



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

**Notice of Decision**

Decision Date: May 16, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014788

[REDACTED]

Dear [REDACTED],

On April 5, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health’s November 27, 2016 disenrollment notice and the January 12, 2017 eligibility determination and enrollment 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.

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## Decision

Decision Date: May 16, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014788



## 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 ended effective December 31, 2016?

Did NYSOH properly determine that you enrolled in a bronze-level qualified health plan, effective February 1, 2017?

## Procedural History

On September 10, 2016, NYSOH issued an eligibility determination notice, based on the information contained in the September 9, 2016 application. The notice stated that you were conditionally eligible to receive up to \$115.00 per month in advance payments of the premium tax credit (APTC), effective October 1, 2016. The notice also stated that your eligibility was conditional pending receipt of income documentation by December 8, 2016. Finally, the notice stated that failure to provide the requested documentation by the due date could result in loss of insurance or less help paying for your coverage.

Also on September 10, 2016, NYSOH issued an enrollment notice confirming your selection of a gold-level qualified health plan (QHP) as of September 9, 2016. The notice stated that your gold-level QHP coverage would begin effective September 1, 2016.

On October 15, 2016, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that, based

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on information from federal and state sources, NYSOH could not determine whether you 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.

On November 27, 2016, NYSOH issued a disenrollment notice stating that your gold-level QHP coverage would end effective December 31, 2016, because you were no longer eligible to enroll in that plan. You were directed to select a new plan.

On December 1, 2016, NYSOH received an update to your application for health insurance.

On December 2, 2016, NYSOH issued an eligibility determination notice based on the information contained in the December 1, 2016 application update. The notice stated that you were conditionally eligible to receive up to \$184.00 per month in APTC, effective January 1, 2017. The notice also stated that your eligibility was conditional pending receipt of income documentation by December 8, 2016. Finally, the notice stated that failure to provide the requested documentation by the due date could result in loss of insurance or less help paying for your coverage. You were also directed to select a plan.

On December 29, 2016, NYSOH redetermined your eligibility based on the information contained in your account as of that date.

On December 30, 2016, NYSOH issued an eligibility determination notice stating that you 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. You were, however, eligible to enroll in a QHP at full cost. This was because you had not responded to the request for proof of your household income by the required timeframe. You were again directed to select a plan.

On January 11, 2017, NYSOH received an update to your application for health insurance. In response to this application, NYSOH prepared a preliminary eligibility determination notice, stating that you were eligible for an APTC of up to \$184.00 per month, effective February 1, 2017.

Also on January 11, 2017, you spoke to NYSOH's Account Review Unit and appealed your disenrollment from coverage effective December 31, 2016, as well as your reenrollment start date of February 1, 2017 in a bronze-level QHP, rather than a gold-level QHP.

On January 12, 2017, NYSOH issued an eligibility determination notice based on the information contained in the January 11, 2017 application update. The notice stated that you were conditionally eligible to receive an APTC of up to \$184.00 per month, effective January 1, 2017. The notice also stated that your eligibility

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was conditional pending receipt of income documentation by April 11, 2017. Finally, the notice stated that failure to provide the requested documentation by the due date could result in loss of insurance or less help paying for your coverage.

Also on January 12, 2017, NYSOH issued an enrollment notice confirming your selection of a bronze-level QHP as of January 11, 2017. The notice state that your bronze-level QHP coverage would begin effective February 1, 2017.

On April 5, 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, and your account indicates, that you receive your notices from NYSOH by regular mail.
- 2) You testified that you did not recall receiving any notices stating that your eligibility was only conditional and that you needed to provide documentation of your household's income.
- 3) No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable.
- 4) You testified that you did not know that you needed to submit documentation or update your application until you contacted NYSOH after having been denied coverage when you attempted to refill prescriptions during month of January 2017.
- 5) Your application reflects that you elected not to have an automatic renewal of your coverage.
- 6) You testified that the October 15, 2016 renewal notice does not state that your coverage would end, but rather that your financial assistance might end.
- 7) Your NYSOH account reflects that you updated your account on December 1, 2016, and were found eligible for an APTC of up to \$184.00, effective January 1, 2017; however, your eligibility was conditional pending receipt of income documentation by December 8, 2016.

