



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

Notice of Decision

Decision Date: January 31, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023170

[REDACTED]

[REDACTED]

On December 15, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 6, 2017 eligibility determination and 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).

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: January 31, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023170

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

Procedural History

On April 6, 2017, NYSOH issued an eligibility determination notice stating that you and your adult child were eligible to receive up to \$498.00 per month in advance payments of the premium tax credits (APTC) and, if you selected a silver-level qualified health plan (QHP), for cost-sharing reductions (CSR). This eligibility was effective May 1, 2017.

On April 13, 2017, NYSOH issued an enrollment notice confirming your and your adult child's enrollment in a silver-level QHP with a monthly premium responsibility of \$305.22, after your APTC of \$498.00 was applied, with both the plan start date and the application of APTC effective May 1, 2017.

On September 5, 2017, NYSOH received your updated application in which you requested health insurance for your spouse.

On September 6, 2017, NYSOH issued an eligibility determination notice stating, you, your adult child and your spouse were eligible to receive up to \$1,062.00 per

month in APTC and, if you selected a silver-level qualified health plan, for CSR. This eligibility was effective October 1, 2017.

Also on September 6, 2017, NYSOH issued an enrollment notice confirming your family members enrollment in a silver-level QHP plan with an enrollment start date of May 1, 2017, with a monthly premium responsibility of \$284.57, after your APTC of \$1,062.00 was applied. The application of \$1,062.00 in APTC was effective with the monthly premium starting October 1, 2017.

On October 6, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination and enrollment confirmation notices insofar as they began your increased financial assistance eligibility on October 1, 2017, and not September 1, 2017.

On December 15, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open to allow you to submit supporting documentation. On December 20, 2017, NYSOH Appeals Unit received via secure facsimile your one-page submission showing your spouse's employer sponsored insurance ended August 31, 2017. That document has been marked as Appellant's Exhibit # 1 and is incorporated into the record. The record was closed at that time.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) According to your NYSOH account, you and your adult child were determined eligible for and were enrolled in a silver-level QHP with a plan enrollment and application of \$498.00 in monthly APTC effective May 1, 2017.
- 2) The record reflects that your spouse lost employer sponsored health insurance on August 31, 2017.
- 3) According to your NYSOH account and your testimony, on September 5, 2017 you submitted an updated application for financial assistance and requested health insurance for your spouse.
- 4) According to the September 6, 2017 eligibility determination, you, your adult child and your spouse were eligible to share in \$1,062.00 in APTC effective October 1, 2017. The notice also stated your spouse was eligible to enroll in a health plan effective October 1, 2017.
- 5) According to your NYSOH account and your testimony, you selected a silver-level QHP for your spouse on September 5, 2017.

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- 6) You testified that the household income listed in the September 5, 2017 application is correct.
- 7) According to your NYSOH account and your testimony, you file your taxes as married filing jointly and claim one dependent.
- 8) According to your NYSOH account and your testimony, you reside in Richmond County.
- 9) You testified that you want your spouse to have a September 1, 2017 start date on her silver-level QHP and for the increased amount of APTC to be applied to the September 2017 insurance premium.
- 10) You testified that you do not want your spouse to have a gap in insurance coverage.
- 11) You testified that your spouse did not incur any medical bills for the month of September 2017.

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

Applicable Law and Regulations

Special Effective Dates

For individuals who involuntarily lose minimum essential coverage due to a triggering life event listed in (45 CFR §155.4210(d)(1)) and if their new plan selection is made on or before the day of the triggering event, NYSOH must ensure that the coverage effective date is on the first day of the month following the date of the triggering event. If the plan selection is made after the date of the triggering event, NYSOH must 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); see also 42 CFR § 600.320). 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)). (45 CFR § 155.420(b)(2)(iv)).

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

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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)).

Effective Date of Advanced Payments of the Premium Tax Credit

Upon making an eligibility redetermination, NYSOH must notify the applicant, and it must implement any decreases in eligibility to receive APTC effective as of the first day of the month following the date of the notice if the change occurs on or before the 15th of the month; otherwise, the change becomes effective the first day of the second following month (45 CFR § 155.310(f), 45 CFR § 155.330(f)(1)(i) and (f)(3)). Increases become effective the first day of the following month, regardless of when during the month the change occurs (*id.*).

End of Tax Year Reconciliation

At the end of a tax year, a person who elects to take APTC to help pay for the cost of an insurance premium must file a tax return to reconcile any differences between the amount of income the person reported to NYSOH and their actual gross income for that year. A person who received less tax credit than her maximum entitlement, based on gross income, may receive an income tax refund, or owe less in taxes. A person who received more tax credit than his maximum entitlement, based on gross income, will owe the excess as an additional income tax liability (26 CFR § 1.36B-4).

