



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

Notice of Decision

Decision Date: September 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019281

[REDACTED]

Dear [REDACTED],

On September 7, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 23, 2017 eligibility determination 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: September 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019281

[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 eligibility to enroll in a qualified health plan as well as the application of advance premium tax credits was effective July 1, 2017?

Procedural History

On February 25, 2016, username [REDACTED] updated your application for financial assistance.

On February 26, 2016, NYSOH issued a notice of eligibility determination, based on the February 25, 2016 application, stating that you were eligible to enroll in the Essential Plan, effective April 1, 2016.

Also on February 26, 2016, NYSOH issued an enrollment confirmation notice, confirming your selection of an Essential Plan, with an enrollment start date of April 1, 2016.

On February 3, 2017, 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 make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by March 15, 2017 or you might lose the financial assistance you were currently receiving.

No updates were received by March 15, 2017 and NYSOH redetermined your eligibility for financial assistance with health insurance.

On March 17, 2017, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a qualified health plan at full cost through NYSOH, effective April 1, 2017. The notice stated that you were not eligible for financial assistance because you did not respond to the renewal notice.

Also on March 17, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your Essential Plan was terminated, effective March 31, 2017.

On May 22, 2017, you updated your application for financial assistance with health insurance through NYSOH.

On May 23, 2017, NYSOH issued a notice of eligibility redetermination stating that you were eligible to receive up to \$205.00 per month in advance payments of the premium tax credit (APTC), effective July 1, 2017. This notice also stated that you were eligible to select a qualified health plan until July 21, 2017.

On May 25, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as it began your financial assistance eligibility and on July 1, 2017, and not April 1, 2017.

On June 2, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan for a limited time, effective April 1, 2017. This was because you had been granted Aid to Continue until a decision was made on your appeal.

On June 2, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in the Essential Plan as of April 1, 2017.

On September 7, 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 supports the following findings of fact:

- 1) You testified that you receive your notices from NYSOH by regular mail.
- 2) Your NYSOH account was updated by username "[REDACTED]" on February 25, 2016.
- 3) You testified that "[REDACTED]" is not your username.

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- 4) You testified that to apply for coverage in 2016, you met with a certified application counselor. You testified that you provided the counselor with a copy of your NY State identification card and your social security card.
- 5) You testified that your NY State identification card lists your address as [REDACTED].
- 6) You also testified that you advised the certified application counselor that your address is [REDACTED].
- 7) You testified that your address is [REDACTED] or [REDACTED]. You explained that these two addresses are interchangeable and both are valid.
- 8) The address currently listed in your NYSOH account as [REDACTED]. You explained that some systems do not allow you to list your address as [REDACTED], so you use this alternate address format.
- 9) The February 26, 2016 eligibility determination notice was mailed to [REDACTED].
- 10) The February 26, 2016 enrollment confirmation notice was mailed to [REDACTED].
- 11) The February 3, 2017 renewal notice, the March 17, 2017 eligibility determination notice, and the March 17, 2017 disenrollment notice were mailed to [REDACTED].
- 12) You testified that [REDACTED] is not nor has it ever been your mailing address.
- 13) The events tab within your NYSOH account reflects that on February 3, 2017 and March 17, 2017, NYSOH identified a suggested address for you.
- 14) Your NYSOH account reflects that your mailing address was listed as [REDACTED] from December 28, 2015; as [REDACTED] from February 25, 2016 to May 22, 2017; and as [REDACTED] from May 22, 2017 onwards.
- 15) Your NYSOH account reflects that your address was updated to [REDACTED].

- 16) You testified that you did not receive the February 3, 2017 notice in the mail telling you that you needed to update your application in order to renew your Essential Plan eligibility.
- 17) You credibly testified that you did not receive the March 17, 2017 notices advising you that you were no longer eligible for the Essential Plan and disenrolled as of March 31, 2017.
- 18) You testified that you continued to receive mail directly from your plan during this time period, including bills.
- 19) You testified that you had received a new card from your Essential Plan earlier in 2017 and that your Essential Plan continued to collect premium payments from you after March 31, 2017.
- 20) You testified that you did not know that you needed to update your account until you were [REDACTED] in May 2017.
- 21) The record reflects that on May 22, 2017 NYSOH received your updated application for health insurance.
- 22) You testified that on May 22, 2017 you were given the option of enrolling in a qualified health plan with a July 1, 2017 start date or filing an appeal for an earlier start date. You further testified that because you were seeking an earlier start date, you did not select a qualified health plan for enrollment at that time.
- 23) You testified that you are seeking to have some sort of coverage as of April 1, 2017, however, you are aware that you may no longer be eligible for the Essential Plan because you had an increase in income.

