



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

Notice of Decision

Decision Date: November 3, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021438

[REDACTED]

Dear [REDACTED],

On October 19, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 27, 2017 enrollment confirmation 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
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Decision

Decision Date: November 3, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021438

[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 and your daughter's enrollment in a qualified health plan and the application of advance payments of the premium tax credit (APTC) was effective, July 1, 2017?

Procedural History

On June 29, 2017, you updated your NYSOH application.

On June 30, 2017, NYSOH issued a notice of eligibility redetermination stating that you and your daughter were eligible to receive up to \$261.00 per month in APTC. This eligibility was effective August 1, 2017.

Also on June 30, 2017, NYSOH issued a letter confirming you and your daughter's enrollment in a qualified health plan with a monthly premium responsibility of \$738.18, after your APTC of \$261.00 was applied, both effective August 1, 2017.

On or about June 30, 2017, you requested that NYSOH back date the coverage in you and your daughter's qualified health plan to July 1, 2017.

On July 27, 2017, NYSOH issued an enrollment confirmation notice stating that you and your daughter's enrollment in a qualified health plan, was effective July 1, 2017.

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On August 14, 2017, you spoke to NYSOH's Account Review Unit and appealed the July 27, 2017 enrollment confirmation notice insofar as you were notified at such a late date by NYOSH that your qualified health plan had been backdated to July 1, 2017, that it was of no effective benefit to you or your daughter.

On October 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 supports the following findings of fact:

- 1) You submitted an application to NYSOH for financial assistance on June 29, 2017.
- 2) You testified, and the record reflects, that you also selected a qualified health plan on June 29, 2017.
- 3) You and your daughter's enrollment in the plan became effective August 1, 2017.
- 4) You testified that you had a [REDACTED] for yourself scheduled for [REDACTED].
- 5) You testified that on or about June 30, 2017, you requested that NYSOH backdate your qualified health plan to July 1, 2017 so that you would have health insurance coverage at the time of [REDACTED].
- 6) You testified that you called NYSOH on two or three occasions in early July 2017 to find out if a decision had been made on your backdate request. You testified that NYSOH representatives advised you on each occasion that a decision on your request for a backdate had not been made. You were advised that you would receive a call from NYSOH when a decision was made.
- 7) You testified that you had to cancel your [REDACTED] because you did not have an answer from NYSOH as to whether you had health insurance during July 2017.
- 8) You testified that you and your daughter did not schedule appointments or see any doctors during July 2017 because you did not know if you would have health insurance coverage.

- 9) You testified that you received a call from NYSOH on July 26, 2017 advising that you and your daughter had been granted a back date of coverage in your qualified health plan for the month of July 2017.
- 10) On July 27, 2017, NYSOH issued an enrollment confirmation notice stating that you and your daughter's enrollment in a qualified health plan with a monthly premium responsibility of \$738.18, after your APTC of \$261.00 was applied, was effective July 1, 2017.
- 11) You testified that you were notified by NYSOH of the back date too late for you or your daughter to have any financial benefit regarding the July 2017 health insurance coverage.
- 12) You testified that you had no choice but to pay your July 2017 premium of \$738.18 because your insurance carrier advised that you and your daughter would lose your health insurance coverage going forward if you did not pay the July 2017 premium.

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 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 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, 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 you and daughter's enrollment in a qualified health plan, as well as the application of APTC, was effective July 1, 2017.

NYSOH records shows that June 29, 2017, you updated the information in your NYSOH account and submitted a request to enroll in a qualified health plan. On June 30, 2017, NYSOH issued an enrollment confirmation notice stating that you and your daughter's enrollment in a qualified health plan was effective August 1, 2017 and that APTC would be applied to your monthly premium effective August 1, 2017.

You testified that you had a [REDACTED] for yourself scheduled for [REDACTED]. You testified that on or about June 30, 2017 you requested that NYSOH backdate your qualified health plan to July 1, 2017 so that you would have health insurance coverage at the time of [REDACTED].

You testified that you called NYSOH on two or three occasions in early July 2017 to find out if a decision had been made on your backdate request. You testified that NYSOH representatives advised you on each occasion that a decision on your request for a backdate had not been made. You were advised that you would receive a call from NYSOH when a decision was made.

You testified that you had to cancel your [REDACTED] because you did not have an answer from NYSOH as to whether you had health insurance during July 2017. You testified that you and your daughter did not schedule appointments or see any doctors during July 2017 because you did not know if you would have health insurance coverage.

You testified that you received a call from NYSOH on July 26, 2017 advising that you and your daughter had been granted a backdate of coverage in your qualified health plan for the month of July 2017. You testified that you were notified by NYSOH of the backdate too late for you or your daughter to have any financial benefit regarding the July 2017 health insurance coverage. You also testified that you had no choice but to pay your July 2017 premium of \$738.18 because your insurance carrier advised that you and your daughter would lose your health insurance coverage going forward if you did not pay the July 2017 premium.

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The NYSOH Appeals Unit finds that NYSOH did not timely make a determination regarding your request for a backdate and/or that you were not timely notified of the back date of your qualified health plan to July 1, 2017, which deprived you of any significant value in having coverage for July 2017 retroactively applied. Given how late in the month this determination was made, NYSOH should have offered you the opportunity to decline the back date before putting it in effect.

Therefore, the July 27, 2017 enrollment confirmation notice is **RESCINDED** and your case is being **RETURNED** to NYSOH to reinstate the start date of you and your daughter's qualified health plan to August 1, 2017.

Decision

The July 27, 2017 enrollment confirmation notice is **RESCINDED**.

Your case is being **RETURNED** to NYSOH to reinstate the start date of you and your daughter's qualified health plan to August 1, 2017.

Effective Date of this Decision: November 3, 2017

How this Decision Affects Your Eligibility

You and your daughter's enrollment in your qualified health plan, and your eligibility for APTC is reinstated to August 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)).

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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 July 27, 2017 enrollment confirmation notice is RESCINDED.

Your case is being RETURNED to NYSOH to reinstate the start date of you and your daughter's qualified health plan to August 1, 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)

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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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