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: AP000000014755

[redacted]

Dear [redacted],

On March 30, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 11, 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 05, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000014755

[redacted]

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 daughter'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 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 and your daughter 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 daughter were newly eligible to purchase a QHP at full cost, effective January 1, 2017. The notice further stated that you and your daughter 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.

On January 10, 2017, NYSOH received your updated application for health insurance. That day, NYSOH prepared a preliminary eligibility determination stating that you and your daughter were eligible to receive up to $474.00 per month in APTC, effective February 1, 2017.

Also on January 10, 2017, you spoke to NYSOH's Account Review Unit and appealed the preliminary eligibility determination, insofar as it began your eligibility for financial assistance and for enrollment in a QHP on February 1, 2017, and not January 1, 2017.

On January 11, 2017, NYSOH issued a notice of eligibility redetermination stating that you and your daughter were eligible to receive up to $474.00 per month in APTC, effective February 1, 2017.

Also on January 11, 2017, NYSOH issued a letter confirming your, and your daughter's, enrollment in a QHP with a monthly premium responsibility of $879.12, after your APTC of $474.00 was applied, beginning February 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) Your NYSOH account reflects that you are currently enrolled to receive notices from NYSOH by regular mail.

2) You testified that you did not receive any notice from NYSOH informing you that you needed to update your application in order to renew your eligibility.

3) You testified that you have a chronic illness and were in the hospital from December 29, 2016 through January 2, 2017.

4) You testified that found out shortly after you were released from the hospital that your insurance coverage had lapsed.

5) You testified that you called both your health plan and NYSOH, and that it took a long time to find out what caused your coverage to end.

6) You testified that a NYSOH representative told you that you had not responded to the renewal notice, they also told you that they had sent you an email alert regarding the notice.

7) You testified that you immediately updated your application once you found out that your coverage had ended, and your NYSOH account reflects that your updated application was received on January 10, 2017.

8) You testified that you did not recall ever asking NYSOH to send you email alerts, and that you do not believe you have ever received any emails from NYSOH.

9) You testified that you did not receive an email alert regarding the October 20, 2016 renewal notice.

10) You testified that, when you found out NYSOH was sending you emails, you asked the NYSOH representative to change your preferences to regular mail communication.

11) You testified that you asked your health plan if they would give you January 2017 coverage if you paid the full premium amount, and that they refused.

12) You testified that you are seeking reinstatement in your QHP as of January 1, 2017, as you have costly unpaid hospital bills from that time.

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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your, and your daughter'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 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 and your daughter 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 daughter's, eligibility for financial assistance, and your enrollment in a QHP, was terminated effective December 31, 2016.

However, you testified that you never received a renewal notice in the mail from NYSOH. You further credibly testified that, when you contacted NYSOH after

discovering that your coverage was not active, you were told that you had received an email alert regarding the October 20, 2016 renewal notice. You testified that you did not recall ever asking to receive emails from NYSOH, nor did you recall ever receiving emails from NYSOH, including any email regarding the October 20, 2016 renewal notice. Additionally, your NYSOH account reflects only that you are currently enrolled to receive notices by regular mail, and does not indicate that you ever requested email notifications in the past. 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 on January 10, 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 11, 2017 notice of eligibility redetermination is MODIFIED to state that, effective January 1, 2017, you and your daughter are eligible to receive up to $474.00 in APTC per month, and the January 11, 2017 notice of enrollment confirmation is MODIFIED to state that your, and your daughter's, enrollment in your QHP is effective January 1, 2017.

Decision

The January 1, 2017 notice of eligibility redetermination is MODIFIED to state that, effective January 1, 2017, you and your daughter are eligible to receive up to $474.00 in APTC per month.

The January 11, 2017 notice of enrollment confirmation is MODIFIED to state that your, and your daughter'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 05, 2017

How this Decision Affects Your Eligibility

Your, and your daughter's, 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 are responsible for premium payments for the month of January 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 1, 2017 notice of eligibility redetermination is MODIFIED to state that, effective January 1, 2017, you and your daughter are eligible to receive up to $474.00 in APTC per month.

The January 11, 2017 notice of enrollment confirmation is MODIFIED to state that your, and your daughter's, enrollment in your QHP began on January 1, 2017.

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

Your, and your daughter's, 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 are responsible for premium payments for the month of January 2017.

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。我们可以为您免费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 مجانًا.

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 महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई नि:शुल्क 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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).