



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

Notice of Decision

Decision Date: June 16, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014799

[REDACTED]

Dear [REDACTED],

On June 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 5, 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.

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: June 16, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014799

[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 enrollment in a qualified health plan and the application of advance payments of the premium tax credit were both effective February 1, 2017?

Procedural History

On September 17, 2016, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a qualified health plan (QHP) at full cost, effective October 1, 2016.

Also on September 17, 2016, NYSOH issued an enrollment notice confirming that your QHP coverage had begun effective July 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 on information from federal and state sources, NYSOH could not determine whether you would qualify for financial help paying for your health coverage, and you needed to update your account between November 16, 2016 and December 15, 2016.

On October 18, 2016, NYSOH received an update to your application for health insurance.

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On October 19, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a QHP at full cost, effective December 1, 2016.

Also on October 19, 2016, NYSOH issued an enrollment notice confirming that your QHP coverage began effective July 1, 2016.

No further updates were made to your account between November 16, 2016 and December 15, 2016.

On November 27, 2016, NYSOH issued a disenrollment notice stating that your QHP coverage would end effective December 31, 2016.

On December 19, 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. However, you were found eligible to enroll in a QHP at full cost. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. This eligibility determination was effective January 1, 2017.

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

On January 5, 2017, NYSOH issued a notice of eligibility redetermination stating that you were eligible to receive up to \$199.00 per month in advance payments of the premium tax credit (APTC). This eligibility was effective February 1, 2017.

Also on January 5, 2017, NYSOH issued a letter confirming your enrollment in a qualified health plan with a monthly premium responsibility of \$475.41, after your APTC of \$199.00 was applied, effective February 1, 2017.

On January 12, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as it began your enrollment and financial assistance eligibility on February 1, 2017, and not January 1, 2017.

On June 8, 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) Your NYSOH account indicates that you receive notices from NYSOH by regular mail.

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- 2) You testified that you did receive the October 15, 2016 renewal notice. On the first page of this notice, you were advised to update your account between November 16, 2016 and December 15, 2016 for such coverage to take effect January 1, 2017.
- 3) You testified, and your NYSOH account reflects, that you updated the information in your NYSOH account on October 18, 2016. That day you also enrolled yourself into a QHP. You explained that you did not realize these changes would take effect on December 1, 2016, and effective for only one month, rather than for the entirety of 2017.
- 4) You testified, and your NYSOH account reflects, that you updated your NYSOH account again on January 4, 2017, and were told that your enrollment did not constitute a renewal because it was not done after the 15th of the month of November. You then re-enrolled into a QHP with the APTC being effective February 1, 2017.
- 5) Your NYSOH account reflects that your QHP enrollment was terminated effective December 31, 2016, and did not resume until February 1, 2017. Your NYSOH account also reflects that your APTC of \$199.00 per month did not begin until February 1, 2017.
- 6) You testified that you are seeking for both your QHP enrollment start date and the application of the APTC of \$199.00 per month begin no later than January 1, 2017.
- 7) You testified that you were seeking for your coverage to begin no later than January 1, 2017 since you incurred approximately \$1,400.00 in medical expenses associated with [REDACTED] that month.

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)).

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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.

For the benefit year beginning on January 1, 2017, the annual open enrollment period began on November 1, 2016, and extended through January 31, 2017 (45 CFR § 155.410(e)(2)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in a QHP as well as the application for APTC, was 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.

NYSOH issued an annual renewal notice on October 15, 2016. 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. On the first page of this notice, you were advised to update your account between November 16, 2016 and December 15, 2016 for your coverage to take effect January 1, 2017.

You testified that you did receive the October 15, 2016 renewal notice, and you updated the information in your NYSOH account on October 18, 2016. A determination notice and enrollment notice were issued reflecting an effective date of December 1, 2016. You testified that you did not realize the effective date of these changes were December 1, 2016, and not applicable for the remainder of the 2017 plan year.

When you updated your account on October 18, 2016, the system did not consider that you intended to update your account for the upcoming coverage

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year. You testified that you updated your account as soon as you received the renewal notice without realizing you had to wait for several weeks before updating your account.

Therefore, it is found that NYSOH properly notified you of the precise dates between which you should update your account, and that you updated your account too early for such an update to be considered for a renewal for coverage beginning January 1, 2017.

Because the record reflects that you subsequently updated your account on January 4, 2017, your QHP enrollment and application of APTC correctly took effect February 1, 2017.

Therefore, NYSOH's January 5, 2017 eligibility determination and enrollment notices finding eligible to receive an APTC of \$199.00 per month no earlier than February 1, 2017 is correct, and must be AFFIRMED.

Decision

The January 5, 2017 eligibility determination notice is AFFIRMED.

The January 5, 2017 enrollment notice is AFFIRMED.

Effective Date of this Decision: June 16, 2017

How this Decision Affects Your Eligibility

Your enrollment in your QHP, and your eligibility for APTC properly 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.

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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

Summary

The January 5, 2017 eligibility determination notice is AFFIRMED.

The January 5, 2017 enrollment notice is AFFIRMED.

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Your enrollment in your QHP, and your eligibility for APTC properly 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 مجانًا.

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&tumi 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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