



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

Notice of Decision

Decision Date: June 12, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001545

[REDACTED]
[REDACTED]
[REDACTED]

Dear Ms. [REDACTED]

On February 20, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 22, 2014 and January 15, 2015 eligibility determinations.

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 at the top of this letter.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(b).

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[REDACTED]
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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did the Marketplace properly determine that, as of December 22, 2014, you were not eligible for an advance premium tax credit because your renewal period and income data were not available effective January 1, 2015?

Did the Marketplace properly determine that, as of January 15, 2015, you were eligible to receive an advance premium tax credit of up to \$325.00 per month and cost sharing reductions effective February 1, 2015?

Procedural History

The Marketplace received your initial application for health insurance on December 9, 2013.

You modified your application several times in December and on December 24, 2013, the Marketplace issued an eligibility determination notice that you were eligible to receive an advance premium tax credit of up to \$312.00 per month and cost-sharing reductions. You were enrolled in the EssentialCare Silver Plan effective January 1, 2014.

On November 6, 2014, the Marketplace issued a notice that stated it was time to renew your health insurance coverage for 2015. The notice stated that, based on information from federal and state sources, the Marketplace could not make a decision about whether or not you qualify for financial help paying for your health coverage. You were requested to update the information in your NY State of

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Health account by December 15, 2014 or the financial help you were receiving might end.

On December 22, 2014, the Marketplace issued an eligibility redetermination notice that stated you were newly eligible to purchase a qualified health plan at full cost. It also stated you were not eligible to receive advance premium tax credits because “renewal period and income data [was] not available.” You were not eligible for cost-sharing reductions because you were ineligible to receive advance premium tax credits. This eligibility was effective January 1, 2014.

Also on December 22, 2014, the Marketplace issued an enrollment confirmation notice, which stated that as of December 22, 2014 you were enrolled in EssentialCare Silver ST INN Dep25 with a premium responsibility of \$428.64. The notice further stated that your health insurance coverage could start as early as January 1, 2015 if you pay your first month’s premium.

On January 14, 2015, information in your Marketplace account was updated.

On January 15, 2015, the Marketplace issued an eligibility determination notice that stated you were newly conditionally eligible to receive an advance premium tax credit of up to \$325.00 per month and cost-sharing reductions if you enrolled in a silver level health plan. This eligibility was effective February 1, 2015.

On January 15, 2015, the Marketplace issued a disenrollment notice confirming your January 14, 2015 request to end your insurance coverage with EssentialCare Silver ST INN Dep25 effective January 31, 2015.

Also on January 15, 2015, the Marketplace issued an enrollment confirmation notice that stated as of January 14, 2015 you were enrolled in Empire HMO 2450 Silver NS INN Pediatric Dental Dep 25 with a premium responsibility of \$123.12. The notice further stated that your health insurance coverage could start as early as February 1, 2015 if you pay your first month’s premium.

On January 22, 2015, you spoke with the Marketplace’s Account Review Unit and appealed the eligibility determination insofar as it began your financial assistance eligibility on February 1, 2015, not January 1, 2015.

On February 20, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace’s Appeals Unit. The record was developed during the hearing and left open until March 9, 2015 to give you an opportunity to submit supporting evidence.

On March 9, 2015, The Marketplace’s Appeals Unit received your supporting evidence via fax, which included a written statement of your expected income and a copy of your [REDACTED] banking statement between January 17, 2015 and February 17, 2015. These documents were collectively marked as

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Appellant's Exhibit 1 and incorporated into the record. The record was then closed on March 9, 2015.

Findings of Fact

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

- 1) The record reflects that, as of December 14, 2013, you elected to receive all information from the New York Marketplace electronically.
- 2) The record reflects that you did not update your Marketplace account by December 15, 2014. You testified, and the record reflects, that you did not update your Marketplace account for 2015 health insurance coverage until January 14, 2015.
- 3) The record reflects that the Marketplace enrolled you in EssentialCare Silver ST INN Dep25 on December 22, 2014, with coverage effective January 1, 2015.
- 4) You testified that you paid the same premium amount for January 1, 2015 coverage with EssentialCare Silver as you had paid throughout the 2014 tax year under the belief that your coverage and financial eligibility continued in effect. You further testified that you believed that you had until January 2015 to renew your health insurance coverage through NY State of Health.
- 5) You testified that you received multiple emails from NY State of Health, which indicated that you had notices waiting for you to read. You further testified that, since you needed to view these documents on a computer, you did not read these notices as you were not by a computer often.
- 6) You testified that you did not log on to your Marketplace account to read the November 6, 2014 renewal notice, and were therefore unaware that you needed to renew your application, because this is a new program and you did not realize that you needed to take further action. You further testified that you believe that you did not receive an adequate number of notices from NY State of Health to remind you that you must renew your coverage for 2015.
- 7) You testified that the first time you became aware that you needed to update your Marketplace account was in early January 2015.
- 8) You testified that you did incur any medical bills during the month of January 2015.

