



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

Notice of Decision

Decision Date: April 4, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026320

[REDACTED]

On February 28, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's October 28, 2017 plan enrollment notice and January 18, 2018 disenrollment 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 Date: April 4, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026320

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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

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?

Did NYSOH properly terminate you from your qualified health plan for non-payment of premium, effective January 1, 2018?

Procedural History

On September 21, 2017, NYSOH received your application for health insurance.

On September 30, 2017, NYSOH issued an eligibility determination notice based on your last application stating that you were eligible to receive up to \$121.00 per month in advance payments of the premium tax credits (APTC). This eligibility was effective November 1, 2017. The notice directed you to confirm a health plan selection by October 29, 2017.

On October 27, 2017, your application counselor enrolled you in a qualified health plan.

On October 28, 2017, NYSOH issued a plan enrollment notice confirming your enrollment on October 27, 2017, in a Silver-level qualified health plan, effective September 1, 2017.

On November 9, 2017, NYSOH issued a renewal notice stating no action was required. The notice stated you were eligible for APTC up to \$177.89 per month and you were enrolled in a Silver-level qualified health plan, effective January 1, 2018. The notice stated no action was required but if you wanted to make a change you would need to do so between November 16, 2017 and December 15, 2017.

On November 18, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in a Silver level qualified health plan, effective January 1, 2018.

On December 26, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination and plan enrollment notices insofar as they began your financial assistance eligibility and enrollment in a qualified health plan on September 1, 2017 and not December 1, 2017.

On January 18, 2018, NYSOH issued a disenrollment notice stating your coverage in your Silver-level qualified health plan was ending January 1, 2018, because you did not pay your insurance bill by the payment deadline.

On February 28, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open for fifteen days to allow you to provide supporting documentation.

On March 13, 2018, NYSOH's Appeals Unit received a four-page fax from you, which was made part of the record as Appellant's Exhibit 1. The record was closed that day.

Findings of Fact

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

- 1) You submitted an application to NYSOH for financial assistance on September 21, 2017.
- 2) According to your NYSOH account, you were determined eligible for APTC up to \$121.00 per month, effective November 1, 2017.
- 3) According to your NYSOH account, your application counselor enrolled you in a Silver-level qualified health plan on October 27, 2017, and selected a September 1, 2017 start date.
- 4) You testified you were not aware your application counselor selected a September 1, 2017 start date and did not authorize him to do so. You further testified you told him you wanted a December 1, 2017.

- 5) You testified you explained to NYSOH representatives that you were seeking a December 1, 2017 start date of coverage.
- 6) Your NYSOH account shows your enrollment start date as December 1, 2017. There has been no notice issued in this regard.
- 7) According to your NYSOH account, you were disenrolled from your health plan, effective January 1, 2018, for non-payment of premium.
- 8) You testified you paid your December 2017 monthly insurance premium on October 29, 2017. You provided a copy of your bank statement showing a payment made to your health plan on October 31, 2017 (see, Appellant's Exhibit 1, p. 4).
- 9) You testified you did not pay January 2018 or February 2018 monthly insurance premiums because you were told you were going to be dropped from your plan.

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 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 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

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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)).

Appealable Issues

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Legal Analysis

The first issue under review is whether NYSOH properly determine that your enrollment in a qualified health plan, as well as the application of APTC, was effective September 1, 2017.

The record shows that on October 27, 2017 your application counselor updated the information in your NYSOH account and submitted a request to enroll in a qualified health plan. On October 28, 2017 NYSOH issued a plan enrollment notice confirming your enrollment in your qualified health plan was effective September 1, 2017, and that APTC would be applied to your monthly premium, effective September 1, 2017.

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 your health plan was selected on October 27, 2017, your plan should have started as of December 1, 2017. You testified your application counselor was not authorized to select a plan start date of September 1, 2017 for you. Your NYSOH account shows your enrollment start date as December 1, 2017. There has been no notice issued in this regard.

Since your application counselor erred in selecting a start date of September 1, 2017, and NYSOH erred in processing your enrollment for a September 1, 2017

start date, the October 28, 2017 plan enrollment notice is MODIFIED to reflect a December 1, 2017 enrollment start date in your Silver-level qualified health plan.

Your case is RETURNED to NYSOH to reinstate you in your qualified health plan for the month of December 2017, and to ensure with the qualified health plan that the monthly premium payment you made is applied to that month's premium.

The second issue under review is whether NYSOH properly terminated your enrollment in your qualified health plan for non-payment of premium, effective January 1, 2018.

You testified that you paid your premium to your health plan for the month of December 2017. You explained during your hearing that you did not pay premiums to your health plan for the months of January 2018 and February 2018 because you were being told by your health plan that you were going to be disenrolled for non-payment of past required premiums. NYSOH issued a disenrollment notice on January 18, 2018, stating you were disenrolled from your Silver-level qualified health plan, effective January 1, 2018. The notice stated this was because you did not pay your insurance bill by the payment deadline.

NYSOH Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure to provide timely notice of an eligibility determination and (5) a denial of a special enrollment period.

Since the Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums, we cannot reach the merits as to whether or not you were properly terminated from your qualified health plan for non-payment of premiums.

Therefore, your appeal of the January 18, 2018 disenrollment notice is DISMISSED as a non-appealable issue.

If you have not already been assisted with your current coverage issue, please contact your health plan directly.

In addition, since your issue concerns a health insurer and/or payment, reimbursement, coverage, benefits, rates and premiums, you can contact NY Department of Financial Services at their Consumer Hotline at (800) 342-3736 (Monday through Friday, 8:30 AM to 4:30 PM); or locally to (212) 480-6400; or you can file a complaint at <http://www.dfs.ny.gov/consumer/fileacomplaint.htm>

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Decision

The October 28, 2017 plan enrollment notice is MODIFIED to reflect a December 1, 2017 enrollment start date in your Silver-level qualified health plan.

Your case is RETURNED to NYSOH to reinstate you in your qualified health plan for the month of December 2017, and to ensure with the qualified health plan that the monthly premium payment you made is applied to that month's premium.

Your appeal of the January 18, 2018 disenrollment notice is DISMISSED as a non-appealable issue.

Effective Date of this Decision: April 4, 2018

How this Decision Affects Your Eligibility

Your enrollment in your qualified health plan should have begun as of December 1, 2017.

Your case is being sent back to NYSOH to enroll you in your qualified health plan for the month of December 2017. NYSOH will also ensure that the monthly premium payment you made is applied to your premium responsibility for that month.

This decision has no effect on determinations notices made after October 28, 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 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 case 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):

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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

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Summary

The October 28, 2017 plan enrollment notice is MODIFIED to reflect a December 1, 2017 enrollment start date in your Silver-level qualified health plan.

Your case is RETURNED to NYSOH to reinstate you in your qualified health plan for the month of December 2017, and to ensure with the qualified health plan that the monthly premium payment you made is applied to that month's premium.

Your appeal of the January 18, 2018 disenrollment notice is DISMISSED as a non-appealable issue.

Your enrollment in your qualified health plan should have begun as of December 1, 2017.

Your case is being sent back to NYSOH to enroll you in your qualified health plan for the month of December 2017. NYSOH will also ensure that the monthly premium payment you made is applied to your premium responsibility for that month.

This decision has no effect on determinations notices made after October 28, 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 srε wo, frε 1-855-355-5777. ye&εtumi 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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