



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

Notice of Decision

Decision Date: May 04, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014179



Dear [REDACTED],

On April 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 21, 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).

This page intentionally left blank.



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

Decision

Decision Date: May 04, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014179



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 your Fidelis silver level qualified health plan and the application of advance payments of the premium tax credit (APTC) were effective no earlier than February 1, 2017?

Procedural History

On October 28, 2016, NYSOH received your updated application for health insurance.

On October 29, 2016, NYSOH issued an eligibility determination notice, based on your October 28, 2016 application, stating that you were eligible to receive up to \$95.00 per month in APTC for a limited time, effective December 1, 2016. You were also found eligible for a special enrollment period through December 27, 2016 to be able to enroll outside of the open enrollment period for 2016. The notice requested that you submit income documentation by January 26, 2017. This notice also directed you to select a health plan for enrollment.

Also on October 29, 2016, NYSOH issued a disenrollment notice stating that your coverage in your Essential Plan would end effective November 30, 2016.

On December 12, 2016, income documentation was uploaded to your NYSOH account.

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).

On December 13, 2016, NYSOH verified the income documentation you submitted and updated your application for health insurance based on that documentation.

On December 14, 2016, NYSOH issued a notice of eligibility redetermination stating that you were eligible to receive up to \$118.00 per month in APTC and, if you selected a silver-level qualified health plan, for cost-sharing reductions (CSR). This eligibility was effective January 1, 2017.

On December 20, 2016, you selected a Fidelis silver level qualified health plan for enrollment.

Also on December 20, 2016, you spoke to NYSOH's Account Review Unit and appealed your enrollment insofar as they began your enrollment in a qualified health plan and application of your APTC on February 1, 2017, and not November 1, 2016.

On December 21, 2016, NYSOH issued a letter confirming your enrollment in a qualified health plan with a monthly premium responsibility of \$286.34, after your APTC of \$118.00 was applied, both effective February 1, 2017.

On April 6, 2017, 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 supports the following findings of fact:

- 1) There are four separate accounts associated with your household, [REDACTED]. [REDACTED] is the account in which you presently have coverage and which is the subject of the present appeal. [REDACTED] are inactive and have never had any applications submitted. [REDACTED] is currently marked as inactive, however, applications were submitted in this account in 2016.
- 2) Applications to NYSOH for financial assistance were submitted in account [REDACTED] on October 28, 2016 and December 13, 2016.
- 3) An application was submitted in [REDACTED] on November 28, 2016 and December 5, 2016.
- 4) Your enrollment in your Essential Plan ended on November 30, 2016.

- 5) None of the notices sent to you at the address on your NYSOH account have been returned as undeliverable.
- 6) You testified that you are seeking to have your Fidelis qualified health plan begin on November 1, 2016. You testified that you have outstanding bills for November 2016, December 2016, and January 2017.
- 7) During the hearing, you gave permission for the Hearing Officer to review recordings of phone calls placed between yourself and NYSOH.
- 8) The record reflects that on December 6, 2016 you placed a phone call to NYSOH. A review of the recording of that phone call reveals that, you provided the NYSOH representative account number [REDACTED]. During that phone call you selected a Fidelis silver level qualified health plan for your enrollment. The NYSOH representative advised you that you were enrolled into the Fidelis plan and your enrollment would begin on January 1, 2017. During that phone call, you requested that your enrollment in the Fidelis plan begin on December 1, 2016. The NYSOH representative advised you that they could not do this for you, but could submit an incident on your behalf.
- 9) The record reflects that on December 6, 2016, incident [REDACTED] was created. This incident indicates that you were requesting an enrollment date of December 1, 2016 for a Fidelis care plan.
- 10) The record reflects that you placed three phone calls to NYSOH on December 12, 2016. A review of the recordings of those phone calls reveals that during these phone calls NYSOH representatives advised you that you would need to submit income documentation in order for your eligibility to be determined and in order for you to be able to be enrolled into a plan and seek enrollment to be backdated to December 1, 2016.
- 11) The record reflects that on December 13, 2016 you placed three phone calls to NYSOH. A review of the recordings of these phone calls reveals that you were calling to resolve issues with your enrollment start date.
- 12) The record reflects that on December 14, 2016 you placed two phone calls to NYSOH. A review of the recordings of these phone calls reveals that you were calling to resolve issue with regard to your eligibility for financial assistance with health insurance as well as your enrollment start date. At no time in those recordings do the NYSOH representatives advise you regarding the eligibility determination of December 14, 2016, nor do they advise you that you need to select a plan for enrollment for 2017.
- 13) On December 20, 2016 you placed a phone call to NYSOH. A review of the recording of that phone call reveals that an NYSOH representative

