



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

Notice of Decision

Decision Date: April 3, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026755

[REDACTED]

On March 27, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 7, 2017 eligibility determination and December 9, 2017 enrollment notices.

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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Decision

Decision Date: April 3, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026755

[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 you, your spouse, and your eldest child were eligible to receive advance payments of the premium tax credit (ATPC) and cost-sharing reductions (CSR), effective January 1, 2018?

Procedural History

[REDACTED]

On October 19, 2016, NYSOH issued an eligibility determination notice stating that you, your spouse, and your children were eligible for Medicaid, effective as December 1, 2016.

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

On September 21, 2017, NYSOH issued a renewal notice stating, in relevant parts, that based on federal and state sources, NYSOH could not determine whether your household 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.

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On November 11, 2017, updates were made to [REDACTED] and [REDACTED].

On November 12, 2017, NYSOH issued a disenrollment notice stating that your household's MMC coverage would end as of November 30, 2017, because you all were no longer eligible for health insurance through NYSOH.

[REDACTED]

On November 13, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that you, your spouse, and your eldest child were eligible to purchase a qualified health plan (QHP) at full cost, effective December 1, 2017. The notice stated that your household was not eligible for financial assistance because you qualified for coverage on another NYSOH account.

On December 6, 2017, your NYSOH account was updated.

On December 7, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that you, your spouse, and your eldest child were eligible to receive up to \$1,367.00 monthly in APTC and CSR, effective January 1, 2018.

On December 9, 2017, NYSOH issued a plan enrollment notice confirming that as of December 8, 2017, you, your spouse, and your eldest child 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 January 4, 2018, you spoke with NYSOH's Account Review Unit and requested an appeal because APTC was not applied to your, your spouse, and your eldest child's QHP premium for the month of December 2017.

On March 6, 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 have been made to NYSOH (see Document [REDACTED]).

On March 27, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was left open to allow the Hearing Officer to request the recording of your November 11, 2017 conversation with NYSOH's customer service center.

On March 28, 2018, NYSOH's Unit received the recording of your November 11, 2017 conversation with NYSOH's customer service center. That recording has been made part of the record as "Appellant Exhibit A." The Hearing Officer reviewed the recording and record is now complete and closed.

Findings of Fact

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

- 1) You testified that you want APTC applied to your, your spouse, and your eldest child's QHP for the month of December 2017.
- 2) According to account [REDACTED], your household was enrolled in Medicaid coverage from December 1, 2016 through November 30, 2017.
- 3) According to your NYSOH accounts, on November 11, 2017, account [REDACTED] was inactivated, and an application for financial assistance was submitted on account [REDACTED]
- 4) On November 11, 2017, you contacted NYSOH's customer service center to apply for financial assistance and enroll your family in health insurance coverage. Based on your application, your household was determined ineligible for financial because you were enrolled in coverage on another NYSOH account. The NYSOH representative informed you to reapply and enroll in health insurance coverage after December 1, 2017, because your Medicaid coverage would no longer be active (Appellant Exhibit A).
- 5) According to account [REDACTED], on December 6, 2017, you, your spouse, and your eldest child were determined eligible to receive up to \$1,367.00.00 monthly in APTC and CSR.
- 6) According to account [REDACTED], on December 8, 2017, you, your spouse, and your eldest child were enrolled in a silver-level QHP with an enrollment start date of January 1, 2018.
- 7) On December 12, 2017, you submitted a complaint to have your QHP enrollment start date changed because you were given misinformation by the NYSOH representative on November 11, 2017 (see Document [REDACTED])
- 8) On December 15, 2017, NYSOH granted your request and changed your enrollment start date to December 1, 2017 (see Document [REDACTED])
- 9) According to the enrollment history in your NYSOH account, you, your spouse, and your eldest child were enrolled in a silver-level QHP, without financial assistance, from December 1, 2017 through December 31, 2017.
- 10) According to a corrected 2017 Form 1095-A, Health Insurance Marketplace Statement, located in your NYSOH account and dated March

12, 2018, you, your spouse, and your eldest child received \$0.00 in APTC for the month of December 2017 (see Document [REDACTED]).

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

Applicable Law and Regulations

Special Enrollment Period – Loss of Minimum Essential Coverage

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, a qualified individual or enrollee has 60 days from the date of a triggering event to select a QHP (45 CFR §155.420(c)(1)). A qualified individual or their dependent, who loses health insurance that is considered to be minimum essential coverage, has 60 days before or after the loss of coverage to select a QHP (45 CFR §155.420(c)(2)).

APTC/CSR 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)).

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, your spouse, and your eldest child were eligible to receive APTC and CSR, effective January 1, 2018.

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).

A qualified individual or their dependent, who loses health insurance, that is considered to be minimum essential coverage has 60 days before or after the loss of coverage to select or change their QHP.

The record reflects that your family was enrolled in Medicaid coverage from December 1, 2016, through November 30, 2017.

On November 11, 2017, you contacted NYSOH's customer service center to reapply for financial assistance and enroll your family in health insurance coverage. Based on your application, your household was determined ineligible for financial because all were enrolled in coverage on another NYSOH account. The NYSOH representative informed you to reapply and enroll in health insurance coverage after December 1, 2017, because your Medicaid coverage would no longer be active.

On December 6, 2017, you reapplied for financial assistance for your household. Based on that application, you, your spouse, and your eldest child were determined eligible to receive up to \$1,367.00.00 monthly in APTC and CSR. Further, on December 8, 2017, you, your spouse, and your eldest child were enrolled in a silver-level QHP with an enrollment start date of January 1, 2018.

The record reflects that on December 12, 2017, you submitted a complaint to have your QHP enrollment start date changed because you were given misinformation by the NYSOH representative on November 11, 2017. On December 15, 2017, NYSOH granted your request and changed your enrollment start date to December 1, 2017 (see Document [REDACTED] [REDACTED]).

Your NYSOH account and 2017 Form 1095-A, Health Insurance Statement, reflect that you, your spouse, and your eldest child were enrolled in a silver-level QHP, without financial assistance, from December 1, 2017 through December 31, 2017. You testified that you want the financial assistance applied to the month of December 2017.

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 family's Medicaid coverage ended as of November 30, 2017. Had you not been misinformed by the NYSOH representative and been properly determined eligible for APTC and CSR on November 11, 2017, you, your spouse, and you eldest child would have been enrolled in a QHP, with APTC and CSR, effective December 1, 2017.

Therefore, the December 7, 2017 eligibility determination is MODIFIED to state that you, your spouse, and your eldest child were eligible to receive up to \$1,367.00 monthly in APTC and CSR, effective December 1, 2017.

The December 9, 2017 plan enrollment notice is MODIFIED to state that you, your spouse, and your eldest child were enrolled in a QHP with an enrollment start date of December 1, 2017; and, further, that your APTC would be applied starting on December 1, 2017.

Your case is RETURNED to NYSOH to apply APTC and CSR to your QHP for the month of December 2017, and to issue a corrected 2017 1095-A Form.

Decision

The December 7, 2017 eligibility determination is MODIFIED to state that you, your spouse, and your eldest child were eligible to receive up to \$1,367.00 monthly in APTC and CSR, effective December 1, 2017.

The December 9, 2017 plan enrollment notice is MODIFIED to state that you, your spouse, and your eldest child were enrolled in a QHP with an enrollment start date of December 1, 2017; and, further, that your APTC would be applied starting on December 1, 2017.

Your case is RETURNED to NYSOH to apply APTC and CSR to your QHP for the month of December 2017, and to issue a corrected 2017 1095-A Form.

Effective Date of this Decision: April 3, 2018

How this Decision Affects Your Eligibility

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

Your case is being sent back to NYSOH to apply APTC to your monthly premium for December 2017. NYSOH will also issue a corrected Form 1095-A reflecting that APTC was applied that month.

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.

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

Summary

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 7, 2017 eligibility determination is MODIFIED to state that you, your spouse, and your eldest child were eligible to receive up to \$1,367.00 monthly in APTC and CSR, effective December 1, 2017.

The December 9, 2017 plan enrollment notice is MODIFIED to state that you, your spouse, and your eldest child were enrolled in a QHP with an enrollment start date of December 1, 2017; and, further, that your APTC would be applied starting on December 1, 2017.

Your case is RETURNED to NYSOH to apply APTC and CSR to your QHP for the month of December 2017, and to issue a corrected 2017 1095-A Form.

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

Your case is being sent back to NYSOH to apply APTC to your monthly premium for December 2017. NYSOH will also issue a corrected Form 1095-A reflecting that APTC was applied that month.

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।

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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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