

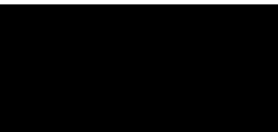


STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: May 2, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029392



Dear [REDACTED]

On April 25, 2018 you appeared by telephone at a hearing on your appeal of NY State of Health's March 9, 2018 eligibility determination notice, March 9, 2018 plan enrollment notice and March 15, 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: May 2, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029392



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 you, your spouse, and your child were eligible to receive up to \$1,222.00 per month in advance payments of the premium tax credit (APTC), effective no earlier than April 1, 2018?

Procedural History

On January 23, 2018 and January 24, 2018, NYSOH received your updated applications for financial assistance.

On January 24, 2018 and January 25, 2018, NYSOH issued eligibility determination notices stating that you, your spouse, and your child (your household) were eligible to share an APTC of up to \$1,222.00 per month and, if you selected a silver-level qualified health plan, for cost-sharing reductions. This eligibility was effective for you and your spouse beginning February 1, 2018, and for your child beginning March 1, 2018.

No plan enrollment notices were generated after either the January 23, 2018 or the January 24, 2018 applications.

On February 26, 2018, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as your household's APTC of \$1,222.00 did not begin 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).

On March 8, 2018, the NYSOH system submitted an application on your household's behalf.

On March 9, 2018, NYSOH issued an eligibility determination notice stating that you, your spouse, and your child were eligible to share an APTC of up to \$1,222.00 per month and, if you selected a silver-level qualified health plan, for cost-sharing reductions, effective April 1, 2018.

Also on March 9, 2018, NYSOH issued a plan enrollment notice stating that you, your spouse, and your child were enrolled in a plan with a monthly premium of \$712.17 after APTC in the monthly amount of \$863.00 was applied, effective March 1, 2018.

On March 15, 2018, NYSOH issued a plan enrollment notice stating that you, your spouse, and your child were enrolled in a plan with a monthly premium of \$353.17 after APTC in the monthly amount of \$1,222.00 was applied, effective April 1, 2018.

On April 25, 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 testified that you are seeking to have APTC in the amount of \$1,222.00 applied to your household's premium payment as of March 1, 2018.
- 2) According to your NYSOH account and testimony, on January 16, 2018, you submitted an application for financial assistance for your household with the assistance of a broker.
- 3) You testified that there was an issue with your NYSOH account that prevented the broker from completing your household's application on January 23, 2018 and January 24, 2018.
- 4) You testified that the broker contacted NYSOH to alert them of the issue and to seek technical support to correct it.
- 5) You testified that, by the time the issue was resolved, the changes in your account took effect on April 1, 2018 onward, instead of March 1, 2018. As a result, you had and paid a higher premium payment for the month of March 2018.

- 6) According to your NYOSH account, on February 26, 2018, Incident [REDACTED] was created. The description in that incident states, in relevant part, that "[REDACTED] defect filed due to being unable to change the APTC amount, error [REDACTED]."
- 7) According to your NYSOH account and your testimony, for the month of March 2018, APTC in the amount of \$863.00 was applied to your household's premium, and you were responsible for a payment of \$712.17 for that month.
- 8) According to your NYSOH account and your testimony, beginning April 1, 2018 through December 31, 2018, APTC in the amount of \$1,222.00 was or is to be applied to your household's monthly premium, and you would be responsible for a payment of \$353.17 during those months.
- 9) You testified that you paid your qualified health plan \$712.17 for March 2018, even though the amount was incorrect, because you did not want you, your spouse and your child to lose your health coverage.

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 an eligibility redetermination results in a change in the amount of APTC for a part of the benefit year, NYSOH must recalculate the amount of APTC in such a manner as to account for any advance payments already made (or not 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 the overall benefit year (45 CFR § 155.330(g)).

Any change resulting from redeterminations during a benefit year should be made effective the first day of the month following the date of the notice of redetermination, except that redeterminations resulting from changes made after a date specified by the state, which can be no earlier than the 15th of the month, may not be made effective until the first day of the month after the month following the date of the notice of redetermination. (45 CFR § 155.330(f)(1) and (2). New York has specified that changes made after the 15th of a given month will take effect the month after the following month.

Legal Analysis

The issue under review is whether your household's eligibility to share in APTC in the amount of \$1,222.00 per month was effective no earlier than April 1, 2018.

The record reflects that on January 23, 2018 and January 24, 2018, you submitted an application for financial assistance on behalf of your household with the assistance of a broker. As a result of these applications, on January 24, 2018 and January 25, 2018, NYSOH issued eligibility determination notices stating that your household was eligible to share in APTC of up to \$1,222.00 per month. This eligibility was effective for you and your spouse beginning February 1, 2018, and effective for your child beginning March 1, 2018.

The record reflects that no plan enrollment notices were generated as a result of either the January 23, 2018 or the January 24, 2018 application.

When an individual changes information in their application on or before the first day to and including the fifteenth day of a month, that change will go into effect on the first day of the following month. Changes made on or after the sixteenth day of the month will go into effect on the first day of the second following month.

