



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

Notice of Decision

Decision Date: July 26, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017628

[REDACTED]

Dear [REDACTED],

On July 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 2, 2017 eligibility determination.

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 NY State of Health 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: July 26, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017628

[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 you were eligible to purchase a qualified health plan (QHP) at full cost and terminate your financial assistance, effective March 1, 2017?

Procedural History

On November 29, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for a tax credit up to \$179.00 per month, effective as of January 1, 2017.

On November 29, 2016, NYSOH issued a plan enrollment notice confirming your enrollment in a QHP with an enrollment start date of January 1, 2017. The notice stated that your monthly premium was \$396.25.

On December 12, 2016, the November 29, 2016 plan enrollment notice was returned to NYSOH as undeliverable (see Document [REDACTED] uploaded February 2, 2017).

On February 1, 2017, your NYSOH account was systemically updated.

On February 2, 2017, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a QHP at full cost, effective March 1, 2017.

On February 2, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in a QHP with an enrollment start date of January 1, 2017. The notice stated that your monthly premium was \$575.25.

On March 6, 2017, your NYSOH account was updated.

On March 7, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for a tax credit up to \$179.00 per month, effective as of April 1, 2017.

On March 7, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in a QHP with an enrollment start date of January 1, 2017. The notice stated that your monthly premium was \$575.25.

On April 3, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal relative to your financial assistance for the month of March 2017 being discontinued.

On July 18, 2017, you had a telephone hearing with a Hearing Officer from NYSOH Appeals Unit. The record was developed during the hearing and closed at the end of the proceeding.

Findings of Fact

A review of the record supports the following findings of fact:

According to your NYSOH account and testimony, you were enrolled in a QHP through Empire BlueCross BlueShield (Empire), with a monthly premium of \$396.25, effective January 1, 2017.

You testified that your current mailing address is [REDACTED] and that has been your address for approximately 47 years.

According to your NYSOH account, the mailing address listed in your account has never been changed.

- 1) According to your NYSOH account, the November 29, 2016 plan enrollment notice was returned to NYSOH by the postal service as undeliverable (see Document [REDACTED] uploaded February 2, 2017).
- 2)
- 3) According to your NYSOH account, no other notices issued by NYSOH have been returned as undeliverable.
- 4)

- 5) You testified that you paid \$396.25 to Empire for your March 2017 health insurance premium. However, you were later informed that you owed an additional \$179.00 for the March 2017 premium.
- 6) You testified that your health insurance premium was reduced to \$396.25, effective April 1, 2017.
- 7) You testified that you paid the additional \$179.00 for the March 2017 premium and are seeking to be reimbursed for that amount.

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

Applicable Law and Regulations

State Residency Requirement

To be eligible for enrollment in a qualified health plan (QHP) and eligible to receive an advance premium tax credit (APTC) through NYSOH, an applicant must be a resident of New York State (45 CFR § 155.305(a)(3), (f)(1)(ii)(A)).

For an individual who is aged 21 or older, not living in an institution, and able to indicate intent, that individual is deemed to be a resident of the Exchange service area in which or she lives and either a) intends to reside, even without a fixed address, or b) has entered with a job commitment or is seeking employment. (45 CFR § 155.305(a)(3)(i)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were not eligible for financial assistance, effective March 1, 2017.

NYSOH is required to determine whether individuals are eligible to enroll in coverage and obtain APTC through NYSOH, and must confirm, among other things, that their residency status is satisfactory.

You were enrolled in a QHP, through Empire, with financial assistance effective January 1, 2017. However, the November 29, 2016 enrollment notice, addressed to your address of record was returned to NYSOH as undeliverable (see Document [REDACTED]

As a result, NYSOH redetermined your eligibility and issued a notice stating that you were newly eligible to enroll in a QHP at full cost, effective March 1, 2017. Based on the record, it is reasonable to conclude that, upon receiving the

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returned mail, your eligibility was redetermined on the basis that you lacked state residency.

You testified that your current residential and mailing addresses are as listed on your NYSOH account and have not changed for the last 47 years. Further, the record supports that the addresses listed within your account have remained the same, and the November 29, 2016 enrollment notice is the only document from NYSOH that has been returned by the postal service as undeliverable (emphasis added). As such, it is reasonable to conclude that this notice was returned as undeliverable in error.

You testified that you paid \$396.25 to Empire for your March 2017 health insurance premium. However, you were later informed that you owed an additional \$179.00 for the March 2017 premium, which you also paid.

There is sufficient evidence in the record to conclude that you have continuously retained New York State residency and no other issue regarding your eligibility existed. Therefore, your financial assistance was improperly discontinued effective March 1, 2017.

The February 2, 2017 eligibility determination stating that you were eligible to purchase a QHP at full cost effective as of March 1, 2017 is RESCINDED.

Your case is RETURNED to NYSOH to facilitate reinstatement of your \$179.00 of APTC for the period of March 1, 2017 through March 31, 2017, and to notify you accordingly.

Decision

The February 2, 2017 eligibility determination stating that you were eligible to purchase a QHP at full cost effective as of March 1, 2017 is RESCINDED.

Your case is RETURNED to NYSOH to facilitate reinstatement of your \$179.00 of APTC for the period of March 1, 2017 through March 31, 2017, and to notify you accordingly.

Effective Date of this Decision: July 26, 2017

How this Decision Affects Your Eligibility

NYSOH incorrectly terminated your financial assistance effective March 1, 2017.

Your case is being sent back to NYSOH to reinstate your \$179.00 in APTC for the month of March 2017, and notify you once this has been done.

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 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 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

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P.O. Box 11729
Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The February 2, 2017 eligibility determination notice stating that you were eligible to purchase a QHP at full cost effective as of March 1, 2017, is RESCINDED.

Your case is RETURNED to NYSOH to facilitate reinstatement of your \$179.00 of APTC for the period of March 1, 2017 through March 31, 2017, and to notify you accordingly.

NYSOH incorrectly terminated your financial assistance effective March 1, 2017.

Your case is being sent back to NYSOH to reinstate your \$179.00 in APTC for the month of March 2017, and notify you once this has been done.

Legal Authority

We are sending you this notice 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)

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).

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 srɛ wo, frɛ 1-855-355-5777. yɛbɛtumi ama wo obi a okyerɛ 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.

אַײַדיש (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.

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).