



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

## Notice of Decision

Decision Date: February 6, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027516

[REDACTED]

[REDACTED]

On February 5, 2017, you appeared by telephone at an expedited 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.

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: February 6, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027516

[REDACTED]

## Issue

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

Did NY State of Health properly determine that you and your child's enrollment in a qualified health plan, as well as the application of your advance premium tax credits, became effective March 1, 2018?

## Procedural History

On December 3, 2017, NY State of Health (NYSOH) issued a notice that it was time to renew your and your child's health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, you and your child were eligible for an advanced premium tax credit (APTC) of up to \$439.22 per month, effective February 1, 2018. This notice further stated that you and your child needed to choose a health plan between December 16, 2017 and January 18, 2018, for the next coverage year and that your coverage would not begin until you selected a plan.

On December 27, 2017, NYSOH received your updated application for financial assistance with health insurance.

On December 28, 2017, NYSOH issued an eligibility determination notice stating that you and your child were eligible for up to \$626.00 per month in APTC and eligible for cost sharing reductions if you enrolled into a silver-level qualified health plan (QHP), both effective February 1, 2018. This notice also stated that you needed to select a plan for your and your child's coverage to begin.

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On January 19, 2018, you selected a QHP for yourself and your child. This enrollment with the application of your APTC was effective March 1, 2018.

Also on January 19, 2018, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as your and your child's enrollment in your QHP, with the application of your APTC, was effective on March 1, 2018 and not February 1, 2018.

On January 20, 2018, NYSOH issued a plan enrollment notice, based on your January 19, 2018 plan selection, confirming your and your child's enrollment in your QHP with application of your APTC, both effective March 1, 2018.

On February 5, 2018, you had an expedited telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Under oath, you waived your right to formal notice of the telephone hearing. The record was developed during the hearing and was left open to allow the Hearing Officer to listen to the telephone recording from NYSOH's Call Center on December 27, 2017.

The Hearing Officer listened to the available telephone recording from December 27, 2017, after which the record was closed.

## **Findings of Fact**

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

- 1) Your NYSOH account indicates that you receive notices from NYSOH by regular mail.
- 2) You testified that you received the notice from NYSOH telling you that you needed to select a QHP for your and your child's enrollment.
- 3) You testified that you contacted NYSOH on December 27, 2017, and obtained information about the different QHPs that were available to you.
- 4) You testified that you did not enroll yourself and your child into a plan on December 27, 2017, because you needed to make sure that your medical providers participated in the plan you were to select.
- 5) You testified that you were never informed that you had a specific enrollment deadline in order for your and your child's coverage to begin as of February 1, 2018, but that you were informed by the NYSOH representative that you just had to enroll into a plan before the end of January 2018.

- 6) You further testified that at no time did the NYSOH representative inform you that you had a specific enrollment deadline if you wanted your and your child's coverage to start as of February 1, 2018.
- 7) NYOSH's Appeals Unit reviewed the phone recording from the telephone call you placed to NYSOH on December 27, 2017, and determined that:
  - a. You were calling to follow up with the renewal notice that was issued on December 3, 2017;
  - b. The NYSOH representative informed you that you needed to select a QHP for your and your child's enrollment;
  - c. The NYSOH representative informed you of the QHPs that were available in your area;
  - d. You informed the NYSOH representative that you would have to call back after you checked to see if your medical providers participated in any of those plans; and
  - e. The NYSOH representative informed you, twice, that you needed to select a plan by January 18, 2018, if you wanted your and your child's coverage to start as of February 1, 2018.
- 8) The December 3, 2017 renewal notice indicated that you needed to choose a QHP for your and your child's enrollment between December 16, 2017 and January 18, 2018 [REDACTED]
- 9) According to your NYSOH account and your testimony, you selected a QHP for your and your child's enrollment on January 19, 2018.
- 10) You testified that you would like your and your child's QHP to begin as of February 1, 2018, to prevent a gap in coverage because it is medically necessary for you to have consistent follow up care with multiple medical providers.

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

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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 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.

### Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health plan (QHP) 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 and your child's enrollment in a QHP with the application of your APTC was effective March 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.

On December 3, 2017, NYSOH issued an annual renewal notice in your case. That notice stated that, based on information from federal and state sources, you and your child were eligible for up to \$439.00 per month in APTC, effective February 1, 2018. This notice further indicated that you and your child needed to select a QHP between December 16, 2017 and January 18, 2018 in order for your coverage to begin.

The record indicates that on December 27, 2017, you contacted NYSOH to inquire about the December 3, 2017 renewal notice. The record indicates that an updated application was submitted that day, and you and your child were found eligible for \$626.00 per month in APTC and eligible for cost-sharing reductions if you and your child enrolled into a silver-level QHP. You testified that during this call you obtained information about different QHPs that were available in your area, but that you were told by the NYSOH representative that you just had to select a QHP by the end of January 2018. You further testified that at no time did the NYSOH representative inform you that you had a specific enrollment deadline if you wanted your and your child's coverage to start as of February 1, 2018.

However, the December 3, 2017 renewal notice, which you testified you received, indicates that you must select a plan between December 16, 2017 and January 18, 2018 in order for your and your child's coverage to begin [REDACTED]. Further, the Hearing Officer reviewed the telephone recording from December 27, 2017, between you and a NYSOH representative and determined that the NYSOH representative informed you of multiple QHP choices for your and your child's enrollment and informed you that you did not have to enroll into a plan that day, but that you had until January 18, 2018 to decide, if you wanted your and your child's plan to begin as of February 1, 2018.

Ordinarily, when an individual changes information in their application after the 15th of any month, NYSOH will make the redetermination that results from the change effective the first day of the second following month. Additionally, the date on which a QHP can take effect depends on the day a person selects the plan for enrollment. A plan that is after the fifteenth day of a month goes into effect on the first day of the second following month.

However, the December 3, 2017 renewal notice indicates that you had until January 18, 2018 to select a QHP for enrollment in order for coverage to begin as of February 1, 2018. As a result, pursuant to this renewal notice, had you selected a plan by the 18th of January 2018, your and your child's plan would have begun as of February 1, 2018.

The record shows that on January 19, 2018 you submitted a request to enroll yourself and your child into a QHP with the application of your APTC. Since, you did not select a QHP for your and your child's enrollment until January 19, 2018, your and your child's QHP enrollment and the application of your APTC properly became effective the first day of the second month following January; that is, as of March 1, 2018.

Therefore, NYSOH's January 20, 2018 plan enrollment notice is **AFFIRMED** because it properly stated that your and your child's enrollment in your QHP as well as the application of your APTC began on March 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).

## **Decision**

The January 20, 2018 plan enrollment notice is AFFIRMED.

**Effective Date of this Decision:** February 6, 2018

## **How this Decision Affects Your Eligibility**

This decision does not change your or your child's eligibility.

Your and your child's enrollment in your QHP, along with application of your APTC, 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)).

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

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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 or your child's eligibility.

Your and your child's enrollment in your QHP, along with application of your APTC, properly began as of March 1, 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 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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