



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

Notice of Decision

Decision Date: July 22, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001584

[REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED]

Dear [REDACTED],

On March 2, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 8, 2015 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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[REDACTED]
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Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did you have health coverage through SilverPlus-S2 during the month of January 2015, and if so, should the amount of advance premium tax credit stated in the January 8, 2015 notice be applied to the January premium for that coverage?

Procedural History

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 qualified for continuing financial help in paying for your health coverage in 2015. You were directed to update the information in your NY State of Health account by December 15, 2014, or the financial help you were receiving might end.

No updates were made to your account before December 15, 2014.

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. You were not eligible to receive advance premium tax credits (APTC) because "renewal period and income data [was] not available." You were not eligible for cost-sharing reductions because you were ineligible to receive APTC. You were not eligible for Medicaid because your household income was in excess of that allowed by that program. This eligibility was effective January 1, 2015.

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On December 22, 2014, the Marketplace issued an enrollment confirmation notice that stated you were enrolled in SilverPlus-S2 with a premium responsibility of \$398.82. The notice further stated that if you have a premium responsibility, you must pay the monthly premium before your coverage can begin. If you do not pay your premium, you may not have health coverage.

On January 7, 2015, information in your Marketplace account was updated.

On January 8, 2015, the Marketplace issued an eligibility determination notice that stated you were newly eligible to receive up to \$293.00 in APTC per month, and to receive cost-sharing reductions if you enrolled in a silver level health plan. This eligibility was effective February 1, 2015.

Also on January 8, 2015, the Marketplace issued an enrollment confirmation notice that stated as of January 7, 2015 you were enrolled in SilverPlus-S2 with a premium responsibility of \$105.82. The notice further stated that if you have a premium responsibility, you must pay the monthly premium before your coverage can begin. If you do not pay your premium, you may not have health coverage.

On January 24, 2015, you spoke to the Marketplace's Account Review Unit and appealed the preliminary eligibility determination insofar as it began your financial assistance eligibility on February 1, 2015, and not January 1, 2015.

On March 2, 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 for 15 days to allow you the opportunity to submit evidence of the correspondence from your health plan. On March 11, 2015 the Marketplace received a fax from you containing those documents. The record is now closed.

Findings of Fact

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

- 1) You testified that you enrolled with MetroPlus SilverPlus S-2 in February 2014.
- 2) You testified, and the record reflects, that you elected to receive your notices from the Marketplace via regular mail.
- 3) You testified that in the beginning of December you called MetroPlus because you thought you had to renew your insurance with them. MetroPlus told you everything was fine and that you should call in January if there were any issues.

- 4) You testified that you did not know you had to call the Marketplace to update and that everything was done through your health plan.
- 5) You testified that you did not know anything was wrong with your eligibility for tax credits until you received a bill for January from MetroPlus for the full premium amount.
- 6) You testified that you called the Marketplace on January 7, 2015 to update your information.
- 7) You submitted invoice statements from MetroPlus for the coverage months of February and March.
- 8) You submitted a letter dated January 2, 2015 from MetroPlus that states “If you qualified for APTC in 2014, but your 2015 invoice does not have an APTC amount on it, it may be because the New York State of Health Marketplace is missing necessary information needed to renew your policy.”
- 9) You submitted a letter from MetroPlus dated October 22, 2014 that informs you of the premium increase to your health insurance policy. The notice also stated that you should receive a renewal notice from the Marketplace with information about your 2015 coverage and if you do not receive a renewal notice by November 15, 2014 to contact the Marketplace.
- 10) You submitted a premium submission receipt date January 20, 2015 that shows you paid \$504.64 to MetroPlus. You testified that this amount was for the January and February premiums but MetroPlus was crediting the premium for January to your March premiums.
- 11) You testified that you are seeking your APTC amount to be made effective January 1, 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-

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sharing reductions, Medicaid, or Child Health Plus. In such cases, 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 (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 after a 30-day period, the Marketplace must redetermine that individual's eligibility using the information provided in the annual renewal notice (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)).

Redetermination During a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, the Marketplace must generally make that redetermination effective on the first day of the month following the date the Marketplace is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, the Marketplace may determine that any change made after the 15th of any month will not be effective until the first of the next following month (45 CFR § 155.330 (f)(2)), and it has chosen to do so.

Legal Analysis

The only issue under review is whether you had coverage through MetroPlus SilverPlus-S2 in January and, if so, whether the advance premium tax credit (APTC) amount listed in the January 7, 2015 eligibility determination notice should be applied to the premium amount for January.

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. That 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

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were asked 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 an APTC because renewal period and income data was not available. This finding was necessitated by the federal regulations noted above.

On December 22, 2015, the Marketplace issued a letter that stated you were enrolled in SilverPlus-S2 with a premium responsibility of \$398.82. The letter further stated that if you had a premium responsibility, you must pay the monthly premium before your coverage could begin. If you did not pay your premium, you might not have health coverage. You provided evidence that on January 20, 2015, you paid \$504.64 to MetroPlus for your health insurance coverage for the months of January and February.

However, you credibly testified that you did not receive the November 6, 2014 notice asking your household to update their information with the Marketplace. Moreover, you credibly testified that you called MetroPlus in the beginning of December, and were told that everything was fine with your account. Relying on this information, you did nothing to update your Marketplace account.

If MetroPlus instructed you in the beginning of December to call the Marketplace, you would have updated your account in time to meet the deadline and would have been eligible for the amount of APTC that was listed in the January 8, 2015 eligibility determination notice effective January 1, 2015.

Since you reasonably relied on the information provided to you by your insurance carrier, the January 8, 2015 eligibility determination notice is MODIFIED to state that you were eligible to receive up to \$293.00 in APTC per month and, if you enrolled in a silver level health plan, to receive cost-sharing reductions, effective January 1, 2015.

Decision

The January 8, 2015 eligibility determination notice is MODIFIED to state that you were eligible to receive up to \$293.00 in advance premium tax credit per month and, if you enrolled in a silver level health plan, to receive cost-sharing reductions, effective January 1, 2015.

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Effective Date of this Decision: July 22, 2015

How this Decision Affects Your Eligibility

You are enrolled in MetroPlus SilverPlus S-2 effective January 1, 2015.

You are eligible for up to \$293.00 in advance premium tax per month and cost-sharing reductions effective January 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.

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 January 8, 2015 eligibility determination notice is MODIFIED to state that you were eligible to receive up to \$293.00 in advance premium tax credit per month and, if you enrolled in a silver level health plan, to receive cost-sharing reductions, effective January 1, 2015.

You are enrolled in MetroPlus SilverPlus S-2 effective January 1, 2015.

You are eligible for up to \$293.00 in advance premium tax per month and eligible for cost-sharing reductions effective January 1, 2015.

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:

[REDACTED]
[REDACTED]
[REDACTED]