



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

## Notice of Decision

Decision Date: May 21, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000029961



Dear [REDACTED],

On May 7, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 28, 2017 eligibility determination notice and the January 4, 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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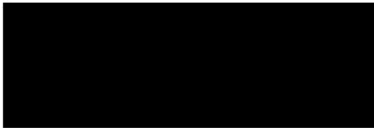


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DEPARTMENT OF HEALTH  
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## **Decision**

Decision Date: May 21, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000029961



## **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 and your spouse's eligibility for and application of advance payments of the premium tax credit (APTC) and enrollment in a qualified health plan were effective no earlier than February 1, 2018?

## **Procedural History**

On December 27, 2018, you submitted an initial application for financial assistance with health insurance.

On December 28, 2018, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to receive up to \$856.00 per month in APTC and, if you selected a silver-level qualified health plan, were eligible for cost-sharing reductions (CSR). This eligibility was effective February 1, 2018.

On January 4, 2018, NYSOH issued a plan enrollment notice confirming your and your spouse's enrollment in a qualified health plan with a monthly premium responsibility of \$812.97, after your APTC of \$856.00 was applied, both effective February 1, 2018.

On March 8, 2018, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination and plan enrollment notices insofar as your and your spouse's eligibility for APTC and enrollment in a qualified health plan began on February 1, 2018, and not January 1, 2018.

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On May 7, 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 a new application to NYSOH on behalf of yourself and your spouse for financial assistance on December 27, 2018.
- 2) Your NYSOH account indicates that you selected a qualified health plan for yourself and your spouse on January 3, 2018.
- 3) Your NYSOH account indicates that you and your spouse's enrollment in the plan you selected became effective February 1, 2018.
- 4) You testified that you and your spouse previously had coverage directly through your health plan in 2017, and not through NYSOH.
- 5) You testified that you believed that you and your spouse had coverage in January 2018, but your qualified health plan has advised you that you did not have coverage that month.
- 6) You further testified that your qualified health plan through NYSOH charged you a premium for January 2018.
- 7) You testified that you are seeking to have your and your spouse's eligibility for APTC and enrollment in your qualified health plan through NYSOH begin on January 1, 2018, because you have outstanding bills for medical services rendered that month.

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 15<sup>th</sup> of any month will not be effective until the

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first of the second following month, and has elected to do so (45 CFR § 155.330(f)(2)).

### 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 and your spouse's eligibility for and application of APTC and enrollment in a qualified health plan were effective no earlier than February 1, 2018.

The record shows that, on December 27, 2017, you updated the information in your NYSOH account and, on December 28, 2018, NYSOH issued an eligibility determination notice stating that, effective February 1, 2018, you and your spouse were eligible to receive up to \$856.00 per month in APTC and, if you selected a silver-level qualified health plan, were eligible for CSR.

The record further shows that, on January 3, 2018, you submitted a request to enroll in a qualified health plan for yourself and your spouse. On January 4, 2018, based on your January 3, 2018 plan selection, NYSOH issued a plan enrollment notice confirming your and your spouse's enrollment in a qualified health plan, effective February 1, 2018, and that APTC would be applied to your monthly premium effective February 1, 2018.

When an individual changes information in their application after the 15th of any month, NYSOH must 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 selected from the first day to and including fifteenth day of a month goes into effect on the first day of the following month.

Since your and your spouse's eligibility for financial assistance, namely APTC, was determined on December 27, 2017, your and your spouse's eligibility to enroll in a qualified health plan with APTC and CSR properly took effect as of February 1, 2018, as stated in the December 28, 2017 eligibility determination notice.

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Also, since your NYSOH account indicates that you selected a plan on January 3, 2018, NYSOH properly determined that your and your spouse's enrollment in a qualified health plan began on the first day of the next following month after January 2018; that is, on February 1, 2018.

Therefore, NYSOH's December 28, 2017 eligibility determination notice and January 4, 2018 plan enrollment notices are AFFIRMED because those notices properly began your and your spouse's eligibility for APTC and enrollment in your qualified health plan as well as your advance premium tax credits on February 1, 2018.

You testified that your qualified health plan charged you for a premium in January 2018, despite informing you that you did not have coverage that month. Further, the record indicates that coverage in your qualified health plan through NYSOH did not begin until February 1, 2018. Therefore, your case is also RETURNED to Plan Management to determine if you were improperly charged a premium for a month in which you and your spouse did not have coverage.

## **Decision**

The December 28, 2017 eligibility determination notice is AFFIRMED.

The January 4, 2018 plan enrollment notice is AFFIRMED.

Your case is RETURNED to Plan Management to determine if you and your spouse were improperly charged a premium for a month in which you and your spouse did not have coverage through NYSOH.

**Effective Date of this Decision:** May 21, 2018

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

This decision does not change your and your spouse's eligibility for APTC or enrollment start date in your qualified health plan.

Your and your spouse's eligibility for APTC and enrollment in your qualified health plan properly began as of February 1, 2018.

Your case is being sent back to Plan Management to investigate if you and your spouse were improperly charged for premiums.

## **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

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Albany, NY 12211

- By fax: 1-855-900-5557

## **Summary**

The December 28, 2017 eligibility determination notice is AFFIRMED.

The January 4, 2018 plan enrollment notice is AFFIRMED.

Your case is RETURNED to Plan Management to determine if you and your spouse were improperly charged a premium for a month in which you and your spouse did not have coverage through NYSOH.

This decision does not change your and your spouse's eligibility for APTC or enrollment start date in your qualified health plan.

Your and your spouse's eligibility for APTC and enrollment in your qualified health plan properly began as of February 1, 2018.

Your case is being sent back to Plan Management to investigate if you and your spouse were improperly charged for premiums.

## **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।

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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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