



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

Notice of Decision

Decision Date: February 8, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015216

[REDACTED]

Dear [REDACTED],

On February 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 24, 2017 eligibility determination notice and the January 24, 2017 enrollment 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: February 8, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015216

[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 effective no earlier than March 1, 2017?

Procedural History

On January 24, 2017, NYSOH issued an eligibility redetermination notice stating that you were eligible to receive up to \$305.00 per month in advance payments of the premium tax credits (APTC) and, if you selected a silver-level qualified health plan (QHP), for cost-sharing reductions (CSR). This eligibility was effective March 1, 2017.

Also on January 24, 2017, NYSOH issued a letter confirming your enrollment in a QHP with a monthly premium responsibility of \$163.17, after your APTC of \$305.00 was applied, both effective March 1, 2017.

On January 26, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination and enrollment confirmation notices insofar as they began your financial assistance eligibility and enrollment in a qualified health plan on March 1, 2017, and not February 1, 2017.

On January 30, 2017, NYSOH received your request to have the hearing held on an expedited basis.

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On January 30, 2017 and February 3, 2017, NYSOH received letters issued by your doctor, [REDACTED], in support of your request for an expedited hearing.

On February 6, 2017, your request for an expedited hearing was approved.

On February 8, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit, in which you testified that you would waive the notice requirements to hold the hearing on an expedited basis. 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 Medicaid coverage ended effective November 30, 2016.
- 2) You submitted an application to NYSOH for financial assistance on January 23, 2017.
- 3) You testified, and the record reflects, that you selected a QHP on January 23, 2017.
- 4) Your enrollment in the plan became effective March 1, 2017.
- 5) You testified that you need your QHP and eligibility for financial assistance, including the \$305.00 per month of APTC, to begin on February 1, 2017 because you were seeking to refill prescriptions that were essential to you in connection with your diagnosis.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Redetermination During a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that its policy will be that any change made after the 15th of any month will not be effective until the first of the second following month (45 CFR § 155.330(f)(2)).

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When an eligibility redetermination results in a change in the amount of advance payments of the premium tax credit (APTC) for the benefit year, NYSOH must recalculate the amount of APTC in such a manner as to account for any advance payments already 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 that benefit year (45 CFR § 155.330(g)).

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)).

Legal Analysis

The issue under review is whether NYSOH properly determine that your enrollment in a QHP, as well as the application of APTC, was effective no earlier than March 1, 2017.

The record reflects that your Medicaid coverage had been terminated effective November 30, 2016.

The record shows that on January 23, 2017, you updated the information in your NYSOH account and submitted a request to enroll in a QHP. On January 24, 2017, NYSOH issued an enrollment notice stating that your enrollment in your QHP was effective March 1, 2017 and that APTC would be applied to your monthly premium effective March 1, 2017.

When an individual changes information in their application on the 16th to the last day of any month, NYSOH must make the redetermination that results from the change effective the first day of the second 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 16th day to and including last day of a month goes into effect on the first day of the second following month.

Therefore, NYSOH's January 24, 2017 eligibility determination notice and enrollment notice are **AFFIRMED** because it properly began your enrollment in your QHP as well as your APTC on March 1, 2017.

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Decision

The January 24, 2017 eligibility determination notice is AFFIRMED.

The January 24, 2017 enrollment notice is AFFIRMED.

Effective Date of this Decision: February 8, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your enrollment in your QHP, and your eligibility for APTC, properly began as of March 1, 2017.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. 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 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):

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You can contact us in any of the following ways:

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Summary

The January 24, 2017 eligibility determination notice is AFFIRMED.

The January 24, 2017 enrollment notice is AFFIRMED.

This decision does not change your eligibility.

Your enrollment in your QHP, and your eligibility for APTC, properly began as of March 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:

