



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

Notice of Decision

Decision Date: March 28, 2018

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000026769

[REDACTED]

Dear [REDACTED],

On March 22, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 28, 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(b).

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 28, 2018

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000026769



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 (QHP) was effective no earlier than February 1, 2018?

Procedural History

On October 24, 2017, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account between November 16, 2017 and December 15, 2017 or you might lose the financial assistance you were currently receiving.

On November 22, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your bronze-level QHP would end, effective December 31, 2017. This was because you were no longer eligible for that health plan.

On November 30, 2017, NYSOH issued a notice, based on your November 29, 2017 application, stating that the income information in your application did not match what the NYSOH received from state and federal needed by December 14, 2017, to confirm your eligibility.

No documentation was received by NYSOH by December 14, 2017.

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On December 25, 2017, NYSOH issued an eligibility determination notice stating that you did not qualify for health coverage through NYSOH. This was because you did not provide the income documentation needed to verify the income listed in your application.

On December 28, 2017, NYSOH issued an eligibility determination notice, based on your December 27, 2017 updated application, stating that you were eligible to receive an advance payment of the premium tax credit of up to \$363.00 per month and eligible for cost-sharing reductions, if you enrolled in a silver-level qualified health plan, effective February 1, 2018.

Also on December 28, 2017, a plan enrollment notice was issued, based on your December 27, 2017 plan selection, confirming your enrollment in a silver-level qualified health plan, effective February 1, 2018.

Also on December 28, 2017, a copy of your Social Security Administration Benefits Statement, dated December 21, 2017, was uploaded to your NYSOH account (see Document [REDACTED]).

On January 4, 2018, you spoke to NYSOH's Account Review Unit and appealed the plan enrollment notice insofar as it began your silver-level QHP on February 1, 2018, and not January 1, 2018.

On March 22, 2018, you had a telephone hearing with a Hearing Officer from the Marketplace'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) According to your NYSOH account, you receive all your notices from NYSOH via regular mail.
- 2) According to your NYSOH account, no notices that were mailed to you at your mailing address listed on your account were returned to NYSOH as undeliverable.
- 3) According to your NYSOH account and testimony, you first updated your account for health insurance on November 30, 2017. At that time, you were told by a NYSOH representative that you needed to provide proof of income prior to December 14, 2017.
- 4) You testified that you went to the Social Security Administration on [REDACTED] to get a copy of your Social Security Benefits

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Statement, but were advised that it would take three days for them to provide you with this statement.

- 5) You further testified that, when you returned on [REDACTED], the Social Security Administration was having computer difficulties and you had to come back at another time.
- 6) You testified that you returned to the Social Security Administration on [REDACTED], and received a copy of your benefits statement.
- 7) You testified that you did not know that you were disenrolled from your health plan until you called NYSOH to submit your income documentation.
- 8) According to your NYSOH account and testimony, you updated the income information in your NYSOH account on December 27, 2017 and selected a health plan for enrollment on that day.
- 9) According to your NYSOH account, a copy of your Social Security Administration Benefits Statement dated December 21, 2017, was uploaded to your NYSOH account on December 28, 2017 (see Document [REDACTED]).
- 10) You testified that you want your silver-level QHP plan to begin on October 1, 2017, because you have medical bills that are not covered by Medicaid Fee-For Service.

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

Applicable Law and Regulations

Annual Eligibility Redetermination

Generally, NYSOH must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

NYSOH must send an annual renewal notice that contains the information by which NYSOH will use to redetermine a qualified individual's projected eligibility for that year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond

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to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the information and projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

Verification Process

For all individuals, whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i), 42 CFR § 435.945).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f) 42 CFR § 435.952).

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 enrollment in a QHP was effective no earlier than February 1, 2018.

NYSOH must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. NYSOH must issue a renewal notice that contains the individual's projected eligibility. If an individual does not respond to this notice, NYSOH must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On October 24, 2017, NYSOH issued an annual renewal notice in your case. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether or not you would qualify for

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financial help with paying for your health coverage. You were asked to update the information in your account between November 16, 2017 and December 15, 2017 or the financial help you were receiving might end.

Although you updated your application on November 29, 2017 the information entered into that application did not match what state and federal data sources were showing. As such, NYSOH asked you to submit additional documentation to confirm your household income by December 14, 2017.

Because there was no timely response to this notice, your eligibility for financial assistance and your enrollment in a QHP was terminated, effective December 31, 2017.

You testified that you were told you needed to provide proof of income prior to December 14, 2017. In fact, you testified that you went to the Social Security Administration office on [REDACTED] to get a copy of your Social Security Benefits Statement.

Therefore, NYSOH did properly notify you of an inconsistency in your account and that you needed to provide proof of income to confirm your eligibility by December 14, 2017.

You further testified that, when you went to the Social Security Administration office on [REDACTED], you were advised that it would take three days for them to provide you with this statement. You further testified that, when you returned on [REDACTED], the Social Security Administration was having computer difficulties and you had to come back at another time. You testified that you next returned to the Social Security Administration on [REDACTED], and obtained a copy of your benefits statement. According to you NYSOH account, your benefits statement, dated December 21, 2017, was uploaded to your NYSOH account on December 28, 2017.

Since the Social Security Administration is not an instrumentality or agent of NYSOH, your inability of obtain a benefits statement before December 21, 2017, cannot be attributed to any error or nonaction on its part.

However, you further testified that you did not receive the November 22, 2017 disenrollment notice that your bronze-level QHP was ending. The record reflects that this notice was mailed by regular mail to your mailing address as listed in your NYSOH account. You testified that you did not know that you were disenrolled from your health plan until you called NYSOH to submit your income documentation. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned to NYSOH as undeliverable.

Therefore, the record reflects that NYSOH properly notified you of that your coverage would end as of December 31, 2017.

The record shows that on December 27, 2017, you updated the information in your NYSOH account and submitted a request to enroll in a qualified health plan. The date on which a QHP can take effect depends on the day a person selects the plan for enrollment. If the plan is selected from the first day to the fifteenth day of a month, the plan is effective on the first day of the following month. If the plan is selected from the sixteenth day of the month to the end of the month, the plan is effective on the first day of the second following month.

The record reflects that you selected the gold-level QHP on December 27, 2017. Therefore, the health plan was properly effectuated on the first day of the second month following December 2017; that is, on February 1, 2018.

Therefore, NYSOH's December 28, 2017 plan enrollment notice is AFFIRMED.

Decision

The December 28, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: March 28, 2018

How this Decision Affects Your Eligibility

You were enrolled in a bronze-level QHP until December 31, 2017.

This decision does not change your eligibility for or enrollment in a QHP in 2018.

The effective date of your silver-level QHP is 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.

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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):

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 28, 2017 plan enrollment notice is **AFFIRMED**.

You were enrolled in a bronze-level QHP until December 31, 2017.

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This decision does not change your eligibility for or enrollment in a QHP in 2018.

The effective date of your silver-level QHP is February 1, 2018.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 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)

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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&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.

אַײַדיש (Yiddish)

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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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