



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

## Notice of Decision

Decision Date: June 30, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001977

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

Dear [REDACTED],

On April 21, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 11, 2015 eligibility determination.

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

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Appeal Identification Number: AP000000001977

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## Issue

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

Did the Marketplace properly determine that your eligibility for \$178.00 in advance premium tax credit and your eligibility for cost-sharing reductions was effective March 1, 2015?

## 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 credit (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 February 10, 2015, the Marketplace received your updated application for health insurance.

On February 11, 2015, the Marketplace issued an eligibility determination notice that stated you were newly conditionally eligible to receive up to \$178.00 per month in APTC, and to receive cost-sharing reductions if you enrolled in a silver level health plan. This eligibility was effective March 1, 2015.

On March 6, 2015, you spoke to the Marketplace's Account Review Unit and appealed the eligibility determination, because you were seeking to have your current eligibility for APTC made retroactive to January 1, 2015.

On April 21, 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 receive your notices from the Marketplace via regular mail.
- 2) You testified that you are unsure if you received anything in November asking you to renew your account. You received something in the mail but you believed it was from your health plan.
- 3) You testified that you did not know you needed to renew your application and that the only reason your account was updated in February was because you learned that you could add your daughter to your Marketplace account because you claim her as a dependent. Your daughter was not listed on your application prior to February 2015.
- 4) You testified that you paid the full insurance premiums to your plan for the months of January and February 2015.
- 5) You testified that you used your insurance coverage in February and have a \$900.00 bill from your doctor. You are appealing because you want your deductible and eligibility that resulted from the February 11, 2015 determination made effective for January 1, 2015.

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

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## **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)). 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 15<sup>th</sup> 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.

### 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 only matter at issue is whether the Marketplace properly determined that your eligibility for \$178.00 in advance premium tax credit (APTC) and your eligibility for cost-sharing reductions was effective March 1, 2015.

The Marketplace must annually redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance. The Marketplace must issue a renewal notice that contains the information by which the Marketplace will use to determine an individual's eligibility.

On November 6, 2014, the Marketplace issued an annual eligibility redetermination notice in your case. You were asked in that notice 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 you were unsure whether you received the notice; however, our records indicate that the notices were issued and there is no indication that any mail was returned as undeliverable.

Your account with the Marketplace was not properly updated until February 10, 2015. This resulted in a February 11, 2015 eligibility determination notice that stated you were newly conditionally eligible to receive up to \$178.00 in APTC, and eligible for cost-sharing reductions if you enrolled in a silver level health plan. This eligibility was effective March 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 February 11, 2015 eligibility determination is **AFFIRMED** because it properly began your eligibility for an APTC and your eligibility for cost-sharing reductions on March 1, 2015.

## **Decision**

The February 11, 2015 eligibility determination is **AFFIRMED**.

**Effective Date of this Decision:** June 30, 2015

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

As of March 1, 2015, you are eligible to receive up to \$178.00 in advance premium tax credit, and eligible to receive cost-sharing reductions if you enrolled in a silver level health.

## **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):**

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- By calling the Customer Service Center at 1-855-355-5777
- By mail at:  
NY State of Health Appeals  
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## **Summary**

The February 11, 2015 eligibility determination is AFFIRMED.

As of March 1, 2015, you are eligible to receive up to \$178.00 in advance premium tax credit, and eligible to receive cost-sharing reductions if you enrolled in a silver level health.

## **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]  
[REDACTED]