



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

## Notice of Decision

Decision Date: April 05, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014330



Dear [REDACTED],

On March 29, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 28, 2016 eligibility determination notice and the December 28, 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).

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: April 05, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014330



## 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 BlueShield of Northeastern New York gold level qualified health plan and the application of advance payments of the premium tax credit (APTC) were effective February 1, 2017?

## Procedural History

On December 14, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible for APTC of up to \$226.00 per month as well as cost-sharing reductions if you enrolled in a silver level qualified health plan, effective January 1, 2016.

Also on December 14, 2015, NYSOH issued an enrollment notice confirming your enrollment in an Oscar gold level qualified health plan with a plan enrollment start date of January 1, 2016 and application of your APTC effective January 1, 2016.

On September 14, 2016, you updated the residential address on your account.

On September 15, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible for APTC of up to \$251.00 per month as well as cost sharing reductions if you enrolled in a silver level qualified health plan, effective October 1, 2016.

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Also on September 15, 2016, NYSOH issued an enrollment notice confirming your enrollment in a BlueShield of Northeastern New York gold level qualified health plan with a plan enrollment start date of October 1, 2016 and application of the APTC amount, effective October 1, 2016.

On October 20, 2016, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account between November 16, 2016 and December 15, 2016 or you might lose the financial assistance you were currently receiving.

No updates were made to your account between November 16, 2016 and December 15, 2016.

On November 27, 2016, NYSOH issued a disenrollment notice stating that your enrollment in your BlueShield of Northeastern New York gold level qualified health plan would end, effective December 31, 2016.

On December 19, 2016 NYSOH issued an eligibility determination notice stating that you were eligible to purchase a qualified health plan at full cost through NYSOH. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. Your eligibility ended December 31, 2016.

On December 27, 2016, you updated your application for financial assistance. That day, a preliminary eligibility determination was prepared stating that you were eligible to receive up to \$299.00 in APTC and eligible to receive cost-sharing reductions if you enrolled in a silver level qualified health plan, effective February 1, 2017.

Also on December 27, 2016, you spoke to NYSOH's Account Review Unit and appealed the determination insofar as it began your financial assistance eligibility and enrollment in a qualified health plan on February 1, 2017, and not January 1, 2017.

On December 28, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to receive up to \$299.00 per month in APTC and cost-sharing reductions if you selected a silver level qualified health plan. This eligibility was effective February 1, 2017.

Also on December 28, 2016, NYSOH issued a notice of enrollment confirming your enrollment in your BlueShield of Northeastern New York gold level qualified health plan with a plan enrollment start date of February 1, 2017 and application of the APTC amount, effective February 1, 2017.

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On March 29, 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 supports the following findings of fact:

- 1) You testified, that you previously received all of your notices from NYSOH by electronic mail.
- 2) The record reflects that in September 2016 you reported your new residential address to NYSOH. You testified that you changed from an Oscar plan to a BlueShield of Northeastern New York plan when you moved, as your previous plan did not provide coverage to your new area of residence.
- 3) Your NYSOH account reflects that when you updated your account on September 14, 2016 you elected automatic renewal of coverage for one year.
- 4) You testified that you do not recall receiving any electronic alerts regarding any renewal notice in your NYSOH account telling you that you needed to update your application in order to renew your eligibility.
- 5) You testified that you were without internet access for several months and did not regain internet access until December 2016.
- 6) You testified that when you regained internet access you had e-mail alerts from NYSOH waiting for you.
- 7) You testified that you learned that you had been disenrolled from your plan when you regained internet access.
- 8) The record reflects that on December 27, 2016 NYSOH received your updated application for health insurance.
- 9) Your NYSOH account reflects that as of October 1, 2016 you were enrolled in a BlueShield of Northeastern New York gold level qualified health plan.
- 10) The record reflects that you selected the same BlueShield of Northeastern New York gold level qualified health plan for 2017 enrollment on December 27, 2016.

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- 11) You testified that you are seeking enrollment in your qualified health plan as of January 1, 2017.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Annual Eligibility Redetermination

Generally, NYSOH must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

NYSOH must send an annual renewal notice that contains the information by which NYSOH will use to redetermine a qualified individual's projected eligibility for that year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

### Electronic Notices

If the individual elects electronic communications, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to his or her account and send a notice by regular mail within three business days if the electronic communication cannot be delivered (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4), (5)).

### 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

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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)).

### Annual Re-enrollment into a Qualified Health Plan

If an enrollee remains eligible for enrollment in a qualified health plan as part of the annual eligibility redetermination and the plan in which they are enrolled remains available through NYSOH for renewal, such enrollee will have his or her enrollment through the qualified health plan renewed, unless an enrollee voluntarily terminates coverage (45 CFR § 155.335(j)(1)).

