



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

Notice of Decision

Decision Date: March 9, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029125

[REDACTED]

Dear [REDACTED],

On March 9, 2018, you appeared by telephone at an expedited hearing on your appeal of NY State of Health's February 21, 2018 eligibility determination and plan enrollment notices.

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
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Decision

Decision Date: March 9, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029125

[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 your enrollment in a qualified health plan and application of advance payments of the premium tax credit were effective no earlier than April 1, 2018?

Procedural History

On December 26, 2017, NY State of Health (NYSOH) issued an eligibility determination notice stating that you were eligible for up to \$350.00 per month in advanced payments of the premium tax credit (APTC) and cost-sharing reductions (CSR) if you enrolled into a silver-level qualified health plan, effective February 1, 2018. This notice stating that you were no longer qualified for the Essential Plan as of January 31, 2018. This notice further directed you to select a plan for your enrollment.

Also on December 26, 2017, NYSOH issued a plan disenrollment notice stating that your Essential Plan coverage would terminate as of January 31, 2018. This notice stated that you were disenrolled because you were no longer eligible to enroll in the Essential Plan. This notice further directed you to log on to your NYSOH account to pick a plan and that your coverage would not begin until you selected a plan for enrollment.

On February 20, 2018, NYSOH received your updated application for financial assistance with health insurance. That day, a preliminary eligibility determination was prepared stating that you were eligible for up to \$344.00 per month in APTC

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and CSR if you enrolled into a silver-level qualified health plan, effective April 1, 2018. You also selected a qualified health plan for enrollment on this date.

Also on February 20, 2018, you spoke to NYSOH's Account Review Unit and appealed the preliminary eligibility determination insofar as your qualified health plan with application of your APTC was effective on April 1, 2018 and not February 1, 2018.

On February 21, 2018, NYSOH issued an eligibility determination notice, based on your February 20, 2017 application, stating that you were eligible to receive up to \$344.00 per month in APTC and CSR if you enrolled into a silver-level qualified health plan. This eligibility was effective April 1, 2018.

Also on February 21, 2018, NYSOH issued a plan enrollment notice, based on your February 20, 2018 plan selection, confirming your enrollment in a qualified health plan with a monthly premium responsibility of \$102.79, after your APTC of \$344.00 was applied, both effective April 1, 2018.

On March 9, 2017, 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 closed at the end of the hearing.

Findings of Fact

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

- 1) You testified that you received notification in December 2017 from NYSOH that you would be transferred from your Essential Plan coverage to a qualified health plan and you thought that this meant you would automatically be enrolled into a qualified health plan with the same provider once your Essential Plan coverage ended.
- 2) Your NYSOH account indicates that you receive your notices from NYSOH by regular mail.
- 3) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 4) The record indicates that NYSOH issued an eligibility determination notice, on December 26, 2017, stating that you were eligible for APTC and CSR if you enrolled into a silver-level qualified health plan, effective February 1, 2018, and that you needed to select a health plan for enrollment.

- 5) The record indicates that NYSOH issued a disenrollment notice on December 26, 2017, stating that your Essential Plan coverage would be terminated, effective January 31, 2018, because you were no longer eligible to remain enrolled in that plan. This notice also stated that you needed to select a new plan for enrollment in order for your health insurance coverage to begin.
- 6) You testified that, in December 2017, you were notified by your Essential Plan that your coverage would be ending and that you would have no health insurance coverage as of February 1, 2018.
- 7) You testified that you contacted NYSOH in January 2018, to inquire as to why your health insurance was ending at the end of the month, but that you were never informed that you needed to submit a new application or select a qualified health plan for enrollment.
- 8) A Hearing Officer reviewed the call record linked to your account for the month of January 2018, and determined that there is no record of any telephone call placed to NYSOH in January 2018.
- 9) There is no indication in the record that you attempted to submit an updated application or enroll into a qualified health plan prior to February 20, 2018.
- 10) According to your NYSOH account and testimony, you submitted an application to NYSOH for financial assistance on February 20, 2018.
- 11) According to your NYSOH account and testimony, you selected a qualified health plan on February 20, 2018.
- 12) Your enrollment in your qualified health plan with the application of your APTC became effective April 1, 2018.
- 13) You testified that you need your qualified health plan and eligibility for financial assistance to begin on February 1, 2018, because you have [REDACTED] which requires medication and you cannot afford your prescriptions without health insurance.

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

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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 determine that your enrollment in a qualified health plan with application of APTC to your monthly premium was effective no earlier than April 1, 2018.

You testified that you received notification from NYSOH that you would be transferred from your Essential Plan coverage to a qualified health plan in December 2017 and you thought that this meant you would automatically be enrolled into a qualified health plan with the same provider once your Essential Plan coverage ended. On December 26, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for up to \$350.00 per month in APTC and CSR if you enrolled into a silver-level qualified health plan, effective February 1, 2018. This notice informed you that you needed to select a health plan for enrollment. Also on December 26, 2017, NYSOH issued a plan disenrollment notice which stated that since you were no longer eligible to enroll in the Essential Plan that your coverage would end as of January 31, 2018. This notice also stated that you needed to log into your NYSOH account to select a plan and that your coverage would not begin until a plan was selected.

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Your NYSOH account indicates that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable. Therefore, the record reflects that NYSOH properly notified you that your Essential Plan coverage would be ending and that you needed to select a new health plan for enrollment in order for your health insurance coverage to continue.

You further testified that it was not until you were contacted by your Essential Plan provider that you were informed that you would not have health insurance coverage as of February 1, 2018. You testified that you contacted NYSOH sometime in January 2018 to inquire as to why your health insurance coverage would be ending as of January 31, 2018, but that you were never told that you needed to submit an updated application or enroll into a new plan. However, the Hearing Officer reviewed the telephone call log that is linked to your NYSOH account and determined that there is no indication in the record that a telephone call was placed by you to NYSOH in January 2018. Further, there is also no indication that you attempted to submit an application or enroll into a health plan prior to February 20, 2018.

The record indicates that, on February 20, 2018, you contacted NYSOH to update the information in your NYSOH account and submitted a request to enroll in a qualified health plan. On February 21, 2018, NYSOH issued a plan enrollment notice stating that your enrollment in your qualified health plan with the application of your APTC to your monthly premium would be effective April 1, 2018.

When an individual changes information in their application after the fifteenth 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 qualified health plan 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.

Since the record indicates that you were found eligible for and enrolled into a qualified health plan on February 20, 2018, your coverage with application of your APTC should have started the second following month after February 2018; that is, on April 1, 2018.

Therefore, NYSOH's February 21, 2018 eligibility determination and plan enrollment notices are AFFIRMED because the notices properly state that your eligibility for APTC and CSR, as well as enrollment in your qualified health plan with the application of your APTC to the monthly premium, would be effective as of April 1, 2018.

Decision

The February 21, 2018 eligibility determination notice is AFFIRMED.

The February 21, 2018 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: March 9, 2018

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your eligibility for APTC and enrollment in your qualified health plan with application of APTC properly begin as of April 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

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).

- 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 February 21, 2018 eligibility determination notice is AFFIRMED.

The February 21, 2018 plan enrollment notice is AFFIRMED.

This decision does not change your eligibility.

Your eligibility for APTC and enrollment in your qualified health plan with application of APTC properly begin as of April 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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