



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

Notice of Decision

Decision Date: February 01, 2018

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000023598

[REDACTED]

[REDACTED]

On December 15, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 7, 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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Decision

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023598



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 and the application of advance payments of the premium tax credit were effective September 1, 2017?

Procedural History

On September 5, 2017, you submitted an updated application for financial assistance to NYSOH.

On September 6, 2017, NYSOH issued an eligibility determination notice, based on the September 5, 2017 updated application, stating that you were eligible to receive up to \$176.00 per month in advance payments of the premium tax credits (APTC). This eligibility was effective October 1, 2017.

On September 7, 2017, NYSOH issued a letter confirming your enrollment in a bronze-level qualified health plan (QHP) with a monthly premium responsibility of \$182.71, after your APTC of \$176.00 was applied, both effective September 1, 2017.

On October 23, 2017, you spoke to NYSOH's Account Review Unit and appealed the September 7, 2017 enrollment confirmation notice insofar as it began your enrollment in your bronze-level QHP and application of financial assistance on September 1, 2017 and not October 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 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. That day you uploaded to your NYSOH account documentation regarding the end date of your employer sponsored health insurance. That document is 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) You testified and the record reflects that your employer sponsored health insurance ended August 11, 2017.
- 2) You submitted an application to NYSOH for financial assistance on September 5, 2017.
- 3) According to your NYSOH account you were eligible for \$176.00 in APTC effective October 1, 2017.
- 4) You testified, and the record reflects, that you selected a bronze-level QHP on September 6, 2017.
- 5) According to the September 7, 2017 enrollment confirmation notice and your NYSOH account, your enrollment in the bronze-level QHP and the application of APTC became effective September 1, 2017.
- 6) You testified that you did not want your insurance to start September 1, 2107.
- 7) You testified that you paid the premium due for September 2017 so as not to be disenrolled for non-payment of premium.
- 8) You testified that you did not receive any medical treatment in the month of September 2017.
- 9) You testified that you want the start date of your bronze-level QHP changed to October 1, 2017 and to have the premium you paid for September 2017 refunded.

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

Applicable Law and Regulations

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)).

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)).

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.*).

Legal Analysis

The issue under review is whether NYSOH properly determine that your enrollment in your bronze-level QHP, as well as the application of APTC, was effective September 1, 2017.

The record shows that your employer sponsored health insurance ended on August 11, 2017. On September 5, 2017 you updated the information in your NYSOH account and submitted an application for financial assistance. On September 6, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for \$176.00 per month in APTC effective October 1, 2017. On September 6, 2017 you submitted a request to enroll in a bronze-level QHP. On September 7, 2017, NYSOH issued an enrollment confirmation notice stating that your enrollment in your bronze-level QHP was effective September 1, 2017 and that APTC would be applied to your monthly premium effective September 1, 2017.

You lost your employer sponsored health insurance on August 11, 2017. You did not apply to NYSOH until September 5, 2017 and made your plan selection on September 6, 2017. When an individual submits an application on or before the 15th of any month, NYSOH must make the determination that results from the change effective the first day of the following month. Additionally, the date on which a QHP 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.

Additionally, any changes in APTC that are determined before the 15th of the month are to be made effective the first day of the month following the date of the eligibility determination notice.

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

Since you selected your bronze-level QHP on September 6, 2017, it properly took effect the first day of the month following September 2017; that is, on October 1, 2017.

Therefore, NYSOH's September 6, 2017 eligibility determination notice stating that you were eligible for APTC effective October 1, 2017 is correct and is **AFFIRMED**.

NYSOH's September 7, 2017 enrollment confirmation notice is **MODIFIED** to state that your enrollment in your bronze-level QHP and the application of APTC was effective October 1, 2017.

Your case is **RETURNED** to NYSOH to effectuate this change in the start date of your bronze-level QHP and to assist you in the return of any premium you paid to the plan for coverage for the month of September 2017.

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

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).

Decision

NYSOH's September 6, 2017 eligibility determination notice stating that you were eligible for APTC effective October 1, 2017 is correct and is AFFIRMED. NYSOH's September 7, 2017 enrollment confirmation notice is MODIFIED to state that your enrollment in your bronze-level QHP and the application of APTC was effective October 1, 2017.

Your case is RETURNED to NYSOH to effectuate this change in the start date of your bronze-level QHP and to assist you in the return of any premium you paid to the plan for coverage for the month of September 2017.

Effective Date of this Decision: February 01, 2018

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your enrollment in your bronze-level QHP and application of APTC should have begun as of October 1, 2017.

Your case is being sent back to NYSOH to effectuate this change and assist you in the return of any premiums you paid for the month of September 2017.

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

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.

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.

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).

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
- By fax: 1-855-900-5557

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Summary

NYSOH's September 6, 2017 eligibility determination notice stating that you were eligible for APTC effective October 1, 2017 is correct and is AFFIRMED.

NYSOH's September 7, 2017 enrollment confirmation notice is MODIFIED to state that your enrollment in your bronze-level QHP and the application of APTC was effective October 1, 2017.

Your case is RETURNED to NYSOH to effectuate this change in the start date of your bronze-level QHP and to assist you in the return of any premium you paid to the plan for coverage for the month of September 2017.

This decision does not change your eligibility.

Your enrollment in your bronze-level QHP and application of APTC should have begun as of October 1, 2017.

Your case is being sent back to NYSOH to effectuate this change and assist you in the return of any premiums you paid for the month of September 2017.

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

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.

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).