



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: AP000000027508

[REDACTED]

[REDACTED]

On March 29, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 20, 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 4, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027508



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 silver-level qualified health plan was effective no earlier than March 1, 2018?

Procedural History

On January 12, 2018, NYSOH issued an eligibility determination notice, based on your January 11, 2018 updated application, stating that you were eligible to receive up to \$337.00 per month in advance payments of the premium tax credits (APTC) and, if you selected a silver-level qualified health plan, for cost-sharing reductions (CSR). This eligibility was effective February 1, 2018.

Also on January 12, 2018, a plan enrollment notice was issued confirming your enrollment in a gold-level qualified health plan with a monthly premium responsibility of \$672.43, effective February 1, 2018.

On January 19, 2018, you updated your NYSOH account and selected a silver-level qualified health plan for enrollment. That day, a preliminary eligibility determination was made stating that your enrollment in your silver-level qualified health plan would begin as of March 1, 2018.

Also on January 19, 2018, you spoke to NYSOH's Account Review Unit and appealed the preliminary eligibility determination insofar as your enrollment in a

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silver-level qualified health plan began on March 1, 2018, and not February 1, 2018.

On January 20, 2018, a plan enrollment notice was issued, consistent with the preliminary eligibility determination, confirming your enrollment in a silver-level qualified health plan with a monthly premium responsibility of \$528.30, effective March 1, 2018.

On March 29, 2018, you 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 January 11, 2018, and selected a gold-level qualified health plan for enrollment that day.
- 2) You testified that, during the January 11, 2018 phone call, you were advised that you had until the end of the day January 15, 2018 to change your health plan and to have the new health plan be effective February 1, 2017. You further testified that you called NYSOH on January 15, 2018 to change your health plan from a gold-level health plan to a silver-level health plan but for some unknown reason the NYSOH representative never updated the account properly.
- 3) You testified that, although you have no telephone records to prove that you called NYSOH on January 15, 2018, your conversation with the NYSOH representative on January 19, 2018 stating that she could see the changes to your account were never submitted on January 15, 2018, would prove you made this phone call. You were given transaction id # [REDACTED], which shows that you changed that health plan from a gold level health plan to a silver level health plan on January 15, 2018.
- 4) According to your NYSOH account's Enrollment History Tab and Events Tab, telephone call records and audio recording, dated January 19, 2018, [REDACTED] was assigned to your January 19, 2018 request to change your enrollment from your gold plan to your silver plan.
- 5) Also, the NYSOH representative who you spoke to on January 19, 2018 stated that she can see that you requested to change your health plan, but she stated that this was a request for a "gold" plan as opposed to a "silver" plan, and the transaction id # is [REDACTED]. This transaction

number shows that you enrolled in a gold level plan on January 11, 2018. There are no telephone records, audio recordings, or records in your NYSOH account indicating that you attempted to change your gold-level qualified health plan to a silver-level qualified health plan on or before January 15, 2018.

- 6) According to your NYSOH account, you updated and selected a silver-level qualified health plan on January 19, 2018. Your enrollment in this plan became effective March 1, 2018.
- 7) You testified that you need your silver-level qualified health plan to begin on February 1, 2018, because you would like to be reimbursed the difference in your premium payment.

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 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 determined that your enrollment in a silver-level qualified health plan was effective no earlier than March 1, 2018.

You testified that you called NYSOH on January 15, 2018, to change your health plan from a gold-level health plan to a silver-level health plan but for some unknown reason the NYSOH representative never updated the account properly. You further testified that although you have no telephone records to prove that you called NYSOH on January 15, 2018, your conversation with the NYSOH representative on January 19, 2018 stating that she could see the changes to your account were never submitted on January 15, 2018, would prove that you made this phone call. You were given transaction id # [REDACTED], which you believe shows that you changed that health plan from a gold-level health plan to a silver-level health plan.

However, the evidence in the record indicates that your testimony is not credible.

According to your NYSOH account's Enrollment History Tab and Events Tab, telephone call records and an audio recording dated January 19, 2017, [REDACTED] was assigned to your January 19, 2018 request to change your enrollment from your gold-level plan to your silver-level plan. Additionally, the NYSOH representative who stated that she can see that you requested to change your health plan, also stated that this was a request for a "gold" plan as opposed to a "silver" plan and that the transaction id # is [REDACTED]. This transaction number shows that you enrolled in a gold-level plan on January 11, 2018.

There are no telephone records, audio recordings, or records in your NYSOH account indicating that you attempted to change your gold-level qualified health plan to a silver-level qualified health plan on or before January 15, 2018.

The record shows that, on January 19, 2018, you initially updated the information in your NYSOH account and submitted a request to enroll in a silver-level qualified health plan. On January 20, 2018, NYSOH issued a plan enrollment notice stating that your enrollment in your silver-level qualified health plan was effective March 1, 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

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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 first enrolled in your silver-level qualified health plan on January 19, 2018, it would take effect on the first day of the second month following January 2018; that is, on March 1, 2018.

Therefore, NYSOH's January 20, 2018 plan enrollment notice is **AFFIRMED** because it properly began your enrollment in your silver-level qualified health plan on March 1, 2018.

Decision

The January 20, 2018 plan enrollment notice is **AFFIRMED**.

Effective Date of this Decision: April 4, 2018

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your enrollment in your silver-level qualified health plan properly began as of March 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.

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)).

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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 January 20, 2018 plan enrollment notice is **AFFIRMED**.

This decision does not change your eligibility.

Your enrollment in your silver-level qualified health plan properly began as of March 1, 2018.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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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 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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