



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

## Notice of Decision

Decision Date: April 02, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025721

[REDACTED]

On February 27, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 21, 2017 plan enrollment 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 NY State of Health number 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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: April 02, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025721



## 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 were eligible to receive advance payments of the premium tax credit (ATPC), effective January 1, 2018?

## Procedural History

On November 19, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective as December 1, 2016.

Also on November 19, 2016, NYSOH issued a plan enrollment notice confirming that as of November 18, 2016, you were enrolled in a Medicaid Managed Care (MMC) plan with an enrollment start date of December 1, 2016.

On September 21, 2016, NYSOH issued a renewal notice stating, in relevant parts, that based on federal and state sources, NYSOH could not determine whether you qualified for financial assistance. The notice instructed you to return to your NYSOH account between October 16, 2017 and November 15, 2017, to complete your renewal.

On November 2, 2017, you updated your NYSOH account.

On November 3, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for up to \$821.00 monthly in APTC for a limited time, effective December 1, 2017. The notice instructed you to submit proof of your household's income by January 31, 2018.

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Also on November 3, 2017, NYSOH issued a disenrollment notice stating that your MMC coverage would end as of November 30, 2017, because you were no longer eligible for that coverage.

On November 21, 2017, NYSOH issued a plan enrollment notice confirming that as of November 20, 2017, you and your spouse were enrolled in a QHP with an enrollment start date of January 1, 2018. Further, the notice stated that your APTC would be applied starting on January 1, 2018.

On December 13, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal because APTC was not applied to your and your spouse's QHP premium for the month of December 2017.

On February 8, 2018, NYSOH uploaded an evidence packet for your hearing with NYSOH's Appeals Unit. The packet contains an "incident matrix," which contains descriptions and resolutions of the complaints that you have been made to NYSOH (see Document [REDACTED]).

On February 17, 2018, NYSOH issued a plan enrollment notice confirming that as of February 16, 2018, you and your spouse were enrolled in a QHP with an enrollment start date of December 1, 2017. Further, the notice stated that your APTC would be applied starting on January 1, 2018.

On February 27, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken and the record was fully developed during the hearing. The record was closed at the end of the hearing.

## **Findings of Fact**

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

- 1) You testified that you want APTC applied to your and your spouse's QHP for the month of December 2017.
- 2) According to your NYSOH account, you were enrolled in Medicaid coverage from December 1, 2016 through November 30, 2017.
- 3) According to your NYSOH account, on November 2, 2017, you and your spouse were determined eligible to receive up to \$821.00 monthly in APTC.
- 4) According to your NYSOH account, on November 20, 2017, you and your spouse were enrolled in a silver-level QHP with an enrollment start date of January 1, 2018.

- 5) On November 20, 2017, you submitted a complaint to have your and your spouse's QHP enrollment start date changed because you were given misinformation by the NYSOH representative on November 2, 2017 (see [REDACTED])
- 6) On November 27, 2017, NYSOH changed your and your spouse's QHP enrollment state date to December 1, 2017, and notified you of the resolution (see [REDACTED])
- 7) On December 13, 2017, you submitted a complaint to have the APTC applied to your and your spouse's QHP for the month of December 2017 (see Document [REDACTED])
- 8) On December 20, 2017, NYSOH submitted a data correction to add an APTC amount of \$821.00 toward your and your spouse's QHP for the month of December 2017 (see [REDACTED])
- 9) You testified that you did not know whether APTC was applied to your and your spouse's QHP for the month of December 2017.
- 10) According to the enrollment history in your NYSOH account, you and your spouse were enrolled in a silver-level QHP, with APTC, from December 1, 2017, through December 31, 2017.
- 11) According to a corrected 2017 Form 1095-A, Health Insurance Marketplace Statement, located in your NYSOH account and dated February 14, 2018, you and your spouse shared in \$821.00 in APTC for the month of December 2017 (see [REDACTED])

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

## **Applicable Law and Regulations**

### **Advance Payments of Premium Tax Credit**

Advance payments of the premium tax credit (APTC) are generally available to a person who is eligible to enroll in a qualified health plan (QHP) and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a QHP, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

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).

### APTC Effective Date – Special Enrollment Period:

Upon making an initial eligibility determination, NYSOH must implement the eligibility determination for enrollment in a QHP, APTC, and CSR, in accordance with 45 CFR §155.410(c), (f) and §155.420(b), as applicable (45 CFR § 155.310(f)(1)).

