



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

Notice of Decision

Decision Date: May 3, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029503



Dear [REDACTED]

On April 12, 2018 you appeared by telephone at a hearing on your appeal of NY State of Health's November 18, 2017 plan enrollment notice, January 16, 2018 plan enrollment notice, and January 25, 2018 eligibility determination 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: May 3, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029503



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 application of advance payments of the premium tax credit of up to \$231.66 per month was effective no earlier than February 1, 2018?

Procedural History

On November 13, 2017, NYSOH received your updated application or financial assistance with your health insurance.

On November 14, 2017, NYSOH issued an eligibility determination notice stating you were eligible for advance payments of the premium tax credit (APTC) of up to \$167.00 per month, as well as cost-sharing reductions if you enrolled in a Silver-level qualified health plan, effective December 1, 2017.

On November 16, 2017, NYSOH issued a plan enrollment notice based on your plan selections on November 15, 2017, stating you were enrolled in a Platinum-level qualified health plan for \$396.38 per month after your APTC of \$167.00 was applied to your premium, as of December 1, 2017.

On November 16, 2017, NYSOH issued a renewal notice stating no action was required for your 2018 renewal. The notice stating you qualified for APTC up to \$231.66 per month, as well as cost-sharing reductions if you enrolled in a Silver-level qualified health plan, effective January 1, 2018. The notice stated you would

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be automatically enrolled in a Platinum-level qualified health plan as of January 1, 2018.

On November 18, 2017, NYSOH issued a plan enrollment notice, based on a computer system update, stating you were enrolled in a Platinum-level qualified health plan for \$460.72 per month after your APTC of \$167.00 was applied to your health plan, as of January 1, 2018.

On January 16, 2018, NYSOH issued a plan enrollment notice based on your updated enrollment on January 15, 2017, stating you were enrolled in a Platinum-level qualified health plan for \$396.06 per month after your APTC of \$231.66 per month, effective January 1, 2018. The notice further stated your APTC in the increased amount would be applied as of February 1, 2018.

On January 25, 2018, NYSOH issued an eligibility determination notice based on your updated application on January 24, 2018, stating you were eligible for APTC up to \$232.00 per month as well as cost-sharing reductions if you enrolled in a Silver-level qualified health plan, effective February 1, 2018.

On January 25, 2018, NYSOH issued a plan enrollment notice, based on your updated enrollment on January 24, 2018, stating you were enrolled in a Platinum-level qualified health plan for \$395.72 per month after your APTC of \$232.00 per month was applied, effective January 1, 2018. The notice stated your APTC would be applied as of February 1, 2018.

On February 28, 2018, you spoke to NYSOH's Account Review Unit and appealed the January 25, 2018, eligibility determination and enrollment notices insofar as they began your eligibility for APTC of \$232.00 per month as of February 1, 2018 and not January 1, 2018.

On April 12, 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 November 13, 2017.
- 2) According to your NYSOH account and your testimony, you selected a Platinum-level qualified health plan on November 13, 2017.

- 3) The November 16, 2017, renewal notice stated you qualified for APTC up to \$231.66 per month as well as cost-sharing reductions if you enrolled in a Silver-level qualified health plan, effective January 1, 2018.
- 4) Your enrollment in your Platinum-level qualified health plan became effective December 1, 2017.
- 5) You testified you were asked to pay \$460.00 for January 2018, such that you believe the incorrect amount of APTC was applied to your premium for that month.
- 6) According to your NYSOH account, the 2017 APTC amount of \$167.00 was applied to your premium as of January 1, 2018.
- 7) You testified you did not pay your December 2017 premium.
- 8) You testified you are now behind in premium payments with your health plan and are being asked to pay over \$1,000.00 in back premiums.

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 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 application of APTC up to \$231.66 per month was effective no earlier than February 1, 2018.

