



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

Notice of Decision

Decision Date: August 21, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002042

[REDACTED]

Dear [REDACTED],

On April 27, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 22, 2014 and February 24, 2015 eligibility determinations.

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 Code of Federal Regulation (CFR) 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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Issues

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

Did the Marketplace properly determine that you and your spouse were eligible to purchase a qualified health plan at full cost, effective January 1, 2015?

Did the Marketplace properly determine that you and your spouse's eligibility for advance premium tax credits and cost-sharing reductions was effective April 1, 2015?

Procedural History

On November 6, 2014 and on November 16, 2014, the Marketplace issued notices that stated it was time for you and your household 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 and your household 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, your spouse, and two of your children were newly eligible to purchase a qualified health plan at full cost. You and your spouse were not eligible to receive APTC because "renewal period and income data [was] not

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available.” You and your spouse were not eligible for cost-sharing reductions because you were ineligible to receive APTC. You and your spouse 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 and your spouse were enrolled into your qualified health plan with a premium responsibility of \$767.08. 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. If you do not pay your premium, you may not receive health coverage.

On February 23, 2015 the Marketplace received your updated application for health insurance.

On February 24, 2015 the Marketplace issued an eligibility determination notice that stated you and your wife were newly eligible, and your eldest son was conditionally eligible, to jointly receive up to \$841.00 per month in APTC, and if you enrolled in a silver level health plan, cost-sharing reductions. This eligibility was effective April 1, 2015.

Also on February 24, 2015 the Marketplace issued an enrollment confirmation notice that stated as of February 23, 2015 you, your spouse, and your eldest child were enrolled in your qualified health plan, with a premium responsibility of \$307.75. 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. If you do not pay your premium, you may not receive health coverage.

On March 13, 2015 you spoke to the Marketplace’s Account Review Unit and appealed the eligibility determination because you were seeking to have your and your spouse’s APTC made retroactive to January 1, 2015.

On April 27, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace’s Appeals Unit. Urdu Interpreter # [REDACTED] assisted during the hearing. 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 received statements in the mail from the Marketplace and from your health plan but you did not open them because your daughter is the one that handles all of that and she was not in the country.
- 3) You testified that you did not know you needed to renew your application until your daughter returned in February and looked at your statements.
- 4) You testified that you paid the full insurance premiums for you and your spouse to your plan for the months of January, February, and March.

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 projected eligibility determination for the following year (45 CFR § 155.335(c)(3)). 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(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

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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 his or 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 or her 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 under review is whether the Marketplace properly determined that you and your spouse 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 and November 16, 2014, the Marketplace issued annual eligibility redetermination notices in your case. Those notices 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 asked in those notices to update the information in your NY State of Health account by December 15, 2014 or the financial help you and your family were receiving might end.

You testified that you received statements in the mail from the Marketplace and from your health plan but you did not open them because your daughter is the one that handles all of that and she was not in the country. You did not state whether or not you received the renewal notices in particular however, our records indicate that the notices were issued, and that there is no indication that any mail was returned 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 and your spouse were newly eligible to purchase a qualified health plan at full cost effective January 1, 2015. You and your spouse were not eligible to receive APTC because renewal period and income data was 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 is whether the Marketplace properly determined that you and your spouse's eligibility for APTC and cost-sharing reductions became effective no earlier than April 1, 2015.

The record shows that your application was updated on February 23, 2015. This resulted in a February 24, 2015 eligibility determination notice that stated you and your spouse were newly eligible, and your eldest son was conditionally eligible, to jointly receive up to \$841.00 per month in APTC, and to receive cost-sharing reductions if you enrolled in a silver level health plan. This eligibility was effective April 1, 2015.

When an individual changes information in their application after the 15th of any month, the Marketplace must make the redetermination that results from that change effective the first day of the next following month.

Therefore, the Marketplace's February 24, 2015 eligibility determination is AFFIRMED because it properly began you and your spouse's eligibility for APTC and cost-sharing reductions on April 1, 2015.

You testified that you paid the full amount of premiums for you and your spouse's coverage for the months of January, February, and March. 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. If you and your spouse should have been entitled to APTC in the months of January, February, and March you may receive it in the form of a refund on your 2015 income tax return.

Decision

The December 22, 2014 and the February 24, 2015 eligibility determinations are AFFIRMED.

Effective Date of this Decision: August 21, 2015

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How this Decision Affects Your Eligibility

As of April 1, 2015, you and your spouse are eligible, and your eldest son is conditionally eligible, to jointly receive up to \$841.00 per month in APTC, and to receive cost-sharing reductions if you enrolled in a silver level health plan.

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 and the February 24, 2015 eligibility determinations are AFFIRMED.

As of April 1, 2015, you and your spouse are eligible, and your eldest son is conditionally eligible, to jointly receive up to \$841.00 per month in APTC, and to receive cost-sharing reductions if you enrolled in a silver level health plan.

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:

