



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

## Notice of Decision

Decision Date: October 10, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000020184

[REDACTED]

Dear [REDACTED]

On September 19, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 1, 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: October 10, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000020184

[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 July 1, 2017?

## Procedural History

On June 21, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for the Essential Plan, effective June 1, 2016. You enrolled in an Essential Plan shortly thereafter.

On April 6, 2017, NYSOH issued a notice stating 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 that you needed to update your account by May 15, 2017 or you might lose the financial assistance you were currently receiving.

No updates were made to your account by May 15, 2017.

On May 17, 2017, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a qualified health plan (QHP) at full cost through NYSOH. The notice also stated 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. 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 June 1, 2017.

Also on May 17, 2017, NYSOH received an update to your application for health insurance. This update reflected that you had changed your mailing address to:

[REDACTED]

On May 18, 2017, NYSOH issued an eligibility determination notice based on the information contained in the May 17, 2017 application update. The notice stated 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 also could not enroll in a QHP at full cost. This was because you were not a New York State resident. Your eligibility ended July 1, 2017.

Also on May 18, 2017, NYSOH issued a notice confirming your change in mailing address to:

[REDACTED]

The notice advised that all further NYSOH notices about your eligibility and coverage would be mailed to this address.

Finally, on May 18, 2017, NYSOH issued a disenrollment notice confirming that your Essential Plan coverage would end effective May 31, 2017.

On May 31, 2017, NYSOH received a further update to your application for health insurance. This update reflected that you had changed your mailing address back to:

[REDACTED]

On June 1, 2017, NYSOH issued an eligibility determination notice based on the information contained in the May 31, 2017 application update. The notice stated that you were eligible for an advance premium tax credit (APTC) of up to \$183.00 per month and, if you selected a silver-level plan for enrollment, eligible for cost-sharing reductions (CSR), in each case for a limited time, effective July 1, 2017. You were requested to provide income documentation by August 29, 2017 to confirm your eligibility.

Also on June 1, 2017, NYSOH issued an enrollment notice confirming your selection of a QHP as of May 31, 2017. The notice confirmed that your coverage under this QHP would begin effective July 1, 2017.

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On June 30, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as it began your financial assistance eligibility and enrollment in a qualified health plan on July 1, 2017, and not June 1, 2017.

On September 19, 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 reflects that you receive alerts of your notices from NYSOH by electronic mail. You testified that you have received both electronic alerts and notices by regular mail.
- 2) You testified that you did not receive any electronic alerts regarding any renewal notice in your NYSOH account telling you that you needed to update your application to renew your eligibility. You further testified that you did not receive a notice through regular mail requesting that you update your application to renew your eligibility.
- 3) You testified that you found out that you needed to renew your account when you reviewed your NYSOH account for another matter, and saw the April 6, 2017 renewal notice. You testified that you saw this notice during late April or early May 2017.
- 4) You testified that you did not update your account until May 17, 2017 due to complications resulting from [REDACTED].
- 5) Your NYSOH account reflects that on May 17, 2017, NYSOH received your updated application for health insurance. You testified that during this application update, with the assistance of a NYSOH representative, you updated your address to reflect that you would be residing at [REDACTED].
- 6) You testified that you anticipated applying for health insurance through Massachusetts's exchange portal when you had the opportunity after completing your move.
- 7) You testified that you updated your mailing address because you anticipated moving from New York to Massachusetts for a new employment opportunity. However, you further testified that you never completed your move to Massachusetts because of complications resulting from [REDACTED].

- 8) You testified, and your NYSOH account reflects, that on May 31, 2017 you changed your address back to [REDACTED].
- 9) Based on your application update on May 31, 2017, you were found eligible for an APTC of up to \$183.00 per month and, if you selected a silver-level plan for enrollment, eligible for CSR, in each case for a limited time, effective July 1, 2017. You selected a silver-level QHP on that date.
- 10) You testified that you were seeking for your QHP coverage to begin as of June 1, 2017, rather than July 1, 2017, due to having incurred significant medical expenses during the month of June 2017, for which you were not covered.

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, the Essential Plan, 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 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.

### Electronic Notices

If the individual elects to receive electronic communications, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to his or her account and send a notice by regular mail within

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three business days if the electronic communication cannot be delivered (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4), (5)).

### 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)).

### Redetermination During a Benefit Year

Except for APTC, any changes resulting from redeterminations during a benefit year should be made effective the first day of the month following the date of the notice of redetermination, except that redeterminations resulting from changes made after a date specified by the state, which can be no earlier than the 15<sup>th</sup> of the month, may not be made effective until the first day of the month after the month following the date of the notice of redetermination (45 CFR § 155.330(f)). New York has specified that changes made after the 15<sup>th</sup> of a given month will take effect the month after the following month.

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your enrollment in a QHP and the application of APTC were effective no earlier than July 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.

On April 6, 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 determine whether you qualified for financial help with paying for your health coverage. You were asked to update the information in your account by May 15, 2017, or the financial help you were receiving might end.

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You testified that you did not receive any electronic alerts regarding any renewal notice in your NYSOH account telling you that you needed to update your application to renew your eligibility. You also testified that you did not receive a notice through regular mail requesting that you update your application to renew your eligibility.

You testified that you saw this notice during late-April or early-May 2017 when reviewing your NYSOH account online. You testified that you did not update your account until May 17, 2017 due to complications resulting from [REDACTED].

While you testified that you did not receive a notice by electronic mail or regular of the request to update your account by May 15, 2017, you stated that you did review this notice in your NYSOH account prior to the due date by which to make such updates to your account.

Therefore, the record reflects that NYSOH properly notified you of your annual renewal and the need for information in your NYSOH account to be updated to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

On May 17, 2017, you updated the information in your NYSOH account, with the assistance of a NYSOH representative, to reflect that you would now be residing at [REDACTED].

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.

On May 18, 2017, NYSOH issued a notice stating that you no longer qualified to enroll through NYSOH because you were no longer a resident of New York State.

Therefore, the record reflects that NYSOH acted properly in finding you no longer eligible for coverage through NYSOH because you lacked state residency, based on your own assertions.

The record further reflects that you updated your NYSOH account again on May 31, 2017. In this application update, you attested that you changed your address back to [REDACTED]. You testified that you never completed your move to Massachusetts because of complications resulting from [REDACTED].

The record shows that on May 31, 2017 you updated the information in your NYSOH account and submitted a request to enroll in a QHP.



When an individual changes information in their application after the 15th of any month, NYSOH will 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 after the fifteenth day of a month goes into effect on the first day of the second following month.

Therefore, NYSOH's June 1, 2017 eligibility determination and enrollment notices are AFFIRMED because they properly began your enrollment in your QHP as well as your advance premium tax credits on July 1, 2017, because the changes were made after May 15, 2017.

## **Decision**

The June 1, 2017 eligibility determination notice is AFFIRMED.

The June 1, 2017 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** October 10, 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 July 1, 2017.

This decision has no effect on any subsequent eligibility determinations issued by NYSOH on or after June 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 June 1, 2017 eligibility determination notice is AFFIRMED.

The June 1, 2017 enrollment confirmation notice is AFFIRMED.

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This decision does not change your eligibility.

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

This decision has no effect on any subsequent eligibility determinations issued by NYSOH on or after June 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 bɛtumi 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.

### **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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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