



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

Notice of Decision

Decision Date: April 04, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014665

[REDACTED]

Dear [REDACTED],

On March 30, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 10, 2017 eligibility determination and 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: April 04, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014665



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, and your spouse's, enrollment in a qualified health plan (QHP) and the application of advance payments of the premium tax credit (APTC) were effective no earlier than February 1, 2017?

Procedural History

On October 19, 2016, NY State of Health (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 and your spouse would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2016, or you might lose the financial assistance you were currently receiving.

No updates were made to your account by December 15, 2016.

On December 19, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were newly eligible to purchase a QHP at full cost, effective January 1, 2017. The notice further stated that you and your spouse were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame.

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On January 4, 2017, NYSOH received your updated application for health insurance.

On January 5, 2017, NYSOH issued a notice of eligibility redetermination stating that you and your spouse were eligible to enroll in the Essential Plan with a \$0.00 monthly premium, effective February 1, 2017.

Also on January 5, 2017, NYSOH issued a notice of enrollment confirmation, confirming your, and your spouse's, enrollment in an Essential Plan as of February 1, 2017.

On January 6, 2017, you spoke to NYSOH's Account Review Unit and appealed the January 5, 2017 eligibility determination and enrollment confirmation notices, insofar as they began your, and your spouse's, financial assistance eligibility and enrollment in the Essential Plan on February 1, 2017, and not January 1, 2017.

On January 9, 2017, you updated your NYSOH account.

On January 10, 2017, NYSOH issued a notice of eligibility redetermination stating that you and your spouse were eligible to receive up to \$578.00 per month in APTC. This eligibility was effective February 1, 2017.

Also on January 10, 2017, NYSOH issued a letter confirming your, and your spouse's, enrollment in a QHP with a monthly premium responsibility of \$261.76, after your APTC of \$578.00 was applied, effective February 1, 2017.

On March 30, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, the issue was modified in that you were now appealing the start date of your APTC and QHP enrollment, since your eligibility had changed after you filed your appeal. 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) Your NYSOH account indicates that you were enrolled to receive email alerts regarding notices issued in your NYSOH account.
- 2) You testified that you were not aware that you were enrolled to receive emails from NYSOH until you were informed by a NYSOH representative in January 2017.
- 3) You testified that you do not recall ever receiving any emails from NYSOH for any reason.
- 4) You testified that the email address NYSOH had on file for you was one that you stopped using in February 2016 when you lost access to it.
- 5) You testified that you did not receive any email alerts regarding any renewal notice in your NYSOH account telling you that you needed to update your application in order to renew your eligibility.
- 6) You testified that you also did not receive the October 19, 2016 renewal notice by regular mail.
- 7) You testified that you did not know that you needed to update your account until you realized that you had not received a bill for your January 2017 premium, so you called your health plan.
- 8) You testified that your health plan told you that your coverage had been voluntarily terminated, so you called NYSOH and were told that you had not responded to a renewal notice.
- 9) You testified that you immediately updated your application.
- 10) Your NYSOH account reflects that your application was updated on January 4, 2017.
- 11) You testified that you had made a mistake when you provided your income, so you updated the application again on January 9, 2017, which resulted in a finding that you and your spouse were eligible for APTC.
- 12) Notes entered by a NYSOH representative on January 4, 2017 in Incident [REDACTED] indicate that your communication preferences were changed from electronic to regular mail on that day, as you had

indicated to the NYSOH representative that you were unaware that you were enrolled to receive email alerts.

- 13) You testified that you are seeking for your APTC eligibility and QHP enrollment to begin as of January 1, 2017, as you are concerned about having any lapses in coverage.

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 an individual elects to receive 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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you, and your spouse's, enrollment in a QHP, and your eligibility for APTC, were effective February 1, 2017.

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 19, 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 and your spouse would qualify for financial help with paying for your health coverage. You were asked to update the information in your account by December 15, 2016, or the financial help you were receiving might end.

Because there was no timely response to this notice, your, and your spouse's, eligibility for financial assistance, and your enrollment in a QHP, was terminated, effective December 31, 2016.

However, the record reflects that you were previously enrolled to receive alerts regarding notices from NYSOH by email. You credibly testified that you did not know that you were enrolled to receive email alerts, and that the email address NYSOH had on file was one you had not even had access to since February of 2016. You testified that you therefore did not receive an email alert regarding the renewal notice, which directed you to update the information in your NYSOH account. You further testified that you do not recall ever receiving an email from NYSOH in the past, either. There is no evidence in your account documenting that any email alert was sent to you regarding the renewal notice or the need to renew your application.

Therefore, it is concluded that NYSOH did not give you the proper notice that you needed to update your account.

You first renewed your eligibility for financial assistance through NYSOH for 2017 (with the correct income information) on January 9, 2017, and therefore we must assume that this is the information that would have been used had you been timely informed of the need to update your account, as stated in the renewal notice.

Therefore, the January 10, 2017 notice of eligibility redetermination is MODIFIED to state that, effective January 1, 2017, you and your spouse are eligible to

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receive up to \$578.00 in APTC per month, and the January 10, 2017 notice of enrollment confirmation is MODIFIED to state that your, and your spouse's, enrollment in your QHP began on January 1, 2017.

Decision

The January 10, 2017 notice of eligibility redetermination is MODIFIED to state that, effective January 1, 2017, you and your spouse are eligible to receive up to \$578.00 in APTC per month.

The January 10, 2017 notice of enrollment confirmation is MODIFIED to state that your, and your spouse's, enrollment in your QHP began on January 1, 2017.

Your case is RETURNED to NYSOH to effectuate the changes listed above.

Effective Date of this Decision: April 04, 2017

How this Decision Affects Your Eligibility

Your, and your spouse's, enrollment in your QHP, 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.

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 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 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
- By fax: 1-855-900-5557

Summary

The January 10, 2017 notice of eligibility redetermination is MODIFIED to state that, effective January 1, 2017, you and your spouse are eligible to receive up to \$578.00 in APTC per month.

The January 10, 2017 notice of enrollment confirmation is MODIFIED to state that your, and your spouse's, enrollment in your QHP began on January 1, 2017.

Your case is RETURNED to NYSOH to effectuate the changes listed above.

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).

Your, and your spouse's, enrollment in your QHP, 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.

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&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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