advised you that you have no plan selected and that you need to select a plan for enrollment, at which time you again indicated you want to enroll into a Fidelis silver level qualified health plan.

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)).

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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in your Fidelis silver level qualified health plan, as well as the application of APTC, was effective no earlier than February 1, 2017.

You first requested to be enrolled into a Fidelis silver level qualified health plan on December 6, 2016, however, this request was not processed by the NYSOH representative.

Thereafter, on December 13, 2016 and December 14, 2016 you contacted NYSOH repeatedly in order to resolve issues with your Fidelis enrollment start date. However, at no time during these numerous phone calls where you advised that you needed to select a plan for enrollment.

It was not until a phone call you placed on December 20, 2016 that you were advised that you needed to select a plan for enrollment. You again selected a Fidelis silver level qualified health plan for enrollment, and your enrollment was fully processed on that day for a plan enrollment start date of February 1, 2017.

On December 21, 2016, NYSOH issued an enrollment confirmation notice stating that your enrollment in your Fidelis silver level qualified health plan was effective February 1, 2017 and that APTC would be applied to your monthly premium effective February 1, 2017.

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

You initially advised NYSOH that you wanted to enroll in a Fidelis silver level qualified health plan on December 6, 2016, and were not again advised that you needed to select a plan for enrollment until December 20, 2016, despite several phone calls to NYSOH on December 13, 2016 and December 14, 2016. Had your enrollment request on December 6, 2016 been properly processed or had you been notified on December 13, 2016 or December 14, 2016 that you needed to select a plan for enrollment and enrolled either of these days, your enrollment would have begun on the first day of the next following month, that is, on January 1, 2017.

Had you been enrolled in your Fidelis silver level qualified health plan as of January 1, 2017, your APTC would also have applied as of January 1, 2017.

Therefore, NYSOH's December 21, 2016 enrollment confirmation notice is MODIFIED to reflect that your enrollment in your Fidelis silver level qualified health plan is effective as of January 1, 2017 with your APTC of up to \$118.00 per month applied to your monthly premium effective January 1, 2017.

Decision

The December 21, 2016 enrollment confirmation notice is MODIFIED to reflect that your enrollment in your Fidelis silver level qualified health plan is effective as of January 1, 2017 with your APTC of up to \$118.00 per month applied to your monthly premium effective January 1, 2017.

Your case is RETURNED to NYSOH to enroll you into your Fidelis silver level qualified health plan as of January 1, 2017 and to apply your APTC of up to \$118.00 per month to your monthly premium as of January 1, 2017.

Effective Date of this Decision: May 04, 2017

How this Decision Affects Your Eligibility

Your enrollment in your Fidelis silver level qualified health plan should have begun as of January 1, 2017.

Your case is being sent back to NYSOH to enroll you into your Fidelis silver level qualified health plan and apply your APTC of up to \$118.00 per month to your monthly premium as of January 1, 2017.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596

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).

- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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 December 21, 2016 enrollment confirmation notice is MODIFIED to reflect that your enrollment in your Fidelis silver level qualified health plan is effective as of January 1, 2017 with your APTC of up to \$118.00 per month applied to your monthly premium effective January 1, 2017.

Your case is RETURNED to NYSOH to enroll you into your Fidelis silver level qualified health plan as of January 1, 2017 and to apply your APTC of up to \$118.00 per month to your monthly premium as of January 1, 2017.

Your enrollment in your Fidelis silver level qualified health plan should have begun as of January 1, 2017.

Legal Authority

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).

We are issuing this determination in accordance with 45 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).

A Copy of this Decision Has Been Provided To:



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).

Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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).

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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).