



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

Notice of Decision

Decision Date: [REDACTED]

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027001

[REDACTED]

On April 10, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 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 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: April 10, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027001

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health (NYSOH) properly enroll you in a qualified health plan (QHP), without the application of financial assistance, effective January 1, 2018?

Procedural History

On November 27, 2017, you submitted an application for financial assistance through NYSOH.

On November 28, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for up to \$370.00 monthly in advance payment of the advance premium tax credit (APTC) and cost-sharing reductions (CSR), effective January 1, 2018.

Also on November 28, 2017, NYSOH issued a plan enrollment notice confirming that as of November 27, 2017, you were enrolled in a QHP with an enrollment start date of January 1, 2018. Further, that a tax credit of \$0.00 would be applied to your monthly health insurance premium.

On December 19, 2017, NYSOH issued a disenrollment notice stating that your QHP enrollment would end as of January 31, 2018, because you requested to end your coverage on December 18, 2017.

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Also on December 19, 2017, NYSOH issued a plan enrollment notice confirming that as of December 18, 2017, you were enrolled in a QHP with an enrollment start date of February 1, 2018. Further, a tax credit of \$370.00 would be applied to your monthly health insurance premium.

On January 9, 2018, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as financial assistance was not applied to your health insurance plan for the month of January 2018.

On April 10, 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) According to your NYSOH account and testimony, you are applying for health insurance for yourself.
- 2) According to your NYSOH account and testimony, on November 27, 2017, you contacted NYSOH and applied for health insurance. Based on your application, you were determined eligible to enroll in a QHP with financial assistance.
- 3) According to your NYSOH account, on November 27, 2017, you were enrolled in a silver-level MetroPlus QHP (Plan Code: [REDACTED]).
- 4) You testified that, on November 27, 2017, the NYSOH representative mistakenly did not apply the APTC to your monthly health insurance premiums, and it was your intent to have the entire APTC amount applied to the January 2018 premium.
- 5) According to your NYSOH account, on December 18, 2017, you enrolled in a different silver-level MetroPlus QHP (Plan Code: [REDACTED]) with an enrollment start date of February 1, 2018.
- 6) You testified that you paid the January 2018 premium without the application of APTC and want to be reimbursed for the financial assistance you were eligible to receive.

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

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Applicable Law and Regulations

APTC – Enrollee Option

NYSOH must permit an enrollee to accept less than the full amount of APTC for which he or she is determined eligible to receive (45 CFR §155.310(d)(2)(i)).

QHP/APTC - Effective Date

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)).

For benefit years beginning on or after January 1, 2016, NYSOH must ensure that coverage is effective:

- (1) January 1, for QHP selections received by NYSOH on or before December 15 of the calendar year preceding the benefit year;
- (2) February 1, for QHP selections received by NYSOH from December 16 of the calendar year preceding the benefit year through January 15 of the benefit year;
- (3) March 1, for QHP selections received by NYSOH from January 16 through January 31 of the benefit year

(45 CFR §155.410(f)(2)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were enrolled in a QHP, without financial assistance, effective January 1, 2018.

On November 27, 2017, you contacted NYSOH and submitted an application with the assistance of a NYSOH representative. Based on that application, you were determined eligible to enroll in a QHP with up to \$370.00 monthly of APTC and CSR. On November 28, 2017, NYSOH issued a plan enrollment notice stating that you were enrolled in a QHP with an enrollment start date of January 1, 2018; however, that a tax credit of \$0.00 would be applied to your monthly health insurance premium.

NYSOH must permit an enrollee to accept less than the full amount of APTC for which they are determined eligible to receive.

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You credibly testified that the NYSOH representative mistakenly selected that you did not want your APTC applied to your monthly health insurance premium. Further, that it was your intent to have the entire APTC amount applied to the January 2018 premium.

The date on which a QHP and APTC can take effect depends on the day a person selects the plan for enrollment. QHP selections received by NYSOH on or before December 15, 2017, is effectuated January 1, 2018.

The record reflects that on November 27, 2017, you enrolled in a QHP silver-level MetroPlus QHP (Plan Code: [REDACTED]); however, the NYSOH representative mistakenly did not opt to apply the APTC toward your monthly health insurance premiums. If the mistake had not occurred, you would have received \$370.00 in APTC toward your January 2018 premium.

You testified that you paid the January 2018 premium without the application of APTC and want to be reimbursed for the financial assistance you were eligible to receive.

The November 28, 2017 plan enrollment notice is MODIFIED to state that you were enrolled in a QHP, with a monthly tax credit of \$370.00, effective January 1, 2018.

Your case is RETURNED to NYSOH's Plan Management Unit to coordinate with the QHP (Plan Code: [REDACTED]) to reimburse or credit you for the APTC that you should have received for the month of January 2018.

Decision

The November 28, 2017 plan enrollment notice is MODIFIED to state that you were enrolled in a QHP, with a monthly tax credit of \$370.00, effective January 1, 2018.

Your case is RETURNED to NYSOH's Plan Management Unit to coordinate with the QHP (Plan Code: [REDACTED]) to reimburse or credit you for the APTC that you should have received for the month of January 2018.

Effective Date of this Decision: April 10, 2018

How this Decision Affects Your Eligibility

You should have been eligible to be enrolled in a QHP, with a monthly tax credit of \$370.00, effective January 1, 2018, but for NYSOH error.

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).

Your case is being sent back to NYSOH to effectuate the change noted above. NYSOH will notify you once this is done.

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 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

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- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The November 28, 2017 plan enrollment notice is MODIFIED to state that you were enrolled in a QHP, with a monthly tax credit of \$370.00, effective January 1, 2018.

Your case is RETURNED to NYSOH's Plan Management Unit to coordinate with the QHP (Plan Code: [REDACTED]) to reimburse or credit you for the APTC that you should have received for the month of January 2018.

You should have been eligible to be enrolled in a QHP, with a monthly tax credit of \$370.00, effective January 1, 2018, but for NYSOH error.

Your case is being sent back to NYSOH to effectuate the change noted above. NYSOH will notify you once this is done.

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।

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&etumi ama wo obi a okyer& 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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