier qualified health plan was effective June 1, 2016 and that APTC would be applied to your monthly premium effective July 1, 2016.

For selections of qualified health plans 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. Since you chose Healthfirst silver-level couple's qualified health plan on May 18, 2016, the correct effective date would be the first day of the second following month after May 2016, which would be July 1, 2016.

Therefore, the May 19, 2016 eligibility determination notice in account [REDACTED] is AFFIRMED insofar as it states that you and your spouse are eligible to purchase a qualified health plan and receive APTC effective July 1, 2016.

Therefore, the May 19, 2016 enrollment confirmation notice in account [REDACTED] is RESCINDED insofar as it states your and your spouse's enrollment in Healthfirst silver-level couple's qualified health plan started on June 1, 2016.

Therefore, the June 7, 2016 eligibility redetermination notice in account [REDACTED] is AFFIRMED insofar as it states that you and your spouse are

eligible to purchase a qualified health plan and receive APTC effective July 1, 2016.

Therefore, the June 7, 2016 enrollment confirmation notice in account [REDACTED], is AFFIRMED.

The fourth issue is did NYSOH properly determine that you and your spouse were qualified to select a health plan outside of the 2016 open enrollment period.

According to your NYSOH accounts and your testimony you each had separate accounts with your own enrollments for health coverage. You were married on April 9, 2016 and decided to have one account and obtain a single health plan with couple's coverage.

Marriage is a qualifying event that would entitle both of you to a special enrollment period if reported to NYSOH within 60 days.

According to your NYSOH accounts you both reported your marriage and updated your respective accounts accordingly on May 17, 2016 and May 18, 2016, which is within the 60 day reporting timeframe.

As such, those portions of the eligibility redeterminations dated May 19, 2016 and June 7, 2016 finding in part that either you or your spouse were not eligible for a special enrollment period are incorrect.

Therefore, that portion of the May 19, 2016 eligibility redetermination notice issued on account [REDACTED] that states your spouse is not qualified to select a health plan outside of the 2016 open enrollment period must be MODIFIED to state that your spouse is qualified to make a selection outside of the 2016 open enrollment period. Further, that portion of the June 7, 2016 notice of eligibility redetermination issued on account [REDACTED] that states you are not qualified to select a health plan outside of the 2016 open enrollment period must be MODIFIED to state that you qualify to select a health plan outside of the 2016 open enrollment period.

In the review and analysis of this appeal by NYSOH Appeal Unit, it is apparent that there are still three open accounts for the appellant and his spouse.

Account [REDACTED] has listed the appellant only. There has not been any activity on this account since 2015 and it should be inactivated by NYSOH.

Account [REDACTED] has the appellant's spouse listed as an individual and there have been eligibility redeterminations issued on December 16, 2016 and January 11, 2017. Account [REDACTED] must be inactivated by NYSOH and the most recent January 11, 2017 eligibility redetermination must be transferred to account [REDACTED], which is the joint account that is to remain active.

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Decision

The May 18, 2016 disenrollment notice issued in account [REDACTED] properly cancelled your Healthfirst Essential Plan 1 plus vision and dental on June 30, 2016 and is AFFIRMED.

The May 19, 2016 disenrollment notice issued in account [REDACTED] is MODIFIED to state that your spouse would no longer have coverage with MetroPlus Health Plan effective June 30, 2016.

The eligibility redetermination notice issued on May 19, 2016 in account [REDACTED] is AFFIRMED insofar as it states that you and your spouse are eligible to purchase a qualified health plan and receive APTC effective July 1, 2016.

The enrollment confirmation notice issued May 19, 2016 in account [REDACTED], is RESCINDED insofar as it states your and your spouse's enrollment in Healthfirst silver-level couple's qualified health plan started on June 1, 2016.

The eligibility redetermination notice issued on June 7, 2016 in account [REDACTED] is AFFIRMED insofar as it states that you and your spouse are eligible to purchase a qualified health plan and receive APTC effective July 1, 2016.