Since you made changes to your account on January 23, 2018 and January 24, 2018, APTC for you, your spouse, and your child would properly be applied on the first day of the second month following January 2018; that is, as of March 1, 2018.

However, the credible evidence of record demonstrates that there was a defect in your NYSOH account which, through no fault of your own, prevented APTC in the amount of \$1,222.00 from starting on March 1, 2018.

You testified that there was an issue with your NYSOH account that prevented the broker from completing your household's application on January 23, 2018 and January 24, 2018. You further testified that the broker contacted NYSOH to alert them of the issue and to seek technical support to correct it. You testified that by the time the issue was resolved, the changes in your account took effect on April 1, 2018, instead of March 1, 2018. As a result, you paid a higher premium payment for the month March 2018.

The information and events in your NYSOH account corroborates your testimony. Your NYSOH account reflects that in March 2017, your household's premium payment was \$712.17 after APTC in the amount of \$863.00 was applied. It further reflects that your household's premium payments from April 1, 2018 until December 31, 2018 are \$353.17, after APTC in the amount of \$1,222.00 was or is to be applied. The April 1, 2018 start date for the application of \$1,222.00 in APTC resulted from the known defect in your account, as referenced as Incident [REDACTED]

The record also reflects that, on March 8, 2018, the NYSOH system ran an application on your household's behalf, resulting in an eligibility determination applying APTC of \$1,222.00 to your household's premiums, effective April 1, 2018.

Normally, a change made to your account on March 8, 2018, would result in changes taking effect the first day of the first month following March 2018; that is April 1, 2018.

However, based on your credible testimony and the corroborating evidence in the record, it is reasonable to conclude that but for the defect on your NYSOH account, APTC in the amount of \$1,222.00 would have started as of March 1, 2018, not April 1, 2018.

Therefore, the March 9, 2018 eligibility determination notice stating that you, your spouse and your child were eligible for APTC of up to \$1,222.00 and cost sharing reductions is MODIFIED to reflect a March 1, 2018 start date.

The March 9, 2018 plan enrollment notice stating that your household's enrollment with an APTC of \$863.00, effective March 1, 2018 is RESCINDED.

The March 15, 2018 plan enrollment notice stating that your household's enrollment with APTC of \$1,222.00 per month is MODIFIED to reflect a March 1, 2018 start date.

Your case is RETURNED to NYSOH to reinstate your household's APTC of \$1,222.00 to be applied to the monthly premium cost of your qualified health plan for the month of March 2018.

Your case is further RETURNED to Plan Management to ensure that the qualified health plan records reflect that your premium amount for the month of March 2018 was \$353.17 after APTC in the full amount of \$1,222.00 is applied.

Decision

The March 9, 2018 eligibility determination notice is MODIFIED to reflect a March 1, 2018 start date.

The March 9, 2018 plan enrollment notice is RESCINDED.

The March 15, 2018 plan enrollment notice is MODIFIED to reflect a March 1, 2018 start date.

Your case is RETURNED to NYSOH to reinstate your household's APTC of \$1,222.00 to be applied to the monthly premium cost of your qualified health plan for the month of March 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).

Your case is further RETURNED to Plan Management to ensure that the qualified health plan records reflect that your premium amount for the month of March 2018 was \$353.17 after APTC in the full amount of \$1,222.00 is applied.

Effective Date of this Decision: May 2, 2018

How this Decision Affects Your Eligibility

Your household's APTC for the month of March 2018 is \$1,222.00.

Your case is being sent back to NYSOH to reinstate your household's APTC of \$1,222.00 for the month of March 2018.

Your case is also being send back to Plan Management to conduct outreach to your qualified health plan to ensure your premium amount of that month is changed to \$353.17 after APTC in the amount of \$1,222.00 is applied.

You will need to arrange with the health plan directly the credit or reimbursement of any over-payment made during that month.

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

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).

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 March 9, 2018 eligibility determination notice is MODIFIED to reflect a March 1, 2018 start date.

The March 9, 2018 plan enrollment notice is RESCINDED.

The March 15, 2018 plan enrollment notice is MODIFIED to reflect a March 1, 2018 start date.

Your case is RETURNED to NYSOH to reinstate your household's APTC of \$1,222.00 to be applied to the monthly premium cost of your qualified health plan for the month of March 2018.

Your case is further RETURNED to Plan Management to ensure that the qualified health plan records reflect that your premium amount for the month of March 2018 was \$353.17 after APTC in the full amount of \$1,222.00 is applied.

Your household's APTC for the month of March 2018 is \$1,222.00.

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Your case is being sent back to NYSOH to reinstate your household's APTC of \$1,222.00 for the month of March 2018.

Your case is also being send back to Plan Management to conduct outreach to your qualified health plan to ensure your premium amount of that month is changed to \$353.17 after APTC in the amount of \$1,222.00 is applied.

You will need to arrange with the health plan directly the credit or reimbursement of any over-payment made during that month.

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 مجانًا.

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।

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).

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. y&b&tumi 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.

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).