



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

Notice of Decision

Decision Date: November 30, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000021143

[REDACTED]

[REDACTED]

On October 27, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 4, 2017 and June 30, 2017 enrollment confirmation 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).

This page intentionally left blank.



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

Decision

Decision Date: November 30, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021143



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 was effective April 1, 2017?

Procedural History

On March 23, 2017, NYSOH issued a notice of eligibility redetermination stating that you were eligible to receive up to \$156.00 per month in advance payments of the premium tax credits (APTC). This eligibility was effective May 1, 2017.

On March 25, 2017, NYSOH issued an enrollment confirmation notice stating that your enrollment in a qualified health plan with a monthly premium responsibility of \$248.30, was effective May 1, 2017.

On April 4, 2017, NYSOH issued an enrollment confirmation notice stating that your enrollment in a qualified health plan with a monthly premium responsibility of \$248.30 was effective April 1, 2017.

On June 30, 2017, NYSOH issued an enrollment confirmation notice stating that your enrollment in a qualified health plan with a monthly premium responsibility of \$248.30 was effective April 1, 2017.

On August 3, 2017, you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation notices insofar as they began your enrollment in a qualified health plan on April 1, 2017, and not May 1, 2017.

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).

On October 27, 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 submitted an application to NYSOH for financial assistance on March 22, 2017.
- 2) You testified, and the record reflects, that you selected a qualified health plan on March 24, 2017. Your enrollment was to be effective May 1, 2017.
- 3) On March 30, 2017, you filed an incident [REDACTED] with NYSOH in which it was determined you were provided incorrect information from your Certified Application Counselor leading to your enrollment start date of May 1, 2017. The result of this incident was that your qualified health plan was backdated to April 1, 2017.
- 4) On April 3, 2017, a NYSOH representative backdated your qualified health plan to April 1, 2017.
- 5) On April 3, 2017, an entry was made by a NYSOH representative in [REDACTED] stating they spoke with you and verified your premium amount in your qualified health plan for April 2017.
- 6) On April 4, 2017, NYSOH issued a notice confirming your enrollment in a qualified health plan for a start date of April 1, 2017.
- 7) On June 29, 2017, you contacted NYSOH and requested a reversal of your new enrollment start date back to May 1, 2017 ([REDACTED]). An entry made on this incident show on July 21, 2017, a NYSOH representative denied your backdate request based on the justification that you had 10 days from choosing the new effective date to change it.
- 8) On August 3, 2017, a NYSOH representative entered an incident stating you had been granted the backdate request for April 1, 2017 on April 3, 2017 and an [REDACTED] request was sent to your health plan with the new start date. You called in April to confirm with the health plan they received your enrollment but were told it was not active yet and that the health plan did not update your coverage to an active status until after the month of April was over.
- 9) You testified that you did not use your health plan in April 2017.

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).

- 10) You testified you did not get a bill for May 2017, you testified you contacted your health plan May 15 because you did not receive a bill and you were then told that a backdate had been requested and approved.
- 11) You testified upon realizing that you were responsible for the April premium amount you requested a reversal in your backdate request in the middle of May.
- 12) You confirmed your e-mail address as correct.
- 13) You testified you were not aware of the backdate request being granted and did not receive notice stating that your new start date was April 1, 2017.

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)).

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,

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).

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 qualified health plan, as well as the application of APTC, was effective April 1, 2017.

On March 22, 2017, you updated the information in your NYSOH account and On March 24, 2017 you submitted a request to enroll in a qualified health plan. On March 25, 2017, NYSOH issued an enrollment confirmation notice stating that your enrollment in your qualified health plan was effective May 1, 2017.

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. Since your enrollment was submitted on March 24, 2017, it would properly take effect on May 1, 2017.

However, on March 30, 2017 you filed an incident with NYSOH requesting a backdate of your qualified health plan to April 1, 2017. The incident states it was determined by NYSOH you were provided incorrect information from your Certified Application Counselor leading to your later enrollment start date of May 1, 2017. The result of this incident was that your qualified health plan was backdated to April 1, 2017.

On April 3, 2017, your request was granted and an entry was made stating a NYSOH representative spoke with you and verified your premium amount for the month of April 2017. On April 4, 2017, NYSOH issued a letter confirming your enrollment in a qualified health plan on April 3, 2017 for a start date of April 1, 2017.

You testified when you did not get a bill for May 2017 from your health plan so you contacted your health plan on May 15, 2017. Your health plan then advised that a backdate had been requested and approved. Upon realizing that you were responsible for the April premium amount you requested a reversal in your backdate request with NYSOH in the middle of May as you were unable to use the insurance during the month of April 2017.

However, your testimony is not credible given the evidence in the record. The first record of your request for a reversal of the backdate of your qualified health plan through NYSOH was on June 29, 2017. Furthermore, NYSOH records show a representative contacted you regarding your new start date on April 3, 2017, which was followed by written notice to your account and an alert sent to your

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).

correct e-mail address on April 4, 2017 advising you of your new start date. Therefore, NYSOH provided adequate notice of the results of your request for an April 1, 2017 start date and provided you with enough time in order to benefit from having coverage in the month of April 2017.

Therefore, NYSOH's April 4, 2017 and June 30, 2017, enrollment confirmation notices are AFFIRMED because it properly began your enrollment in your qualified health plan as well as your advance premium tax credits on April 1, 2017.

Decision

The April 4, 2017 and June 30, 2017, enrollment confirmation notices are AFFIRMED.

Effective Date of this Decision: November 30, 2017

How this Decision Affects Your Eligibility

Your enrollment in your qualified health plan, and your eligibility for APTC properly began as of April 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.

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:

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).

- 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 April 4, 2017 and June 30, 2017, enrollment confirmation notices are AFFIRMED.

Your enrollment in your qualified health plan, and your eligibility for APTC properly began as of April 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)

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 sre wo, fre 1-855-355-5777. ye b e tumi ama wo obi a okyer e 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.

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 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).