



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

Notice of Decision

Decision Date: March 14, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024743

[REDACTED]

Dear [REDACTED],

On January 30, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 22, 2017 eligibility determination 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

Decision Date: March 14, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024743

[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 enrollment in a qualified health plan and the application of advance payments of the premium tax credit (APTC) were effective no earlier than January 1, 2018?

Procedural History

On September 22, 2017, NYSOH issued a renewal notice stating that you and your spouse were now eligible to share up to \$512.03 in APTC, effective December 1, 2017. Your spouse was directed to select a health plan between October 16, 2017 and November 15, 2017.

On October 18, 2017, NYSOH issued a disenrollment notice stating that your spouse's Essential Plan coverage would end on November 30, 2017.

Also on October 18, 2017, NYSOH issued a plan enrollment notice directing your spouse to pick a health plan.

On November 14, 2017, you submitted an application for financial assistance with health insurance.

On November 15, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to receive up to \$507.00 per month in APTC. This eligibility was effective December 1, 2017. The notice further stated

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that no further action was required for your spouse, and that she would receive a renewal notice around November 16, 2017. Her current coverage would end on December 31, 2017, and she was directed to pick a plan by January 13, 2018.

Also on November 15, 2017, NYSOH issued a plan enrollment notice directing your spouse to select a health plan. The notice stating that her coverage with a qualified health plan would not begin until she picked a plan.

On November 18, 2017, NYSOH issued a renewal notice stating that you and your spouse were eligible to receive up to \$618.00 in APTC, effective January 1, 2018. Your spouse was directed to select a plan between November 16, 2017 and December 15, 2017.

Also on November 18, 2017, NYSOH issued a plan enrollment notice directing your spouse to pick a plan.

On November 21, 2017, you submitted an application for financial assistance with health insurance.

On November 22, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to receive up to \$618.00 in APTC, effective January 1, 2018.

Also on November 22, 2017, you spoke to NYSOH's Account Review Unit and requested an appeal because your spouse did not have coverage in December 2017.

On November 27, 2017, NYSOH issued a plan enrollment notice stating that you and your spouse were enrolled in a qualified health plan, effective January 1, 2018.

On January 30, 2018, 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 applications to NYSOH for financial assistance on November 14, 2017 and November 21, 2017.
- 2) According to your NYSOH account and your testimony, you selected a qualified health plan on November 26, 2017.

- 3) Your and your spouse's enrollment in the plan became effective January 1, 2018.
- 4) You are seeking health insurance coverage for your spouse for December 2017.
- 5) You testified that you received the September 22, 2017 renewal notice and the October 18, 2017 plan enrollment notice directing you to select a plan for your spouse.
- 6) You testified that you contacted NYSOH regarding the notices and that a NYSOH representative advised you to wait until open enrollment to select a plan.
- 7) According to your NYSOH account, as of November 14, 2017, you were enrolled in an individual qualified health plan and your spouse was enrolled in the Essential Plan.
- 8) You testified that you tried to select a plan for your spouse on November 14, 2017, but you had issues enrolling you and your spouse into a couples qualified health plan due to your individual enrollment statuses. You testified that you contacted NYSOH and were advised to select a plan as quickly as possible.
- 9) The record does not contain any indication that there was a defect on your account that would have prevented enrollment on November 14, 2017.
- 10) You testified that you were aware that your spouse was going to be disenrolled from coverage when you received the October 2017 notices.
- 11) You testified that you need your spouse's coverage to begin on December 1, 2017, because you have outstanding bills for services rendered that month.

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 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)).

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 spouse's enrollment in a qualified health plan, as well as application of APTC, was effective no earlier than December 1, 2017.

The record reflects that NYSOH issued a renewal notice on September 22, 2017, which notice stated that you and your spouse were now eligible to receive up to \$512.03 in APTC, effective December 1, 2017. Your spouse was directed to select a health plan between October 16, 2017 and November 15, 2017. On October 18, 2017, NYSOH issued a disenrollment notice stating that your spouse's Essential Plan coverage would end on November 30, 2017. You testified that you received these notices.

You submitted an updated application for financial assistance on November 14, 2017, but could not select a plan for your spouse that day.

The record shows that, on November 21, 2017, you updated the information in your NYSOH account and, on November 26, 2017, you submitted a request for you and your spouse to enroll in a qualified health plan. On November 27, 2017, NYSOH issued a plan enrollment notice stating that your and your spouse's enrollment in a qualified health plan was effective January 1, 2018.

When an individual changes information in their application after the 15th of any month, NYSOH will make the redetermination that results from the change effective the first day of the second 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 after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you selected a plan on November 26, 2017, NYSOH properly determined that you and your spouse's qualified health plan coverage was effective the first day of the second following month, or January 1, 2018.

However, you credibly testified that you attempted to select a plan for your spouse on November 14, 2017. You testified that when you were unable to select a plan, you contacted NYSOH and were advised to select a plan as soon as possible. The record does not contain any indication that there was a defect on your account that would have prevented enrollment, so you and your spouse should have been able to enroll into a qualified health plan that day. Had you been able to select a couples qualified health plan on November 14, 2017, your and your spouse's enrollment in a couples qualified health plan would have begun on December 1, 2017.

Therefore, NYSOH's November 22, 2017 eligibility determination notice is MODIFIED to state that you and your spouse were eligible to receive up to \$618.00 in APTC effective December 1, 2017.

Your case is RETURNED to NYSOH to facilitate your and your spouse's enrollment into a couples qualified health plan for the month of December 2017.

Decision

The November 22, 2017 eligibility determination notice is MODIFIED to state that you and your spouse were eligible to receive up to \$618.00 in APTC effective December 1, 2017.

Your case is RETURNED to NYSOH to facilitate your and your spouse's enrollment into a couples qualified health plan for the month of December 2017.

Your spouse's eligibility for APTC and enrollment in a qualified health plan with APTC should have been effective December 1, 2017.

This Decision does not affect your and your spouse's current enrollment.

Effective Date of this Decision: March 14, 2018

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How this Decision Affects Your Eligibility

Your spouse's eligibility for APTC and enrollment in a qualified health plan with APTC should have been effective December 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):

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- 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 November 22, 2017 eligibility determination notice is MODIFIED to state that you and your spouse were eligible to receive up to \$618.00 in APTC effective December 1, 2017.

Your case is RETURNED to NYSOH to facilitate your and your spouse's enrollment into a couples qualified health plan for the month of December 2017.

This Decision does not affect your and your spouse's current enrollment.

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&etumi ama wo obi a okyerE 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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