The record shows that, on November 13, 2017, you updated the information in your NYSOH account and submitted a request to enroll in a qualified health plan. On November 14, 2017, NYSOH issued an eligibility determination notice stating you were eligible for APTC up to \$167.00 per month, as well as cost-sharing reductions if you enrolled in a Silver-level qualified health plan, effective December 1, 2017. You were then enrolled in a Platinum-level qualified health plan for \$396.38 per month after your APTC of \$167.00 was applied to your health plan, as of December 1, 2017.

On November 16, 2017, NYSOH issued a renewal notice stating no action was required for your 2018 renewal. The notice stated it was determined you qualified for up to \$231.66 per month APTC, as well as cost-sharing reductions if you enrolled in a Silver-level qualified health plan, effective January 1, 2018. The notice further stated you would be auto-enrolled in that plan as of January 1, 2018.

NYSOH issued an enrollment notice based on a computer system update on November 18, 2017. The new enrollment notice stated you were enrolled in a Platinum-level qualified health plan for a cost of \$460.72 per month after your APTC of \$167.00 was applied to your health plan, as of January 1, 2018. You testified you were asked to pay \$460.00 for January 2018, such that you believe the incorrect amount of APTC was applied to your premium for that month.

On January 16, 2018, NYSOH issued a plan enrollment notice based on your updated enrollment on January 15, 2018, stating you were enrolled in a Platinum-level qualified health plan for \$396.06 per month after your APTC of \$231.66 per month, effective January 1, 2018. The notice stated the increased amount of APTC would be applied as of February 1, 2018.

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.

You were determined eligible for up to \$231.66 per month in APTC as of January 1, 2018 as stated in the November 16, 2017 renewal notice. The application of only \$167.00 to your premium as of January 1, 2018 was therefore improper. The APTC amount of \$231.66 should have been applied as of January 1, 2018. Your eligibility for APTC up to \$231.66 per month properly began as of February 1, 2018, as explained in the January 25, 2018 eligibility determination and enrollment notices.

Therefore, NYSOH's November 18, 2017 plan enrollment notice is MODIFIED to reflect that APTC of \$231.66 per month should be applied to your plan premium as of January 1, 2018.

Further, NYSOH's January 16, 2018 plan enrollment notice is MODIFIED to reflect the application of APTC up to \$231.66 per month should be applied to your plan premium as of January 1, 2018.

Your case is RETURNED to NYSOH to effectuate the increased amount of APTC to be applied to your plan premium for the month of January 2018.

The January 25, 2018 eligibility determination notice stating you were eligible for up to \$232.00 per month in APTC as of February 1, 2018, was proper and is AFFIRMED.

Decision

The November 18, 2017 plan enrollment notice is MODIFIED to reflect that APTC of \$231.66 per month should be applied to your plan premium as of January 1, 2018.

The January 16, 2018 plan enrollment notice is MODIFIED to reflect that APTC of \$231.66 per month should be applied to your plan premium as of January 1, 2018.

Your case is RETURNED to NYSOH to effectuate the increased amount of APTC to be applied to your plan premium for the month of January 2018.

The January 25, 2018 eligibility determination notice stating you were eligible for up to \$232.00 per month in APTC as of February 1, 2018, was proper and is AFFIRMED.

Effective Date of this Decision: May 3, 2018

How this Decision Affects Your Eligibility

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 eligibility for APTC up to \$231.66 per month should have begun as of January 1, 2018.

Your eligibility for APTC up to \$232.00 per month properly began as of February 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

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 November 18, 2017 plan enrollment notice is MODIFIED to reflect that APTC of \$231.66 per month should be applied to your plan premium as of January 1, 2018.

The January 16, 2018 plan enrollment notice is MODIFIED to reflect that APTC of \$231.66 per month should be applied to your plan premium as of January 1, 2018.

Your case is RETURNED to NYSOH to effectuate the increased amount of APTC to be applied to your plan premium for the month of January 2018.

The January 25, 2018 eligibility determination notice stating you were eligible for up to \$232.00 per month in APTC as of February 1, 2018, was proper and is AFFIRMED.

Your eligibility for APTC up to \$231.66 per month should have begun as of January 1, 2018.

Your eligibility for APTC up to \$232.00 per month properly began as of February 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. 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.

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