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

Applicable Law and Regulations

Essential Plan Renewal

In general, NYSOH will review Essential Plan eligibility no more frequently than once every 12 months from the effective date of eligibility as long as enrollees are under age 65, not enrolled in minimum essential coverage, remain state residents, and do not have any changes in circumstances. An individual enrolled in the Essential Plan shall have his or her coverage continued until the end of the 12 month period, provided he or she does not lose eligibility by reason of citizenship status, lack of state residence, failure to provide a valid social security

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number, providing inaccurate information that would affect eligibility when requesting or renewing health coverage, failure to make the applicable premium payment, or changes in circumstances (42 CFR § 600.340(a); 42 CFR § 600.320(d); NY Social Services Law § 369-gg(3) and (4)(d)); New York's Basic Health Plan Blueprint, pp. 8 and 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (42 CFR § 600.340(e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates that may have been provided by the individual (42 CFR § 600.345; (NY Social Services Law § 369-gg(4)(c); 45 CFR § 155.335(g); New York's Basic Health Plan Blueprint, p. 17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

The effective date of coverage by an Essential 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); see *also* 42 CFR § 600.320). 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)).

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)).

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

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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 determined that your eligibility to enroll in a qualified health plan as well as the application of advance premium tax credits was effective July 1, 2017.

You were originally found eligible for the Essential Plan effective April 1, 2016.

Generally, NYSOH will redetermine a qualified individual's eligibility for the Essential Plan once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency.

On February 3, 2017, NYSOH issued an annual renewal notice in your case. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether or not you qualify for financial help with paying for your health coverage. You were asked to update the information in your account by March 15, 2017 or the financial help you were receiving might end.

Because there was no timely response to this notice, you were terminated from your Essential Plan effective March 31, 2017.

However, you credibly testified that you did not receive the February 3, 2017 renewal notice. Your NYSOH account reflects, and you testified, that you have elected to receive all of your notices from NYSOH via regular mail.

The record reflects that the February 3, 2017 renewal notice was mailed to [REDACTED].

You also credibly testified that you did not receive the March 17, 2017 eligibility determination nor the March 17, 2017 enrollment confirmation notice. The March 17, 2017 notices were also mailed to [REDACTED].

You testified that your address has never been [REDACTED].

It is unclear from the record who changed your address to [REDACTED]. Your NYSOH account reflects that on February 3, 2017 and March 17, 2017 NYSOH identified a suggested address for you.

The renewal notice issued on February 3, 2017 and the eligibility and disenrollment notices issued on March 17, 2017 were mailed to the incorrect address, [REDACTED].

As you credibly testified that you did not receive any of the three notices mailed to the incorrect address of [REDACTED], it is concluded that NYSOH did not give you the proper notice that you needed to update your account.

You first renewed your eligibility for financial assistance through NYSOH for the remainder of 2017 on May 22, 2017. As NYSOH failed to provide you proper notice of your renewal, you must assume that this is the information that would have been used had you been timely informed of the need to update your account, as stated in the renewal notice.

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 and including fifteenth day of a month goes into effect on the first day of the following month.

Therefore, NYSOH's May 22, 2017 eligibility determination notice is MODIFIED to state that, effective April 1, 2017, you were newly eligible to receive up to \$205.00 per month in APTC.

As you were granted Aid to Continue rather than being enrolled into a qualified health plan, your case is RETURNED to NYSOH to assist you in enrolling in a qualified health plan as though your plan had been selected on March 15, 2017.

Decision

The May 22, 2017 eligibility determination notice is MODIFIED to state that, effective April 1, 2017, you were newly eligible to receive up to \$205.00 per month in APTC.

Your case is RETURNED to NYSOH to assist you in enrolling in a qualified health plan as though your plan had been selected on March 15, 2017.

Effective Date of this Decision: September 13, 2017

How this Decision Affects Your Eligibility

Your eligibility for APTC should have begun as of April 1, 2017.

Your case is being sent back to NYSOH to help you to enroll in a qualified health plan as though you had selected a plan for enrollment on March 15, 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

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).

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 May 22, 2017 eligibility determination notice is MODIFIED to state that, effective April 1, 2017, you were newly eligible to receive up to \$205.00 per month in APTC.

Your eligibility for APTC should have begun as of April 1, 2017.

Your case is RETURNED to NYSOH to assist you in enrolling in a qualified health plan as though your plan had been selected on March 15, 2017.

Legal Authority

We are issuing this determination in accordance with 45 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).

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 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.

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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