



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

Notice of Decision

Decision Date: April 20, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027202

[REDACTED]

[REDACTED]

On March 27, 2018, your authorized representative appeared by telephone at a hearing on your appeal of NY State of Health's December 23, 2017 eligibility determination notice and January 9, 2018 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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Decision

Decision Date: April 20, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027202



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 14, 2017, NYSOH received your updated application for financial assistance. That day a preliminary eligibility determination was prepared stating you were eligible for Medicaid, effective December 1, 2017. The income amount in this application was \$19,123.20.

On December 15, 2017, NYSOH received your application for financial assistance.

On December 16, 2017, NYSOH issued an eligibility determination, based on your December 15, 2017 application, stating you were no longer eligible for Medicaid, however, your Medicaid coverage would continue until November 30, 2018. The notice stated this was because certain individual who qualify for Medicaid get coverage for twelve continuous months from the date they were last determined eligible. The eligibility was effective January 1, 2018.

On December 22, 2017, NYSOH redetermined your eligibility for financial assistance.

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On December 23, 2017, NYSOH issued an eligibility determination notice based on your last application stating you were eligible for advance payments of the premium tax credit up to \$115.00 per month, effective January 1, 2018.

On January 9, 2018, NYSOH issued a plan enrollment notice confirming your enrollment on January 8, 2018 in a silver-level qualified health plan, effective February 1, 2018.

On January 13, 2018, you spoke to NYSOH's Account Review Unit and appealed the plan enrollment notice insofar as your financial assistance and enrollment in a qualified health plan began on February 1, 2018, and not January 1, 2018.

On March 27, 2018, your daughter and authorized representative, [REDACTED], appeared on your behalf and had a telephone hearing with a Hearing Officer from NYSOH'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) You submitted an application to NYSOH for financial assistance on December 14, 2017.
- 2) Your authorized representative testified that the application that was submitted on December 14, 2017, did not include your rental income and was submitted in error by her online. The result of this application was that you were eligible for Medicaid.
- 3) Your authorized representative testified that she contacted NYSOH on December 15, 2017, to alert them of the issue on your account and was told by representatives that, since it was an error, they would work to fix the issue and take you out of continuous coverage Medicaid.
- 4) According to your NYSOH account, a complaint was submitted on December 15, 2017. The information was forwarded to NYS Department of Health for resolution and, on December 22, 2017, you were redetermined eligible for APTC (see, Incident # [REDACTED]).
- 5) Based on the December 23, 2017 notice, you were redetermined eligible for advance payments of the premium tax credit up to \$115.00 per month, effective January 1, 2018.

- 6) According to your NYSOH account, on December 22, 2017, a NYSOH agent indicated that your eligibility for Medicaid was overridden as a result of the income error and you were redetermined eligible for APTC.
- 7) Your authorized representative testified that, after not hearing from NYSOH, she contacted NYSOH on December 23, 2017, to ask if there was a deadline to select a new health plan and the representative told her that you had until January 15, 2018 to pick a plan.
- 8) According to your NYSOH account and your authorized representative's testimony, you selected a qualified health plan on January 8, 2018.
- 9) Your enrollment in the health plan you selected became effective February 1, 2018.
- 10) Your authorized representative testified that you need your qualified health plan and eligibility for financial assistance to begin on January 1, 2018, because you incurred medical bills in the month of January 2018.

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 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

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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 qualified health plan, as well as the application of APTC was effective no earlier than February 1, 2018.

Your authorized representative testified that she submitted an application online on your behalf on December 14, 2017. She further testified that this application did not include your rental income and was submitted in error by her. The result of this application was that you were eligible for Medicaid, effective December 1, 2017. Your authorized representative then contacted NYSOH on December 15, 2017, to alert them of the issue on your account and was told by representatives that, since it was an error, they would work to fix the issue and take you out of continuous coverage Medicaid.

A complaint was submitted on your behalf on December 15, 2017, and your information was forwarded to NYS Department of Health for resolution. On December 22, 2017 you were redetermined eligible for APTC. It was on this date that a NYSOH agent indicated your eligibility for Medicaid was overridden due to the income error and you were redetermined to be found eligible for APTC as of January 1, 2018 (see, Incident # [REDACTED]).

Your authorized representative testified that, after not hearing from NYSOH, she contacted NYSOH on December 23, 2017 to ask if there was a deadline to select a new health plan and the representative told her that you had until January 15, 2018 to pick a plan. A plan was not selected until January 8, 2018.

When an individual changes information in their application on or before the 15th of any month, NYSOH must make the redetermination that results from the change effective the first day of the 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 selected from the first day to and including fifteenth day of a month goes into effect on the first day of the following month.

Since you selected your health plan on January 8, 2018, ordinarily your enrollment in your qualified health plan and application of APTC would be effective the first day of the following month, which would be February 1, 2018. However, the record reflects that NYSOH agents were made aware of the error

in your submitted application on December 14, 2017, and worked to correct your account to allow you to resubmit a new application by December 22, 2017. Your authorized representative credibly testified that she contacted NYSOH on December 23, 2017, for an update on the complaint that was filed and was informed that your Medicaid coverage had been overridden and you were redetermined eligible for APTC, effective January 1, 2018. She further credibly testified that she asked if there was a deadline to select a new health plan and the representative told her that you had until January 15, 2018 to pick a plan. Had you known to pick a plan upon resolution of your complaint by an override and redetermination on December 22, 2017, your coverage in your qualified health plan with APTC could have coincided with the January 1, 2018 eligibility effective date.

Therefore, the January 9, 2018 plan enrollment notice is MODIFIED to reflect that your enrollment in the qualified health plan you selected and application of APTC are both effective January 1, 2018.

Decision

The January 9, 2018 plan enrollment notice is MODIFIED to reflect that your enrollment in the qualified health plan you selected and application of APTC are both effective January 1, 2018.

Your case is RETURNED to NYSOH to effectuate these changes and notify you accordingly.

Effective Date of this Decision: April 20, 2018

How this Decision Affects Your Eligibility

Your enrollment in your qualified health plan, and your eligibility for APTC are to begin as of January 1, 2018.

Your case is being sent back to NYSOH to make these changes and inform you once it is done.

You will be responsible to pay your monthly premium responsibility to the health plan directly for coverage to become effective for the month of January 2018.

If You Disagree with this Decision (Appeal Rights)

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).

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
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211

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- By fax: 1-855-900-5557

Summary

The January 9, 2018 plan enrollment notice is MODIFIED to reflect that your enrollment in the qualified health plan you selected and application of APTC are both effective January 1, 2018.

Your case is RETURNED to NYSOH to effectuate these changes and notify you accordingly.

Your enrollment in your qualified health plan, and your eligibility for APTC are to begin as of January 1, 2018.

Your case is being sent back to NYSOH to make these changes and inform you once it is done.

You will be responsible to pay your monthly premium responsibility to the health plan directly for coverage to become effective for the month of January 2018.

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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