NYSOH must allow a qualified individual or his or her dependent to enroll in a QHP if the qualified individual or their dependent loses minimum essential coverage (45 CFR § 155.420(d)(1)(i)).

Generally, the effective date for a QHP is the first day of the following month if the enrollment is received by NYSOH on or before the fifteenth day of the month, and enrollments received after the fifteenth day of the month are effective the first day of the second following month (45 CFR § 155.420(b)(1)).

When an individual loses minimum essential coverage, if the plan selection is made on or before the date of the loss of coverage, NYSOH must ensure that the coverage effective date is on the first day of the month following the loss of coverage. If the plan selection is made after the date of the loss of coverage, NYSOH must ensure that coverage is effective with the regular effective dates or the first day of the following month (45 CFR § 155.420(b)(iv)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that you and your spouse were eligible to receive APTC, effective January 1, 2018

The record reflects that you were enrolled in Medicaid coverage from December 1, 2016, through November 30, 2017.

On November 2, 2017, you applied for financial assistance through NYSOH. Based on that application, you and your spouse were determined eligible to receive up to \$821.00 of APTC. Further, on November 20, 2017, you and your spouse were enrolled in a silver-level QHP with an enrollment start date of January 1, 2018.

The record reflects that on November 20, 2017, you submitted a complaint to have your and your spouse's QHP enrollment start date changed because you were given misinformation by the NYSOH representative on November 2, 2017. On November 27, 2017, NYSOH changed your and your spouse's QHP enrollment state date to December 1, 2017, and notified you of the resolution (see [REDACTED]).

If the applicant selects the QHP before their minimum essential coverage has ended, NYSOH must ensure that the coverage and financial assistance is effective on the first day of the month following the loss of coverage.

Your Medicaid coverage ended as of November 30, 2017, and you and your spouse enrolled in the QHP on November 20, 2017, Therefore, the QHP coverage and financial assistance should have been effectuated as the first day of the following month; that is December 1, 2017.

Therefore, the November 21, 2017, enrollment notice is MODIFIED to confirm that you and your spouse were enrolled in a QHP, with application of APTC, effective December 1, 2017.

The record reflects that on December 13, 2017, you submitted a complaint to have the APTC applied to your and your spouse's QHP for the month of December 2017. On December 20, 2017, NYSOH submitted a data correction to add an APTC amount of \$821.00 toward your and your spouse's QHP for the month of December 2017 (see [REDACTED]).

You testified that you did not know whether APTC was applied to your and your spouse's QHP premium for the month of December 2017. However, the 2017 Form 1095-A issued by NYSOH on February 14, 2018, reflects that you and your spouse shared in \$821.00 in APTC for the month of December 2017 (see [REDACTED]).

To confirm that APTC was actually applied in the month of December 2017, your case is REFERRED to NYSOH's Plan Management Unit to investigate its application that month. They shall notify you of the results of this investigation.

## **Decision**

The November 21, 2017, enrollment notice is MODIFIED to confirm that you and your spouse were enrolled in a QHP, with application of APTC, effective December 1, 2017.

Your case is REFERRED to NYSOH's Plan Management Unit to confirm that the APTC was applied to your premium for the month of December 2017. They shall notify you of the results of this investigation.

**Effective Date of this Decision:** April 02, 2018

## **How this Decision Affects Your Eligibility**

You and your spouse should have been enrolled in a silver-level QHP, with the application of APTC, effective December 1, 2017.

NYSOH's Plan Management will confirm that APTC was in fact applied and notify you of their findings.

## **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):**

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 November 21, 2017, enrollment notice is MODIFIED to confirm that you and your spouse were enrolled in a QHP, with application of APTC, effective December 1, 2017.

Your case is REFERRED to NYSOH's Plan Management Unit to confirm that the APTC was applied to your premium for the month of December 2017. They shall notify you of the results of this investigation.

You and your spouse should have been enrolled in a silver-level QHP, with the application of APTC, effective December 1, 2017.

NYSOH's Plan Management will confirm that APTC was in fact applied and notify you of their findings.

## **Legal Authority**

We are sending you this notice in accordance with 45 CFR § 155.545(a).

**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।

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).

## **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).