### Effective Date of Advanced Payments of the Premium Tax Credit

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any changes in eligibility to APTC effective as of the first day of the month following the date of the notice (45 § 155.310(f), 45 CFR § 155.330(e), (f)(1)(i)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your enrollment in a qualified health plan and your eligibility for advance premium tax credits were effective February 1, 2017.

The record reflects that you were enrolled in a BlueShield of Northeastern New York gold level qualified health plan as of October 1, 2016.

NYSOH must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. NYSOH must issue a renewal notice that contains the individual's projected eligibility. If an individual does not respond to this notice, NYSOH must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On October 20, 2016, NYSOH issued an annual renewal notice in your case. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether or not you qualify for financial help with paying for your health coverage. You were asked to update the information in your account between November 16, 2016 and December 15, 2016 or the financial help you were receiving might end.

On November 27, 2016, NYSOH issued a notice stating that your coverage with your BlueShield of Northeastern New York gold level qualified health plan would end on December 31, 2016.

You did not respond to the renewal notice to update your eligibility for financial assistance between November 16, 2016 and December 15, 2016. As a result, NYSOH found that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2017.

You testified that you had previously elected to receive alerts regarding notices from NYSOH electronically. You credibly testified that you did not recall receiving an electronic alert regarding the renewal notice, which directed you to update the information in your NYSOH account. However, you testified that you were without internet access for several months and regained internet access in December 2016, and that when you regained internet access, you had e-mail alerts from NYSOH waiting for you.

Therefore, the record reflects that NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated in order to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

You first renewed your eligibility for financial assistance through NYSOH for 2017 on December 27, 2016, and selected the same BlueShield of Northeastern New York gold level qualified health plan that you had previously been enrolled in.

Generally, a plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month. However, if at the time of the annual renewal an enrollee remains eligible for enrollment in a qualified health plan and the plan in which they are enrolled remains available through NYSOH, such enrollee will have his or her enrollment through the qualified health plan renewed.

You testified, and the record reflects, that you selected the same BlueShield of Northeastern New York gold level qualified health plan for 2017 coverage that you had in 2016. Furthermore, your NYSOH account indicates that in the application you filed on September 14, 2016 you elected to have automatic renewal of your health coverage.

Since you remained eligible to enroll in a qualified health plan, and the qualified health plan that you were enrolled remained available and you elected to have automatic renewal of your health coverage annually, NYSOH was required to reenroll you into the BlueShield of Northeastern New York gold level qualified health plan effective January 1, 2017.



Additionally, any changes in APTC are to be made effective the date following the eligibility redetermination notice.

Since you updated your application on December 27, 2016, any changes in APTC should have been made effective as of January 1, 2017.

Therefore, NYSOH's December 28, 2016 eligibility determination notice is MODIFIED to state that you are eligible for APTC of up to \$299.00 per month, effective January 1, 2017.

NYSOH's December 28, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your BlueShield of Northeastern New York gold level qualified health plan is effective as of January 1, 2017.

## **Decision**

The December 28, 2016 notice of eligibility redetermination is MODIFIED to state that you are eligible to receive up to \$299.00 in APTC per month, effective January 1, 2017.

The December 28, 2016 notice of enrollment confirmation is MODIFIED to state that your enrollment in your BlueShield of Northeastern New York gold level qualified health plan is effective January 1, 2017.

Your case is RETURNED to NYSOH to enroll you into your BlueShield of Northeastern New York gold level qualified health plan and apply your APTC of up to \$299.00 per month, effective January 1, 2017.

**Effective Date of this Decision:** April 05, 2017

## **How this Decision Affects Your Eligibility**

Your enrollment in your qualified health plan, and your eligibility for APTC should have begun as of January 1, 2017.

Your case is being sent back to NYSOH to effectuate this change.

You will be responsible for any premiums associated with this coverage.

## **If You Disagree with this Decision (Appeal Rights)**

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 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
- 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

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- By fax: 1-855-900-5557

## **Summary**

The December 28, 2016 notice of eligibility redetermination is MODIFIED to state that you are eligible to receive up to \$299.00 in APTC per month, effective January 1, 2017.

The December 28, 2016 notice of enrollment confirmation is MODIFIED to state that your enrollment in your BlueShield of Northeastern New York gold level qualified health plan is effective January 1, 2017.

Your case is RETURNED to NYSOH to enroll you into your BlueShield of Northeastern New York gold level qualified health plan and apply your APTC of up to \$299.00 per month, effective January 1, 2017.

Your enrollment in your qualified health plan, and your eligibility for APTC should have begun as of January 1, 2017.

You will be responsible for any premiums associated with this coverage.

## **Legal Authority**

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

**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।

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## **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.

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