The enrollment confirmation notice issued on June 7, 2016 in account [REDACTED] is AFFIRMED.

The May 19, 2016 eligibility redetermination issued in account [REDACTED] is RESCINDED in part that states your spouse is not qualified to select a health plan outside of the 2016 open enrollment period and is MODIFIED to state that your spouse is qualified to make a selection outside of the 2016 open enrollment period.

The June 7, 2016 eligibility redetermination issued in account [REDACTED] is RESCINDED in part that states you are not qualified to select a health plan outside of the 2016 open enrollment period and is MODIFIED to state that you qualify to select a health plan outside of the 2016 open enrollment period.

NYSOH is directed to inactivate account [REDACTED]

NYSOH is directed to transfer the recent January 11, 2017 eligibility redetermination in account [REDACTED] to account [REDACTED] and inactivate account [REDACTED].

Your case is RETURNED to NYSOH to effectuate the changes in your enrollment in the qualified health plans as stated in this decision.

You will be responsible for any premiums that are due to the qualified health plans as a result of these changes.

Effective Date of this Decision: January 18, 2017

How this Decision Affects Your Eligibility

This decision does not change your or your spouse's eligibility.

Your spouse's enrollment in her MetroPlus bronze-level qualified health plan ended June 30, 2016.

Your enrollment in the Healthfirst Essential Plan 1 plus vision and dental ended June 30, 2016.

Your and your spouse's enrollment in Healthfirst silver-level couple's qualified health plan started July 1, 2016, with APTC to be applied as of that date.

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.

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If You Have Questions about this Decision (Customer Service Resources):

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- 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 May 18, 2016 disenrollment notice issued in account [REDACTED] properly cancelled your Healthfirst Essential Plan 1 plus vision and dental on June 30, 2016 and is AFFIRMED.

The May 19, 2016 disenrollment notice issued in account [REDACTED] is MODIFIED to state that your spouse would no longer have coverage with MetroPlus Health Plan effective June 30, 2016.

The eligibility redetermination notice issued on May 19, 2016 in account [REDACTED] is AFFIRMED insofar as it states that you and your spouse are eligible to purchase a qualified health plan and receive APTC effective July 1, 2016.

The enrollment confirmation notice issued May 19, 2016 in account [REDACTED], is RESCINDED insofar as it states your and your spouse's enrollment in Healthfirst silver-level couple's qualified health plan started on June 1, 2016.

The eligibility redetermination notice issued on June 7, 2016 in account [REDACTED] is AFFIRMED insofar as it states that you and your spouse are eligible to purchase a qualified health plan and receive APTC effective July 1, 2016.

The enrollment confirmation notice issued on June 7, 2016 in account [REDACTED] is AFFIRMED.

The May 19, 2016 eligibility redetermination issued in account [REDACTED] is RESCINDED in part that states your spouse is not qualified to select a health plan outside of the 2016 open enrollment period and is MODIFIED to state that

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your spouse is qualified to make a selection outside of the 2016 open enrollment period.

The June 7, 2016 eligibility redetermination issued in account [REDACTED] is RESCINDED in part that states you are not qualified to select a health plan outside of the 2016 open enrollment period and is MODIFIED to state that you qualify to select a health plan outside of the 2016 open enrollment period.

NYSOH is directed to inactivate account [REDACTED].

NYSOH is directed to transfer the recent January 11, 2017 eligibility redetermination in account [REDACTED] to account [REDACTED] and inactivate account [REDACTED].

Your case is RETURNED to NYSOH to effectuate the changes in your enrollment in the qualified health plans as stated in this decision.

You will be responsible for any premiums that are due to the qualified health plans as a result of these changes.

This decision does not change your or your spouse's eligibility.

Your spouse's enrollment in her MetroPlus bronze-level qualified health plan ended June 30, 2016.

Your enrollment in the Healthfirst Essential Plan 1 plus vision and dental ended June 30, 2016.

Your and your spouse's enrollment in Healthfirst silver-level couple's qualified health plan started July 1, 2016, with APTC to be applied as of that date.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

