



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

## Notice of Decision

Decision Date: January 5, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000026210

[REDACTED]

On January 4, 2017, you and your authorized representative appeared by telephone at a hearing on your appeal of NY State of Health's December 22, 2017 eligibility determination notice and December 27, 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

Decision Date: January 5, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000026210

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

## Procedural History

On December 19, 2017, you contacted NYSOH and updated your NYSOH account and applied for financial assistance for health insurance.

On December 20, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to receive up to \$292.00 in advance premium tax credits (APTC), effective February 1, 2018.

Also on December 20, 2017, NYSOH issued a notice of plan enrollment, confirming your enrollment in a gold level qualified health plan with a premium payment of \$346.90 after the application of your \$292.00 tax credit, effective February 1, 2018.

On December 21, 2017, you contacted NYSOH, updated your NYSOH account, and submitted a request to enroll in a different health plan. That day, a preliminary eligibility determination was prepared stating that you were eligible to receive up to \$292.00 in APTC, and that your enrollment in your new health plan would be effective February 1, 2018.

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Also on December 21, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination and enrollment confirmation notices insofar as they began your financial assistance eligibility and enrollment in a qualified health plan on February 1, 2018, and not January 1, 2018.

On December 22, 2017, NYSOH issued a notice of plan enrollment, confirming your plan selection on December 21, 2017, in a silver level qualified health plan with a monthly premium payment of \$228.34 after the application of your \$292.00 tax credit, effective February 1, 2018.

Also on December 22, 2017, NYSOH issued a notice of plan disenrollment confirming that as of February 1, 2018, you were disenrolled from your gold level qualified health plan with a monthly premium tax credit of \$346.90.

On December 26, 2017, you contacted NYSOH and submitted a request to enroll in a different health plan.

On December 27, 2017, NYSOH issued a notice of plan enrollment, confirming your plan selection on December 26, 2017, in a gold level qualified health plan with a monthly premium payment of \$311.19 after the application of your \$292.00 tax credit, effective February 1, 2018.

Also on December 27, 2017, NYSOH issued a notice of plan disenrollment confirming that as of February 1, 2018, you were disenrolled from your silver level qualified health plan with a monthly premium tax credit of \$228.34.

Lastly, on December 27, 2017, NYSOH received your request for an expedited appeal due to your medical condition. This request was approved and you were scheduled for an expedited hearing.

On January 4, 2018, you had an expedited telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, [REDACTED] acted as your Authorized Representative and assisted you with your testimony. 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 updated your account and submitted an application to NYSOH for financial assistance on December 19, 2017.
- 2) You testified, and the record reflects, that you first selected a qualified health plan on December 19, 2017, changed plans on December 21, 2017, and again on December 26, 2017.

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- 3) Your enrollment in each of the three plans you selected became effective February 1, 2018.
- 4) You testified that you wish to continue your enrollment in the plan you selected on December 26, 2017, but that you want your enrollment to begin on January 1, 2018, not February 1, 2018.
- 5) You testified that you need your qualified health plan and eligibility for financial assistance to begin on January 1, 2018 because you have a serious health condition that requires medical attention in the month of January.

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 that any change made after the 15<sup>th</sup> 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)).

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## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your enrollment in a qualified health plan, as well as the application of APTC, was effective no earlier than February 1, 2018.

The record shows that on December 19, 2017, you updated the information in your NYSOH account and submitted your first request to enroll in a qualified health plan. On December 20, 2017, NYSOH issued an enrollment confirmation notice stating that your enrollment in your qualified health plan was effective February 1, 2018, and that APTC would be applied to your monthly premium effective February 1, 2018.

The record shows that you submitted a request to change your plan enrollment on December 21, 2017, and again on December 26, 2017. You testified that you wish to remain in the health plan you selected on December 26, 2017, but that you want the application of your tax credits and your enrollment in that health plan to begin on 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 first updated your application on December 19, 2017 and selected your health plan on December 26, 2017, your tax credits and enrollment start date properly took effect on the first day of the second month following December; that is on February 1, 2018. Even if you requested to be enrolled in one of the prior health plans you selected, the effective date of your tax credits and enrollment start date would still be February 1, 2018, because you updated your application and made these plan selections after the fifteenth of the month of December.

Therefore, NYSOH's December 20, 2017 eligibility determination notice and December 27, 2017 enrollment confirmation notice are **AFFIRMED** because they properly began your enrollment in your qualified health plan as well as your advance premium tax credits on February 1, 2018.

## **Decision**

The December 22, 2017 eligibility determination notice is **AFFIRMED**.

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).

The December 27, 2017 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** January 5, 2018

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

This decision does not change your eligibility.

Your enrollment in your qualified health plan, and your eligibility for APTC properly began as of February 1, 2018.

### **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 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 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

### **Summary**

The December 22, 2017 eligibility determination notice is AFFIRMED.

The December 27, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

Your enrollment in your qualified health plan, and your eligibility for advance payments of the premium tax credit properly began as of February 1, 2018.

### **Legal Authority**

We are issuing this determination in accordance with 45 CFR § 155.545.



**A Copy of this Decision Has Been Provided To:**

[REDACTED]

[REDACTED]

## **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。我们可以为您免费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)**

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).

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।

### **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 b e tumi ama wo obi a okyer e 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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