



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

## Notice of Decision

Decision Date: December 1, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000021275

[REDACTED]

[REDACTED]

On October 20, 2017, your spouse, [REDACTED] (acting as your Authorized Representative), appeared by telephone at a hearing on your appeal of NY State of Health's August 9, 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).

This page intentionally left blank.

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

## Decision

Decision Date: December 1, 2017

NY State of Health Account ID [REDACTED]  
Appeal Identification Number: AP000000021275

[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 the enrollment of you, your spouse, and your two youngest children, [REDACTED] in a qualified health plan and the application of advance payments of the premium tax credit were effective no earlier than September 1, 2017?

## Procedural History

On January 22, 2017, NYSOH redetermined your household's eligibility for health insurance.

On January 23, 2017, NYSOH issued an eligibility determination notice stating that you, your spouse, and your two youngest children were each eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective March 1, 2017. The notice also stated that your oldest child remained eligible for Medicaid, effective March 1, 2017.

Also on January 23, 2017, NYSOH issued an enrollment notice confirming that you, your spouse, and your two youngest children had enrolled in an Essential Plan as of January 22, 2017. The coverage for you, your spouse, and your middle child began effective October 1, 2016, and your youngest child's coverage began effective March 1, 2017.

On June 3, 2017, NYSOH issued a notice that it was time to renew your oldest child's health insurance for the upcoming coverage year. That notice stated that,

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).

based on information from federal and state sources, NYSOH could not determine whether he would qualify for financial help paying for health coverage, and that you needed to update your account by July 15, 2017 or he might lose the financial assistance currently being received by receiving. The notice also stated that you with respect to you, your spouse, and your two youngest children, no action was needed on your part because you would get a notice about renewing coverage for those household members at a later date.

On July 11, 2017, NYSOH received an update to your application for health insurance.

On July 12, 2017, NYSOH issued an eligibility determination notice stating that you, your spouse, and your two youngest children were collectively eligible to receive up to \$1,106.00 per month in advance payments of the premium tax credit (APTC) and, if you selected a silver-level plan, eligible for cost-sharing reductions (CSR), both effective August 1, 2017.

Also on July 12, 2017, NYSOH issued a disenrollment notice stating that you, your spouse, and your two youngest children were no longer eligible for the Essential Plan coverage effective July 31, 2017.

Finally, on July 12, 2017, NYSOH issued an enrollment notice stating that you needed to select a QHP for the coverage you, your spouse, and your two youngest children.

On August 8, 2017, NYSOH received a further update to your application for health insurance. In response to this application, NYSOH prepared a preliminary eligibility determination notice stating that you, your spouse, and your two youngest children were eligible to receive up to \$1,106.00 in APTC and, if you selected a silver-level plan, CSR, effective September 1, 2017.

Also on August 8, 2017, you spoke to NYSOH's Account Review Unit and appealed the preliminary eligibility determination insofar as they began the financial assistance eligibility and enrollment in a QHP for you, your spouse and your two children on September 1, 2017, and not August 1, 2017.

On August 9, 2017, NYSOH issued an eligibility determination notice stating that you, your spouse, and your two youngest children were eligible to receive an APTC of up to \$1,106.00 and, if you selected a silver-level plan, CSR, effective September 1, 2017.

Also on August 9, 2017, NYSOH issued an enrollment notice confirming your selection of a QHP as of August 8, 2017 for the enrollment of you, your spouse and your two children, with such coverage beginning effective September 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 20, 2017, your spouse, acting as your Authorized Representative, 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 July 11, 2017.
- 2) You, your spouse and your two youngest children were enrolled in an Essential Plan until July 31, 2017.
- 3) As a result of your application update on July 11, 2017, you, your spouse, and your two youngest children were found eligible for up to \$1,106.00 per month in APTC and, if you selected silver-level plan, eligible for CSR, effective August 1, 2017.
- 4) Your spouse testified, and the record reflects, that you selected a QHP to cover you, your spouse, and your two youngest children on August 8, 2017.
- 5) Your spouse testified that you while you did not recall how you had elected to receive notices from NYSOH, your account reflects that you had elected to receive all notices from NYSOH through electronic alerts sent to your e-mail address: [REDACTED]” Your spouse further testified, however, that you switched this election to receiving all NYSOH correspondence through regular mail since you rarely check your e-mail.
- 6) Your spouse testified that while you did receive an e-mail during July 2017 instructing you to check your NYSOH account, this notice was not reviewed until after [REDACTED] had sustained an injury which required an [REDACTED] visit.
- 7) The enrollment of you, your spouse and your two youngest children in the plan became effective September 1, 2017.
- 8) You spouse testified that you need your family’s QHP and eligibility for financial assistance to begin on August 1, 2017, because you had incurred approximately \$7,000.00 in medical expenses because of your middle child not having had coverage during the month of August 2017.

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

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).

## **Applicable Law and Regulations**

### Redetermination During a Benefit Year

When a redetermination is issued because 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 15<sup>th</sup> 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, 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)).

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

## **Legal Analysis**

The issue under review is whether NYSOH properly determine that the enrollment of you, your spouse and your two youngest children in a QHP, as well as the application of APTC, was effective no earlier than September 1, 2017.

The record shows that on July 11, 2017 you updated the information in your NYSOH account. On July 12, 2017, NYSOH issued a notice confirming that you, your spouse and your two youngest children were eligible for an APTC of up to \$1,106.00 per month and, if you selected a silver-level plan, eligible for CSR, effective August 1, 2017. However, the record reflects that no QHP was selected by you that day.

Your spouse testified that while you did receive an e-mail during July 2017 instructing you to check your NYSOH account, you and your spouse did not review this notice until after [REDACTED] had sustained an injury which required an [REDACTED] visit.

Since the credible evidence of record reflects that you elected to receive all notices from NYSOH through electronic alerts, and your spouse testified to having received that e-mail, the Appeals Unit finds that NYSOH properly notified of you of your family's eligibility and the need to select a plan at that time to avoid a gap in coverage.

The record further reflects that you further updated your application on August 8, 2017, and selected a QHP for you, you spouse, and your two youngest children.

On August 9, 2017 NYSOH issued an enrollment notice confirming your plan selection as of August 8, 2017, and stating that the enrollment you, you spouse and your two youngest children in your qualified health plan was effective September 1, 2017 and that APTC would be applied to your monthly premium effective September 1, 2017.

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 August 9, 2017 eligibility determination and enrollment notices are AFFIRMED because it properly began the enrollment of you, your spouse and your two youngest children the QHP as well as your APTC on September 1, 2017.

## **Decision**

The August 9, 2017 eligibility determination notice is AFFIRMED.

The August 9, 2017 enrollment notice is AFFIRMED.

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).

**Effective Date of this Decision:** December 1, 2017

## **How this Decision Affects Your Eligibility**

This decision does not change your family's eligibility.

The enrollment of you, your spouse, and your two youngest children in your QHP, and the eligibility for APTC, properly began as of September 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:

- 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 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 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 August 9, 2017 eligibility determination notice is AFFIRMED.

The August 9, 2017 enrollment notice is AFFIRMED.

This decision does not change your family's eligibility.

The enrollment of you, your spouse and your two youngest children in your QHP, and the eligibility for APTC, properly began as of September 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।

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).

## **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 okyerε 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.