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

Applicable Law and Regulations

Annual Eligibility Redetermination

Generally, the Marketplace must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such case, the Marketplace is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

The Marketplace must send an annual renewal notice that contains the information by which the Marketplace will use to redetermine a qualified individual's eligibility for that year (42 CFR §155.335(c)(3)). The notice must allow a reasonable amount of time for the qualified individual to respond and for the Marketplace to implement any changes that the individual has elected (42 CFR §155.335(d)(2)(ii)). If a qualified individual does not respond to the notice after a 30-day period, the Marketplace must redetermine that individual's eligibility using the information provided in the annual renewal notice (42 CFR §155.335 (h)(i)). The Marketplace must ensure this redetermination is effective on the first day of the coverage year (42 CFR §155.335(i)).

Redetermination during a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, the Marketplace must make that redetermination effective on the first day of the month following the date the Marketplace is notified of the change (42 CFR §155.330 (f)(1)(ii)).

The Marketplace may determine that any change made after the 15th of any month will not be effective until the first of the following month (42 CFR §155.330 (f)(2)).

End of Tax Year Reconciliation

At the end of a tax year, a person who elects to take the advance premium tax credit to help pay for the cost of an insurance premium must file a tax return to reconcile any differences between the amount of income the person reported to the Marketplace and their actual gross income for that year. A person who received less tax credit than her maximum entitlement, based on gross income,

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may receive an income tax refund. A person who received more tax credit than his maximum entitlement, based on gross income, will owe the excess as an additional income tax liability (26 CFR § 1.36B-4).

Legal Analysis

The first issue is whether the Marketplace properly determined that you were not eligible for advance premium tax credit (APTC) effective January 1, 2015.

The Marketplace must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. The Marketplace must issue a renewal notice that contains the information by which the Marketplace will use to determine an individual's eligibility. If an individual does not respond to this notice, the Marketplace must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On November 6, 2014, the Marketplace issued an annual eligibility redetermination notice in your case. This notice states that based on information from federal and state sources, the Marketplace could not make a decision about whether or not you qualify for financial help paying for your health coverage. You were requested to update the information in your NY State of Health account by December 15, 2014 or the financial help you were receiving might end.

On December 15, 2014, the Marketplace had not received any updated information from you. Therefore, the Marketplace was required to use the information that was contained in the November 6, 2014 notice in order to determine your eligibility for coverage beginning January 1, 2015. On December 22, 2014, the Marketplace issued a notice that stated you were newly eligible to purchase a qualified health plan at full cost effective January 1, 2015. You were not eligible to receive APTC because renewal period and income data was not available. Therefore, the Marketplace's December 22, 2014 eligibility determination is AFFIRMED.

The second issue is whether the Marketplace properly determined that you are eligible to receive an APTC of up to \$325.00 per month and cost-sharing reductions effective February 1, 2015.

On January 14, 2015, you updated the information in your Marketplace account. This resulted in a January 15, 2015 eligibility determination notice that stated you were newly conditionally eligible to receive up to \$325.00 in APTC and cost-sharing reductions if you enrolled in a silver level health plan. This eligibility was effective February 1, 2015.

When an individual changes information in their application before the 15th of any month, the Marketplace must make the redetermination that results from that change effective the first day of the following month. Therefore, the Marketplace's January 15, 2015 eligibility determination is AFFIRMED.

However, you testified that you did not read the renewal notice from the Marketplace nor were you aware that you would need to renew your application. At the end of a tax year, a person who elects to take the APTC to help pay for the cost of an insurance premium must file a tax return to reconcile any differences between the amount of income the person reported to the Marketplace and their actual gross income for that year. If you should have been entitled to APTC in the month of January, you may receive it in the form of a refund on your 2015 income tax return.

Decision

The December 22, 2014 eligibility determination is AFFIRMED.

The January 15, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: June 12, 2015

How this Decision Affects Your Eligibility

You were not eligible for an advance premium tax credit in the month of January 2015.

You are eligible to receive an advance premium tax credit of up to \$325.00 per month and cost-sharing reductions effective February 1, 2015.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 after the date of the Decision Date, which appears on the first page of this Decision.

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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 U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c))

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:
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The December 22, 2014 eligibility determination is AFFIRMED.

You were not eligible for an advance premium tax credit in the month of January 2015.

The January 15, 2015 eligibility determination is AFFIRMED.

You are eligible to receive an advance premium tax credit of up to \$325.00 per month and cost-sharing reductions effective February 1, 2015.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).

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A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]