



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

Notice of Decision

Decision Date: January 19, 2018

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000023002

[REDACTED]

Dear [REDACTED],

On December 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 3, 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.

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Decision

Decision Date: January 19, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023002

[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 spouse's enrollment in a silver-level qualified health plan and the application of advance payments of the premium tax credit were effective no earlier than November 1, 2017?

Procedural History

On August 29, 2017, you applied to NYSOH for financial assistance with health insurance for you and your spouse.

On August 30, 2017, NYSOH issued an eligibility determination notice, based on the August 29, 2017 application, stating that you and your spouse were newly eligible to purchase a qualified health plan (QHP) at full cost through NYSOH, effective October 1, 2017.

Also, on August 30, 2017, NYSOH issued a notice confirming you and your spouse's enrollment in a bronze-level QHP with a monthly premium responsibility of \$674.62, with a plan start date effective October 1, 2017.

Also, on August 30, 2017, you submitted an updated application for financial assistance for you and your spouse.

On August 31, 2017, NYSOH issued an eligibility redetermination notice stating that you and your spouse were eligible to receive up to \$530.00 per month in

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advance payments of the premium tax credits (APTC) to help pay for your health coverage. This eligibility was effective October 1, 2017.

Also, on August 31, 2017, NYSOH issued a notice confirming you and your spouse's enrollment in a bronze-level QHP with a monthly premium responsibility of \$674.62, after the application of \$0.00 of APTC, with a plan start date effective October 1, 2017.

On October 2, 2017, you contacted NYOSH and requested you and your spouse be disenrolled from your bronze-level QHP. That same day, you selected and enrolled you and your spouse into a silver-level QHP.

Also, on October 2, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as you and your spouse's enrollment in the silver-level QHP and the application of APTC began November 1, 2017 and not October 1, 2017.

On October 3, 2017, NYSOH issued a cancellation notice confirming your October 2, 2017 request to cancel you and your spouse's bronze-level QHP. You and your spouse's coverage in the bronze-level QHP ended effective October 31, 2017.

Also, on October 3, 2017, NYSOH issued a notice confirming you and your spouse's October 2, 2017 enrollment in a silver-level QHP with a monthly premium responsibility of \$308.99, after your APTC of \$530.00 was applied, both effective November 1, 2017.

On December 8, 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) On August 29, 2017, you submitted an initial application for financial assistance to NYSOH for you and your spouse. Based on that application, you and your spouse were determined eligible to purchase a full cost QHP and you selected a bronze-level QHP plan that day with the plan start date of October 1, 2017.
- 2) On August 30, 2017, you submitted an updated application to NYSOH for financial assistance for you and your spouse and were determined eligible for \$530.00 in APTC effective October 1, 2017.

- 3) According to your NYSOH account, on August 30, 2017 you and your spouse's enrollment in your bronze-level QHP was updated but no changes were made.
- 4) You testified that prior to September 15, 2017 you accessed your NYSOH account and attempted to change your QHP from bronze-level to silver-level and apply the \$530.00 in APTC to your monthly premium.
- 5) You testified that the enrollment screens at the website were confusing and you were not aware that you had not checked out properly.
- 6) You testified that you spoke with NYSOH representatives by phone several times prior to September 15, 2017 in an attempt to change your plan.
- 7) A search of NYSOH records do not show that any calls were made or any log-ins were attempted to the account during the month of September 2017.
- 8) According to your NYSOH account on October 2, 2017, you contacted NYSOH and terminated the bronze-level QHP. At that time, you also selected a silver-level QHP and requested the application of \$530.00 of APTC toward the monthly premium for you and your spouse's plan.
- 9) You and your spouse's enrollment in the silver-level QHP plan and the application of \$530.00 in APTC became effective November 1, 2017.
- 10) You testified that you want your silver-level QHP and the application of \$530.00 in APTC to be effective as of October 1, 2017. You also requested a refund of the premium you paid for the bronze-level QHP for the month of October 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 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)).

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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 determine that your enrollment in a silver-level QHP, as well as the application of APTC, was effective no earlier than November 1, 2017.

The record shows that on August 30, 2017 you updated the information in your NYSOH account and you and your spouse were redetermined eligible for up to \$530.00 in APTC effective October 1, 2017. You testified that you contacted NYSOH before September 15, 2017 in an attempt to switch from a bronze-level QHP to a silver-level QHP and to apply the \$530.00 in APTC toward your monthly premium.

A search of NYSOH account records do not show that any calls were made to NYSOH and no log-ins to your NYSOH account were made during the month of September 2017. Your NYSOH account reflects that no changes were made in your account until October 2, 2017.

Your NYSOH account reflects that on October 2, 2017 you submitted a request to cancel your and your spouse's bronze-level QHP and you enrolled both you and your spouse in a silver-level QHP. Also on October 2, 2017, you requested the application of \$530.00 of APTC toward the monthly premium cost of the silver-level QHP. On October 3, 2017, NYSOH issued an enrollment confirmation notice stating that you and your spouse's enrollment in your silver-level QHP was effective November 1, 2017 and that APTC would be applied to your monthly premium effective November 1, 2017.

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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.

Since you selected you and your spouse's silver-level QHP plan and requested the application of \$530.00 of APTC be applied to your monthly premium on October 2, 2017, the start date of the plan and the application of APTC properly took effect the first day of the month following October 2017; that is, on November 1, 2017.

Therefore, NYSOH's October 3, 2017 enrollment confirmation notice is **AFFIRMED** because it properly began you and your spouse's enrollment in your silver-level QHP as well as the application of APTC on November 1, 2017.

Decision

The October 3, 2017 enrollment confirmation notice is **AFFIRMED**.

Effective Date of this Decision: January 19, 2018

How this Decision Affects Your Eligibility

This decision does not change you and your spouse's eligibility.

You and your spouse's enrollment in your silver-level QHP, and your eligibility for APTC properly began as of November 1, 2017.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

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Insofar as your appeal was decided, the 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 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

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- By fax: 1-855-900-5557

Summary

The October 3, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change you and your spouse's eligibility.

You and your spouse's enrollment in your silver-level QHP, and your eligibility for APTC properly began as of November 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।

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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 bεtumi 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.

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