



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

Notice of Decision

Decision Date: April 13, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027603

[REDACTED]

[REDACTED]

On March 19, 2018, you appeared by telephone, with the aid of a Spanish Language interpreter, at a hearing on your appeal of NY State of Health's January 23, 2018 enrollment confirmation 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: April 13, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027603

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine you, [REDACTED], were not eligible to receive advance premium tax credits in the month of February 2018?

Procedural History

On December 2, 2017, NYSOH issued a notice of eligibility determination stating you were eligible to receive up to \$308.00 of monthly advance payments of the premium tax credit (APTC), effective January 1, 2018.

Also on December 2, 2017, NYSOH issued an enrollment notice confirming you were enrolled in a qualified health plan (QHP) with APTC applied, effective January 1, 2018.

On January 4, 2018, NYSOH systematically redetermined your eligibility.

On January 5, 2018, NYSOH issued an eligibility determination notice stating you were newly eligible to purchase a QHP at full cost, effective February 1, 2018. The notice stated you were no longer eligible for APTC, effective January 31, 2018, because NYSOH sent you information about your eligibility and coverage by US mail to the mailing address listed in your account and it was returned to NYSOH as undeliverable. The notice directed you to update your mailing address so NYSOH could redetermine your eligibility for assistance with the cost of health insurance.

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Also on January 5, 2018, NYSOH issued an enrollment notice confirming your enrollment in a full cost QHP.

On January 22, 2018, NYSOH received an updated application for financial assistance with health insurance submitted on your behalf. That day a preliminary eligibility determination was prepared finding you eligible for APTC of up to \$322.00 monthly.

Also on January 23, 2018, you spoke to NYSOH's Account Review Unit and appealed insofar as you were not eligible to receive APTC for the month of February 2018.

On January 23, 2018, NYSOH issued an eligibility determination notice stating you were eligible to receive APTC of up to \$322.00 monthly, effective February 1, 2017.

Also on January 23, 2018, NYSOH issued an enrollment notice confirming your enrollment in a QHP with APTC applied, effective March 1, 2018.

On March 19, 2018, you had a telephone hearing, with the aid of a Spanish Language interpreter, 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 were enrolled into a QHP with APTC of \$308.00 applied to your monthly premium, effective January 1, 2018.
- 2) According to your account, one of the notices issued to you on December 2, 2017 was "undeliverable."
- 3) According to your account, both notices issued to you on December 2, 2017 were addressed to [REDACTED]
- 4) You testified the address listed on the December 2, 2017 notices is your correct mailing address and has been for approximately one year and six months.
- 5) On January 3, 2017, NYSOH marked your mailing address as invalid.

- 6) NYSOH determined you eligible to purchase a full cost QHP and ineligible for APTC, effective February 1, 2018, purportedly because your mailing address could not be confirmed.
- 7) On January 22, 2018, your account was updated and your mailing address was confirmed.
- 8) NYSOH determined you eligible to receive \$322.00 of APTC, effective February 1, 2018.
- 9) The enrollment notice issued by NYSOH on January 23, 2018 indicated your APTC would not be applied to your monthly premium until March 1, 2018.
- 10) You testified that you had to pay the full premium amount to your health plan for the month of February 2018.
- 11) You testified that you are seeking reinstatement of your APTC for the month of February 2018.

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

Applicable Law and Regulations

Effective Dates of Eligibility Redeterminations for Advance Payments of the Premium Tax Credit

Upon making an eligibility redetermination, NYSOH must notify the applicant, and it must implement any decreases in eligibility to receive APTC effective as of the first day of the month following the date of the notice if the change occurs on or before the 15th of the month; otherwise, the change becomes effective the first day of the second following month (45 CFR § 155.310(f), 45 CFR § 155.330(f)(1)(i) and (f)(3)). Increases become effective the first day of the following month, regardless of when during the month the change occurs (*id.*).

Legal Analysis

The issue under review is whether NYSOH properly determined you were not eligible to receive APTC for the month of February 2018.

According to your account, you enrolled in a QHP with APTC applied, effective January 1, 2018. On January 4, 2018, NYSOH systematically redetermined your eligibility and found you ineligible for financial assistance purportedly due to

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being unable to confirm your mailing address after a notice issued to you was returned as undeliverable. The eligibility determination notice issued by NYSOH on January 5, 2018 stated you were eligible to purchase a full cost QHP, effective February 1, 2018 and your eligibility to receive APTC would end on January 31, 2018.

Your account confirms that your application was updated on January 22, 2017 and you were again determined eligible to receive APTC. Although the eligibility determination notice issued by NYSOH on January 23, 2018 indicated your eligibility to receive APTC was effective February 1, 2018, you testified, and the enrollment notice issued by NYSOH on January 23, 2018 confirmed, that your APTC was not reinstated until March 1, 2018. You appealed insofar as you were not eligible for APTC for the month of February 2018.

Pursuant to the above cited regulations, upon a redetermination of eligibility for APTC, any decrease in APTC is to be made effective the first day of the month following the eligibility redetermination notice only if the change in eligibility occurs on or before the 15th of the month. Otherwise, the decrease is to be applied on the first day of the second following month. Increases become effective the first day of the following month, regardless of when during the month the change occurs.

In accordance with the regulations, the January 5, 2017 eligibility redetermination notice, indicating you were no longer eligible to receive APTC, ended your APTC on the first day of the following month; that is, on February 1, 2018, because that determination was made before the fifteenth day of the month. However, subsequently you updated your application and you were determined eligible to receive APTC again. The January 23, 2018 eligibility determination notice properly stated that your eligibility to receive APTC was effective the first day of the next following month; that is, on February 1, 2018, because the redetermination resulted in an increase of your APTC. Notwithstanding, the January 23, 2018 enrollment confirmation notice stated your APTC would not be applied to your monthly premium until March 1, 2018. Based on the foregoing, it is concluded that this was an error as the increase in your APTC should have been effective February 1, 2018.

Therefore, the January 23, 2018 enrollment confirmation notice stating your APTC would be applied to your monthly premium, effective March 1, 2018 is MODIFIED to reflect your APTC was applied, effective February 1, 2018.

Your case is RETURNED to NYSOH to reinstate your APTC for the month of February 2018.

Decision

The January 23, 2018 enrollment confirmation notice is MODIFIED to reflect your APTC was applied, effective February 1, 2018.

Your case is RETURNED to NYSOH to reinstate your APTC for the month of February 2018.

Effective Date of this Decision: April 13, 2018

How this Decision Affects Your Eligibility

Your APTC should have been reinstated, effective February 1, 2018.

Your case will be returned to NYSOH to ensure that you receive APTC for February 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.

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).

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):

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

Summary

The January 23, 2018 enrollment confirmation notice is MODIFIED to reflect your APTC was applied, effective February 1, 2018.

Your case is RETURNED to NYSOH to reinstate your APTC for the month of February 2018.

Your APTC should have been reinstated, effective February 1, 2018.

Your case will be returned to NYSOH to ensure that you receive APTC for February 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。我们可以为您免费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 bɛtumi ama wo obi a okyerɛ 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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