



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

Notice of Decision

Decision Date: April 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014763

[REDACTED]

Dear [REDACTED]

On April 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 2, 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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Decision

Decision Date: April 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014763



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 a qualified health plan (QHP), as well as the application of advance premium tax credits (APTC), was effective January 1, 2017?

Procedural History

On October 10, 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, you now qualified for up to \$176.63 per month in APTC, and for cost-sharing reductions, effective December 1, 2016. The notice further stated that, if you needed to make any changes to the information in your account, you needed to do so between October 16, 2016 and November 15, 2016 for them to take effect December 1, 2016. It also stated that you needed to select a new health plan between October 16, 2016 and November 15, 2016 for that plan to be effective December 1, 2016.

On November 1, 2016, you updated your NYSOH account and selected a QHP for enrollment.

On November 2, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to receive up to \$216.00 per month in APTC, effective January 1, 2017.

Also on November 2, 2016, NYSOH issued a notice of enrollment confirmation confirming your enrollment in a silver-level QHP, with a monthly premium of \$237.55 after the application of your APTC, beginning January 1, 2017.

On January 10, 2017, you spoke to NYSOH's Account Review Unit and appealed the November 2, 2016 enrollment confirmation notice, insofar as it began your enrollment in your QHP as of January 1, 2017, and not December 1, 2016.

On April 10, 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 support the following findings of fact:

- 1) You testified that you updated your account on November 1, 2016 because you had received the October 10, 2016 renewal notice and wanted to make sure that your coverage continued.
- 2) You testified that, when you updated your account on November 1, 2016, you were trying to enroll in coverage beginning December 1, 2016, as your current coverage was ending as of November 30, 2016.
- 3) Your NYSOH account reflects that, when you updated your account on November 1, 2016, a year preference of 2017 was chosen.
- 4) You testified that you do not recall being asked whether you were updating your account for 2016 or 2017.
- 5) You testified that you went to the doctor in December 2016 and were told by the doctor's office that your insurance was not active.
- 6) You testified that, while you were waiting to see the doctor, you called NYSOH to find out why you did not have coverage.
- 7) You testified that you spoke with someone from NYSOH who told you that your coverage was active. You testified that you asked the NYSOH representative if they were one hundred percent sure that your coverage was active, and that the NYSOH representative responded, "Yes. If I tell you you're covered, you're covered."
- 8) You testified that you did not know that you did not have coverage in December 2016 until you received a bill for that doctor's appointment for \$600.00.

9) You testified that you have already filed your 2016 tax return.

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.

Redetermination During a Benefit Year

Any change resulting from redeterminations during a benefit year should be 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.

End of Tax Year Reconciliation

At the end of a tax year, a person who elects to take APTC to help pay for the cost of an insurance premium must file a tax return to reconcile any differences

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between the amount of income the person reported to NYSOH and their actual gross income for that year. A person who received less tax credit than her maximum entitlement, based on gross income, may receive an income tax refund, or owe less in taxes. A person who received more tax credit than his maximum entitlement, based on gross income, will owe the excess as an additional income tax liability (26 CFR § 1.36B-4).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in a QHP, with the application of APTC, was effective January 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 10, 2016, NYSOH issued an annual renewal notice in your case. That notice stated that based on information from federal and state sources, you were eligible to receive up to \$176.33 per month in APTC, effective December 1, 2016. The notice told you to update your account between October 16, 2016 and November 15, 2016 if there were any changes that you needed to report, and to select a plan between October 16, 2016 and November 15, 2016 to have coverage as of December 1, 2016.

You testified that you received this notice, and that it was the reason you logged into your NYSOH account on November 1, 2016 and updated your application. You testified that, when you updated your account on November 1, 2016, it was your understanding that you were doing so to have coverage start on December 1, 2016, and that it was also your understanding that you were selecting a plan for December 2016. Your NYSOH account reflects that the November 1, 2016 application update indicated a "year preference" of 2017; however, you testified that you do not recall being asked to select a year when you updated your application.

When an individual changes information in their application on or before the 15th of any month, NYSOH must make the redetermination that results from the change effective the first day of the following month. Additionally, 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 an including the fifteenth day of a month goes into effect on the first day of the following month.

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Since you had received the October 10, 2016 renewal notice stating that you were eligible for APTC beginning December 1, 2016, and since you logged into and updated your NYSOH account within the timeframe provided for in the renewal notice, it was reasonable for you to believe that your November 1, 2016 account updates and plan selection would go into effect December 1, 2016.

Therefore, NYSOH's November 2, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in a QHP, with the application of the APTC amount stated in the renewal notice, was effective December 1, 2016.

Your case is RETURNED to NYSOH to provide you with the opportunity to enroll in a QHP for the month of December 2016, should you choose to do so.

Decision

The November 2, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in a QHP was effective December 1, 2016.

Your case is RETURNED to NYSOH to facilitate your enrollment in a QHP for the month of December 2016, should you choose to enroll in a plan.

Effective Date of this Decision: April 27, 2017

How this Decision Affects Your Eligibility

Your enrollment in your QHP, with the application of the APTC amount stated in the October 10, 2016 renewal notice, should have started on December 1, 2016.

Your case is being sent back to NYSOH to assist you in enrolling in a QHP for the month of December 2016, should you choose to enroll in a plan.

Any APTC you receive for 2016 will have to be reconciled on your 2016 tax return.

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.

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).

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
- By fax: 1-855-900-5557

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Summary

The November 2, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in a QHP was effective December 1, 2016.

Your case is RETURNED to NYSOH to facilitate your enrollment in a QHP for the month of December 2016, should you choose to enroll in a plan.

Your enrollment in your QHP, with the application of the APTC amount stated in the October 10, 2016 renewal notice, should have started on December 1, 2016.

Your case is being sent back to NYSOH to assist you in enrolling in a QHP for the month of December 2016, should you choose to enroll in a plan.

Any APTC you receive for 2016 will have to be reconciled on your 2016 tax return.

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 okyerε 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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