Legal Analysis

The issue under review is whether NYSOH properly determine that your spouse's eligibility for and enrollment in her silver-level QHP, as well as the application of the increased amount of APTC, was effective no earlier than October 1, 2017.

According to your NYSOH account, you and your adult child were determined eligible for and were enrolled in a silver-level QHP with a plan start date and application of \$498.00 in monthly APTC both effective May 1, 2017.

The record shows that your spouse lost her employer sponsored health insurance on August 31, 2017.

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On September 5, 2017 you updated the information in your NYSOH account and submitted a request for health insurance for your spouse. On September 6, 2017, NYSOH issued an eligibility determination stating your spouse was eligible to share in \$1,062.00 in APTC with you and your adult child, effective October 1, 2017. On September 5, 2017 you selected a silver-level QHP for your spouse. On September 6, 2017, NYSOH issued an enrollment confirmation notice stating that your spouse was enrolled in the silver-level QHP with you and your adult child. The notice further stated that the tax credit of \$1,062.00 would be applied to your monthly premium starting on October 1, 2017.

You testified that while your spouse did not incur any medical related expenses in the month of September 2017, you did not want her to have a gap in insurance coverage.

Your spouse lost her employer sponsored health insurance on August 31, 2017. On September 5, 2017 you made an application for health insurance on her behalf to NYSOH. For individuals who involuntarily lose minimum essential coverage due to a triggering life event, such as loss of employer sponsored health insurance, if their new plan selection is made on or before the day of the triggering event, in this case August 31, 2017, NYSOH must ensure that the coverage effective date is on the first day of the month following the date of the triggering event. If the plan selection is made after the date of the triggering event, NYSOH must 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.

Since you selected your spouse's silver-level QHP on September 5, 2017, it properly took effect the first day of the month following September 2017; that is, on October 1, 2017.

Additionally, any changes in APTC are to be made effective the first day of the month following the date of the eligibility determination notice.

Since you updated your application and applied for health insurance for your spouse on September 5, 2017, any changes in APTC should have been made effective as of October 1, 2017.

Therefore, NYSOH's September 6, 2017 eligibility determination notice is **AFFIRMED**.

NYSOH's September 6, 2017 enrollment confirmation notice is **MODIFIED** to state that your spouse's plan enrollment start date is October 1, 2017. The remaining portion of the September 6, 2107 enrollment confirmation notice stating that APTC of \$1,062.00 will be applied to your monthly premium starting October 1, 2017 is **AFFIRMED**.

As your NYSOH account reflects that your spouse's enrollment in her silver-level QHP started October 1, 2017 and that the application of the increased APTC to your family premium also began on October 1, 2017, there is no reason to return your case to NYSOH.

This decision does not affect any subsequent eligibility determination or enrollment confirmation notices issued by NYSOH.

Decision

NYSOH's September 6, 2017 eligibility determination notice is correct and is AFFIRMED.

NYSOH's September 6, 2017 enrollment confirmation notice is MODIFIED to state that your spouse's plan enrollment start date is October 1, 2017. The remaining portion of the September 6, 2017 enrollment confirmation notice stating that APTC of \$1,062.00 will be applied to your monthly premium starting October 1, 2017 is AFFIRMED.

As your NYSOH account reflects that your spouse's enrollment in her silver-level QHP started October 1, 2017 and that the application of the increased APTC to your family premium also began on October 1, 2017, there is no reason to return your case to NYSOH.

Effective Date of this Decision: January 31, 2018

How this Decision Affects Your Eligibility

This decision does not change your, your adult child's or your spouse's eligibility.

Your spouse's enrollment in her silver-level QHP, and the application of the increased amount of APTC properly began as of October 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

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dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

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

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P.O. Box 11729
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- By fax: 1-855-900-5557

Summary

NYSOH's September 6, 2017 eligibility determination notice is correct and is **AFFIRMED**.

NYSOH's September 6, 2017 enrollment confirmation notice is **MODIFIED** to state that your spouse's plan enrollment start date is October 1, 2017. The remaining portion of the September 6, 2017 enrollment confirmation notice stating that APTC of \$1,062.00 will be applied to your monthly premium starting October 1, 2017 is **AFFIRMED**.

As your NYSOH account reflects that your spouse's enrollment in her silver-level QHP started October 1, 2017 and that the application of the increased APTC to your family premium also began on October 1, 2017, there is no reason to return your case to NYSOH.

This decision does not change your, your adult child's or your spouse's eligibility.

Your spouse's enrollment in her silver-level QHP, and the application of the increased amount of APTC properly began as of October 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&btumi 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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