



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

Notice of Decision

Decision Date: May 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014523

[REDACTED]

Dear [REDACTED]

On March 30, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 3, 2017 eligibility determination notice and January 27, 2017 enrollment 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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Decision

Decision Date: May 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014523



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 the application of advance payments of the premium tax credit was effective no earlier than February 1, 2017?

Did NYSOH properly determine that your Essential Plan coverage could begin no earlier than March 1, 2016?

Procedural History

On December 13, 2016, NYSOH received an update to your application for health insurance, in which you attested to an annual household income of \$74,960.00

On December 14, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a qualified health plan (QHP) at full cost, effective January 1, 2017.

Also on December 14, 2016, NYSOH issued an enrollment notice confirming your selection of a QHP as of December 13, 2016, with a monthly premium responsibility of \$535.92. The notice confirmed that your QHP coverage would begin effective January 1, 2017.

On January 2, 2017, NYSOH received a further update to your application for health insurance. This application reflected a decrease in your annual household

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income to \$45,284.05. In response to this application, NYSOH prepared a preliminary eligibility determination stating that you were eligible for an advance premium tax credit (APTC) of up to \$107.00 per month, effective February 1, 2017.

Also on January 2, 2017, you spoke to NYSOH's Account Review Unit and appealed the preliminary eligibility determination insofar as it began your APTC on February 1, 2017, and not January 1, 2017.

On January 3, 2017, NYSOH issued an eligibility redetermination notice based on the information contained in your January 2, 2017 application. The notice stated that you were eligible to receive an APTC of up to \$107.00 per month. This eligibility was effective February 1, 2017.

Also on January 3, 2017, NYSOH issued an enrollment notice confirming your enrollment in a QHP with a monthly premium responsibility of \$428.92, after your APTC of \$107.00 was applied, effective February 1, 2017.

On January 26, 2017, NYSOH received a further updated to your application for health insurance.

On January 27, 2017, NYSOH issued an eligibility redetermination notice stating that you were eligible to enroll in the Essential Plan with a \$20.00 premium for a limited time. Your eligibility for the Essential Plan was conditional pending receipt of income documentation by April 26, 2017. This eligibility determination was effective March 1, 2016.

Also on January 27, 2017, NYSOH issued an enrollment notice confirming your selection of an Essential Plan as of January 26, 2017. The notice stated that your Essential Plan coverage would begin effective March 1, 2017.

On March 30, 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) You submitted an application to NYSOH for financial assistance on December 14, 2016. You were found eligible to enroll in a QHP at full cost, effective January 1, 2017.
- 2) You testified, and your application reflects, that you selected a qualified health plan on December 14, 2016.

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- 3) Your enrollment in the QHP became effective January 1, 2017.
- 4) You testified, and your application reflects, that you revised your income on January 2, 2017 to show that your anticipated annual income from your employment with [REDACTED] was seasonal in nature and less than what was reflected in your December 13, 2016 application.
- 5) Your account reflects that you were found eligible for an APTC of up to \$107.00 as of February 1, 2017. Your premium amount due in connection with your QHP enrollment was reduced by \$107.00, effective February 1, 2017.
- 6) You further revised your application on January 26, 2016 and were found eligible to enroll in an Essential Plan with a \$20.00 monthly premium.
- 7) You enrolled in an Essential Plan on that January 26, 2016.
- 8) You testified that you were seeking to have your APTC applied to the month of January 2017, and a review of whether your Essential Plan coverage should have begun 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

Redetermination During a Benefit Year

Any change resulting from redeterminations during a benefit year generally are made effective the first day of the month following the date of the notice of redetermination, except that redeterminations resulting from changes made after a date specified by the state, which can be no earlier than the 15th of the month, may not be made effective until the first day of the month after the month following the date of the notice of redetermination. (45 CFR § 155.330(f)(1) and (2). New York has specified that changes made after the 15th of a given month will take effect the month after the following month.

However, upon making an eligibility redetermination, NYSOH must notify the applicant and implement any changes in eligibility to advance payments of the premium tax credit (APTC) effective as of the first day of the month following the date of the notice, regardless of whether this occurred before or after the fifteenth of the month (45 CFR § 155.310(f), 45 CFR § 155.330(e), (f)(1)(i)).

Additionally, when an eligibility redetermination results in a change in the amount of 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)).

Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

The effective date of coverage by an Essential 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); see also 42 CFR § 600.320). 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 first issue under review is whether NYSOH properly determined that the application of APTC was effective no earlier than February 1, 2017.

The record reflects that you were found eligible for and enrolled in a QHP at full cost, effective January 1, 2017.

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The record further reflects that on January 2, 2017 you updated the information in your NYSOH account. Because of this update to your application, you were found eligible for an APTC of up to \$107.00 per month, and that APTC would be applied to your monthly premium effective February 1, 2017.

When an individual changes information in their application on or before the 15th of any month, NYSOH must generally make the redetermination that results from the change effective the first day of the following month, any changes to APTC must be implemented the first of the following month, regardless of whether the change occurred before or after the fifteenth of the month.

Therefore, NYSOH's January 3, 2017 eligibility determination notice is **AFFIRMED** because it properly began your APTC on February 1, 2017.

The second issue is whether NYSOH properly determined that your enrollment in the Essential Plan was effective no earlier than March 1, 2017.

You testified, and your account confirms, that you updated your NYSOH application on January 26, 2017. As a result, you were found eligible for the Essential Plan as of January 26, 2017 and you selected a plan that day.

The date on which enrollment in an Essential 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 the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

On January 26, 2017, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following January 2017; that is, on March 1, 2017.

Therefore, the January 27, 2017 enrollment notice stating that your enrollment in the Essential Plan was effective March 1, 2017, is correct and must be **AFFIRMED**.

Decision

The January 3, 2017 eligibility determination notice is **AFFIRMED**.

The January 27, 2017 enrollment notice is **AFFIRMED**.

Effective Date of this Decision: May 12, 2017

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).

How this Decision Affects Your Eligibility

Your eligibility for APTC began as of February 1, 2017, and ended effective February 28, 2017.

Your eligibility for the Essential Plan began effective March 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
- 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 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).

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 3, 2017 eligibility determination notice is AFFIRMED.

The January 27, 2017 enrollment notice is AFFIRMED.

Your eligibility for APTC began as of February 1, 2017, and ended effective February 28, 2017.

Your eligibility for the Essential Plan began effective March 1, 2017.

Legal Authority

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

A Copy of this Decision Has Been Provided To:



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&btumi 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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