



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: AP000000001720

[REDACTED]

Dear [REDACTED],

On March 13, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 22, 2014 and January 24, 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 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

Decision Date: August 18, 2015

NY State of Health Number: [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 on December 22, 2014 that you were eligible to purchase a qualified health plan at full cost effective January 1, 2015?

Did the Marketplace properly determine on January 24, 2015 that you were eligible to receive an advance premium tax credit of up \$164.00 per month and cost-sharing reductions effective March 1, 2015?

## Procedural History

On March 9, 2014, the Marketplace issued a notice confirming your enrollment in the Health Republic PrimarySelect Silver Plan at a premium cost of would be \$150.28, after applying the maximum advance premium tax credit (APTC) of \$215.00. Your account details reflect that your coverage began on April 1, 2014.

On November 6, 2014, the Marketplace issued a renewal 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.

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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 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.

On December 23, 2014, the Marketplace issued an enrollment confirmation notice stating that as of December 22, 2014, you were enrolled in Health Republic Primary Select PCMH Silver plan with a premium responsibility of \$404.16. The notice further stated that if you had a premium responsibility, you must pay the monthly premium before your coverage could begin, which could be as early as January 1, 2015. If you did not pay your premium, you may not have health coverage.

On January 23, 2015 information in your Marketplace account was updated.

On January 24, 2015 the Marketplace issued a notice of eligibility determination that stated you were conditionally eligible to receive up to \$164.00 per month in APTC and cost-sharing reductions (CSR), pending the receipt of documentation to prove your level of income no later than April 25, 2015. The notice further stated that you were not eligible for Medicaid. This eligibility was effective March 1, 2015.

Also on January 24, 2015, the Marketplace issued an enrollment confirmation notice that stated as of January 23, 2015 you were enrolled in Total Independence Silver plan, with a premium responsibility of \$216.04, after applying the maximum APTC. The notice further stated that your health insurance coverage could start as early as March 1, 2015 if you paid your first month’s premium.

On February 7, 2015, you spoke to the Marketplace’s Account Review Unit and appealed the eligibility determinations insofar as they began your financial assistance eligibility on March 1, 2015, and not January 1, 2015.

On March 13, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace’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 testified that you originally applied for insurance through the Marketplace in March of 2014, and you didn't realize that you would have to renew your application at the end of the calendar year.
- 2) Your Marketplace account indicates that you receive notices from the Marketplace via regular mail.
- 3) No notice sent to you at the address listed on your Marketplace account have been returned as undeliverable.
- 4) You testified that the first time you became aware that you needed to update your Marketplace account, and hadn't been awarded a premium tax credit during 2015, was when you were charged \$658.04 for coverage during the months of January and February.
- 5) You testified that you paid approximately \$218.00 for coverage during March 2015, but it was placed in a "pending" status until the resolution of your appeal.
- 6) You testified that you cannot afford the bills for the January and February 2015 premium amounts without financial assistance.

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 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)). If a qualified

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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(g), (h)). The Marketplace must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

### Redetermination during a Benefit Year

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 (or not 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 the benefit year (45 CFR § 155.330(g)).

### 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, 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**

The first issue is whether the Marketplace properly determined that you were eligible to enroll in a qualified health plan at full cost 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 renewal notice in your case. Those notices state that based on information from federal and state sources, the Marketplace could not make a decision about whether you qualified

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for financial help paying for your health coverage. You 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.

You stated that the first time you became aware that you needed to update your Marketplace account, and had not been awarded a tax credit during 2015, was when you were charged \$658.04 for coverage during the months of January and February.

The record indicates that the renewal notice was issued to the address you listed on your Marketplace account, and there is no indication that any of the notices issued to you were returned to the Marketplace as undeliverable.

Since the Marketplace had not received any updated information from you by the time of the deadline stated in the renewal notice, on December 22, 2014 an eligibility redetermination notice was issued 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 advance premium tax credit (APTC) because renewal period and income data were not available. This finding was necessitated by the federal regulations noted above and, therefore, the Marketplace's December 22, 2014 eligibility determination is AFFIRMED.

The second issue under review is whether the Marketplace properly determined that you were eligible to receive an APTC of up to \$164.00 per month and cost-sharing reductions became effective no earlier than March 1, 2015.

The record show that your application was updated on January 23, 2014. This resulted in the January 24, 2015 eligibility determination notice that stated you were eligible for an APTC of up to \$164.00 per month and eligible for cost-sharing reductions, with an effective date of March 1, 2015.

When an individual changes information in their application after the fifteenth day of any month, the Marketplace must implement the redetermination that results from the change as of the first day of the second following month.

Therefore, the Marketplace's January 24, 2015 eligibility determination is AFFIRMED because it properly began your eligibility for APTC on March 1, 2015.

## **Decision**

The December 22, 2014 eligibility determination is AFFIRMED.

The January 24, 2015 eligibility determination is AFFIRMED.

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

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

You were eligible to enroll in a plan at full cost for the months of January and February 2015.

You were eligible to receive an APTC of up to \$164.00 per month, and if you remain enrolled in a silver-level plan, eligible for cost-sharing reductions, no earlier than March 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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P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The December 22, 2014 eligibility determination is AFFIRMED.

The January 24, 2015 eligibility determination is AFFIRMED.

You were eligible to enroll in a plan at full cost for the months of January and February 2015.

You were eligible to receive an APTC of up to \$164.00 per month, and if you remain enrolled in a silver-level plan, eligible for cost-sharing reductions no earlier than March 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:**

