



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

## Notice of Decision

Decision Date: April 14, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014740

[REDACTED]

Dear [REDACTED]

On April 4, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 25, 2016 plan disenrollment notice and the January 11, 2017 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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## Decision

Decision Date: April 14, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014740

[REDACTED]

## Issues

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

Did NY State of Health properly determine that you were disenrolled from your bronze level qualified health plan, effective December 31, 2016?

Did NY State of Health properly determine that your enrollment in a silver level qualified health plan, as well as the application of advance premium tax credits (APTC), was effective February 1, 2017?

## Procedural History

On October 14, 2016, NY State of Health (NYSOH) received your application seeking financial assistance for health insurance.

On October 15, 2016, NYSOH issued an eligibility determination stating that you were eligible for a tax credit of up to \$46.00 per month to help pay for your health coverage. This eligibility was effective November 1, 2016.

Also on October 15, 2016, NYSOH issued a plan enrollment notice confirming your enrollment in a bronze level qualified health plan with a monthly premium responsibility of \$389.02, after your APTC of \$46.00 was applied, effective November 1, 2016.

On November 13, 2016, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. This notice stated that you qualified for a tax credit up to \$133.49 per month to help pay for your health

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coverage. This eligibility was effective January 1, 2017. That notice also directed you to log on between November 16, 2016 and December 15, 2016 to pick a new plan for enrollment to continue your coverage.

On November 25, 2016, NYSOH issued a plan disenrollment notice stating your coverage with your qualified health plan would end effective December 31, 2016 because you had moved to another county. It further directed you to log in to your account and pick a new plan for enrollment.

On January 10, 2017, with the assistance of a NYSOH representative, you enrolled in a qualified health plan with a monthly premium responsibility of \$441.76, after your APTC of \$133.49 was applied, effective February 1, 2017.

Also on January 10, 2017, you spoke to the NYSOH's Account Review Unit and appealed your disenrollment from a qualified health plan for the month of January 2017.

On January 11, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in a silver level qualified health plan with a monthly premium responsibility of \$441.76, after your APTC of \$133.49 was applied, effective February 1, 2017.

On April 4, 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 testified that you previously received all your notices from NYSOH by regular U.S. mail.
- 2) You testified that you received help creating your NYSOH account from a Broker employed with [REDACTED]
- 3) Your NYSOH account reflects that when you updated your account on October 14, 2016 you elected automatic renewal of coverage for five years.
- 4) You testified that you do not recall receiving any notices regarding having to pick a new qualified health plan to continue your coverage.

- 5) You testified that when you selected a plan on October 15, 2016, you signed up to have your monthly premium payments paid through automatic bank withdrawals.
- 6) You testified that you had to pay your November 2016 premium amount manually to your qualified health plan, but that you thought after November 2016 all monthly premium amounts would be directly withdrawn from your bank account.
- 7) You testified that your qualified health plan sent you a billing statement for the month of December 2016 stating that you had not paid your monthly premium amount.
- 8) You testified that you did not timely pay the bill received in December 2016 from your qualified health plan because you had issues with your automatic bank withdrawals.
- 9) You testified that your qualified health plan told you they had canceled your enrollment for nonpayment.
- 10) You testified that you called your qualified health plan and your broker from [REDACTED] after receiving the billing statement from your qualified health plan multiple times in December 2016.
- 11) You testified, and the record reflects, that you did not contact NYSOH until January 10, 2017.
- 12) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 13) You testified, and the record reflects, that you spoke with a NYSOH representative on January 10, 2017. That day you also enrolled into a qualified health plan.
- 14) You testified, and the record reflects, that you had been enrolled in a bronze level qualified health plan from November 1, 2016 to December 31, 2016.
- 15) You testified, and the record reflects, that you enrolled in a silver level qualified health plan for your 2017 enrollment.
- 16) You testified that you are seeking enrollment in your bronze level qualified health plan for 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 information and 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.

### 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)).

### 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)).

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## 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)).

## Appealable Issues

An applicant has the right to appeal to the Appeals Unit of NYSOH: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination; and (5) the denial of a request for a special enrollment period (45 CFR § 155.505, 45 CFR § 155.420(d)).

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH (45 CFR § 155.520(b)(2); 18 NYCRR § 358-3.5(b)(1)).

## **Legal Analysis**

The first issue under review is whether NYSOH properly determined that you were disenrolled from your bronze level qualified health plan, effective December 31, 2016.

On October 14, 2016, you enrolled in a bronze level qualified health plan which was effective November 1, 2016.

On November 13, 2016, NYSOH issued an annual renewal notice. This notice stated that you qualified for a tax credit up to \$133.49 per month to help pay for your health coverage. This eligibility was effective January 1, 2017.

On November 25, 2016, NYSOH issued a disenrollment notice stating that your coverage with your bronze level qualified health plan would end on December 31, 2016 because you had moved counties.

NYSOH must re-determine 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

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determination for the upcoming coverage year based on the information contained in the renewal notice.

Generally, at the time of the annual renewal if 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 were enrolled in a bronze level qualified health plan as of November 1, 2016. Furthermore, your NYSOH account indicates that in the application you filed on October 14, 2016 you elected to have automatic renewal of your health coverage. You further testified that you had not moved counties since your initial application for financial assistance with NYSOH. As a result, NYSOH should have reenrolled you in your bronze level qualified health plan as of January 1, 2017. However, you testified that you were disenrolled from your bronze level qualified health plan for nonpayment of your monthly premium.

While the reasoning on the November 25, 2016 disenrollment notice was improper, nonpayment of a monthly premium is a valid reason for disenrollment from your qualified health plan. As a result, you were also ineligible for automatic reenrollment through NYSOH.

Therefore, NYSOH's November 25, 2016 disenrollment notice is **AFFIRMED**.

The second issue under review is whether NYSOH properly determine that your enrollment in a silver level qualified health plan, as well as the application of your APTC, was 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.

On January 10, 2017, you selected a silver level qualified health plan for enrollment, so it must take effect on the first day of the following month after January 2017; that is, on February 1, 2017.

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

Since you selected a qualified health plan for enrollment on January 10, 2017, any changes in APTC should have been made effective as of February 1, 2017.

Therefore, NYSOH's January 11, 2017 plan enrollment notice is correct, and must be **AFFIRMED**.

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).



## **Decision**

The November 25, 2016 disenrollment notice is AFFIRMED.

The January 11, 2017 plan enrollment notice is AFFIRMED.

**Effective Date of this Decision:** April 14, 2017

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

This decision does not change your eligibility.

Your disenrollment from your bronze level qualified health plan properly ended effective December 31, 2016.

Your enrollment in your silver level qualified health plan, and your eligibility for APTC properly began as of February 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:

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).

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 November 25, 2016 disenrollment notice is AFFIRMED.

The January 11, 2017 plan enrollment notice is AFFIRMED.

This decision does not change your eligibility.

Your disenrollment from your bronze level qualified health plan properly ended effective December 31, 2016.

Your enrollment in your silver level qualified health plan, and your eligibility for APTC properly began as of February 1, 2017.

### **Legal Authority**

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

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**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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