- 8) Your NYSOH account reflects that you did not submit income documentation to NYSOH by December 8, 2016.
- 9) Your NYSOH account indicates that on December 29, 2016, your application was run and you were found no longer eligible for APTC as of February 1, 2017.
- 10) You updated the income information in your NYSOH account on January 11, 2017.
- 11) You testified that you are seeking reinstatement of your QHP coverage and APTC of \$184.00 as of January 1, 2017. You further testified that you were seeking for your gold-level QHP to begin effective January 1, 2017.
- 12) You testified that the NYSOH representative erroneously selected a bronze-level plan for your coverage on January 11, 2017. You further testified that you requested that you be reenrolled in the same plan as you had during 2016, which was the gold-level plan.

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

When an eligibility redetermination results in a change in the amount of advance payments of the premium tax credit (APTC) for a part of the benefit year, NYSOH must recalculate the amount of APTC in such a manner as to account for any advance payments already made (or not 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 the overall benefit year (45 CFR § 155.330(g)).

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, regardless of whether this occurred before or after the 15<sup>th</sup> of the month (45 CFR § 155.310(f), 45 CFR § 155.330(e), (f)(1)(i)).

## **Legal Analysis**

The first issue under review is whether NYSOH properly determined that your enrollment in your QHP, as well as the application of advance premium tax credits, ended effective December 31, 2016.

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 15, 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 determine whether you 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.

The record reflects that you updated your account on December 1, 2016, and were found conditionally eligible for an APTC of up to \$184.00 per month, effective January 1, 2017. Your eligibility was conditional pending receipt of additional income documentation by December 8, 2016.

The record further reflects that you were notified in a disenrollment notice issued November 27, 2016, stating that your QHP coverage would end effective December 31, 2016.

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You testified that you did not receive the disenrollment notice; however, the record also reflects you elected to receive all NYSOH notices through regular mail, and no notices were returned to NYSOH as undeliverable.

Therefore, we must conclude that the disenrollment notice as well as other notices stating that your financial assistance and coverage would end effective December 31, 2016 were properly sent to you.

Furthermore, the record reflects that NYSOH issued an additional eligibility determination notice to you on December 3, 2016, stating that you were conditionally eligible for APTC, provided you submitted income documentation by December 8, 2016. This notice cautioned you that if you missed the due date, you may lose your insurance or receive less help paying for your coverage. No income documents were received by you before the deadline.

Accordingly, NYSOH provided sufficient notice and acted properly in disenrolling you from your coverage, as well as ending your financial assistance as of December 31, 2016.

Therefore, the November 27, 2016 disenrollment notice is AFFIRMED.

The second issue is whether NYSOH properly determined that you enrolled in a bronze-level qualified health plan, effective February 1, 2017.

You testified that the NYSOH representative erroneously selected a bronze-level plan when you updated your account on January 11, 2017. You further testified that you requested that you be enrolled in the same plan as you had during 2016, which was the gold-level plan. You further requested that your gold-level QHP enrollment begin effective January 1, 2017, rather than February 1, 2017.

Once your gold-level QHP coverage ended, you were required to select a new plan for your coverage. The credible evidence of record reflects that, with the assistance of NYSOH representative, you selected a bronze-level QHP for your coverage on January 11, 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.

Therefore, NYSOH's January 12, 2017 eligibility determination notice and enrollment notice are AFFIRMED because they properly began your eligibility for and enrollment in your bronze-level QHP on February 1, 2017.



## **Decision**

The November 27, 2016 disenrollment notice is AFFIRMED.

The January 12, 2017 eligibility determination and enrollment notices are AFFIRMED.

**Effective Date of this Decision:** May 16, 2017

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

Your gold-level QHP coverage and financial assistance ended effective December 31, 2016.

Your bronze-level QHP coverage began effective 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:  
Health Insurance Marketplace  
Attn: Appeals  
465 Industrial Blvd.  
London, KY 40750-0061
- By fax: 1-877-369-0129

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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 27, 2016 disenrollment notice is AFFIRMED.

The January 12, 2017 eligibility determination and enrollment notices are AFFIRMED.

Your gold-level QHP coverage and financial assistance ended effective December 31, 2016.

Your bronze-level QHP coverage began effective February 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 مجاناً.

### **বাংলা (Bengali)**

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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।

### **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.

### **שׂוּדִישׁ (Yiddish)**

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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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