



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

## Notice of Decision

Decision Date August 18, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001556

[REDACTED]

Dear [REDACTED],

On March 26, 2015 your Authorized Representative appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 22, 2014 eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this notice.

### Legal Authority

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

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

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NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001556



## Issue(s)

Did the Marketplace correctly determine that, effective January 1, 2015, you were eligible to enroll in a qualified health plan at full cost?

## Procedural History

You were enrolled in a silver-level qualified health plan (QHP) through the Marketplace during 2014.

On November 6, 2014, the Marketplace sent you a renewal notice stating that it “did not have enough information from state and federal data sources to determine if you can get help paying for your insurance ... next year.” The notice advised you that if you did not update your NY State of Health account by December 15, 2014, the financial assistance you were receiving during 2014 could end.

Your Marketplace account was not updated by December 20, 2014.

On December 22, 2014, the Marketplace sent you a notice stating that, as of January 1, 2015, you were eligible to purchase a QHP at full cost. It explained that you were not eligible for an advance premium tax credit (APTC) because your renewal period and income data were not available. You were not eligible for cost-sharing reductions (CSR) because you were not eligible for APTC.

On January 22, 2015 you requested a hearing to appeal the December 22, 2014 notice insofar as it stated that you were not eligible for APTC.

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On January 24, 2015, the Marketplace sent you a notice stating that your eligibility had been redetermined and that you were eligible to enroll in a QHP with financial assistance (APTC and CSR) effective March 1, 2015.

## **Findings of Fact**

1. On November 6, 2014, the Marketplace sent you a notice to tell you that more information was needed to renew your health insurance for 2015. It stated that if you did not update your account by December 15, 2014, you might lose financial assistance for paying for coverage.
2. Your account was not updated on or before December 20, 2014.
3. On December 21, 2014 the Marketplace redetermined your eligibility using the information available in your account and found that you could still purchase health insurance through the Marketplace, but only at full cost. Effective January 1, 2015, you were not eligible for an advance premium tax credit (APTC) or cost-sharing reductions (CSR).
4. On January 22, 2015, the Marketplace redetermined your eligibility and found that you were eligible to enroll with APTC and CSR.

## **Applicable Law and Regulations**

The Marketplace must send an annual renewal notice that contains the individual's projected eligibility for that year, including any expected eligibility for financial assistance (45 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 (45 CFR § 155.335(d)(2)(ii)). If a qualified individual does not respond to the notice within a 30-day period, the Marketplace must redetermine that individual's eligibility using the information provided in the annual renewal notice, and any reported changes (45 CFR § 155.335(h)(i)). The Marketplace must ensure this redetermination is effective on the first day of the coverage year (45 CFR § 155.335(i)).

When an eligibility redetermination results in a change in the amount of advance premium tax credit (APTC) for the benefit year, the Marketplace 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 (45 CFR § 155.330(g)).

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

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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, may receive an income tax refund, or owe less in taxes. 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**

On November 6, 2014, the Marketplace sent you a renewal notice, as required by federal regulations. Federal and state data sources did not have the information needed to decide how much, if any, financial assistance you would be entitled to during 2015. The Marketplace advised you of this and gave you until December 15, 2014 to update your account.

Since you did not update your account in the time permitted, the Marketplace properly processed your renewal using the information then available. It did not have updated income information, so it could not determine whether you would be eligible for an advance premium tax credit (APTC) or cost-sharing reductions (CSR) during 2015.

Since the December 22, 2014 notice stated that, according to the information available, you were then eligible to enroll in a qualified health plan but could not be found eligible for APTC, it is correct and is AFFIRMED.

However, APTC is only an advance on the tax credit you can claim on your 2015 federal tax return. Any difference between the advance credit you use to help pay your health insurance premiums and the credit you claim on your 2015 taxes will be reconciled when you file your federal tax return next year.

To claim the credit (and refund, if applicable), you must file a 2015 federal tax return even if you do not owe any federal income taxes.

## **Decision**

The December 22, 2014 notice of eligibility determination is AFFIRMED.

**Effective Date of this Decision:** August 18, 2015

## **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).

This decision does not change your eligibility and it does not affect any determination issued after December 22, 2014.

If, at the end of 2015, you are entitled to receive more premium tax credit than you actually used during the year, you must file a 2015 federal tax return to claim it even if you do not have to pay any federal income taxes.

### **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.

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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- By fax: 1-855-900-5557

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## **Summary**

The December 22, 2014 notice of eligibility determination is AFFIRMED.

This decision does not change your eligibility and it does not affect any determination issued after December 22, 2014.

If, at the end of 2015, you are entitled to receive more premium tax credit than you actually used during the year, you must file a 2015 federal tax return to claim it even if you do not have to pay any federal income taxes.

## **Legal Authority**

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

**A Copy of this Decision Has Been Provided To:**

