



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

Notice of Decision

Decision Date: July 15, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002153

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On May 8, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace’s December 22, 2014 and January 22, 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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[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 through the Marketplace effective January 1, 2015?

Did the Marketplace properly determine that, as of January 22, 2015 you were eligible for up to \$323.00 per month in advance premium tax and cost sharing reductions, if you select a silver level qualified health plan, effective March 1, 2015?

Procedural History

On November 7, 2014, the Marketplace issued a notice stating that it was time to renew your health insurance coverage for 2015. The notice stated that you have been re-enrolled in your current plan, MVP Premier Silver Silver ST INN Dep25 with a start date of January 1, 2015. The notice also stated that you qualify for a tax credit up to \$315.42 per month and cost-sharing reductions effective January 1, 2015.

On November 14, 2014, the Marketplace issued a notice that stated it was time to renew your health insurance coverage for 2015. The notices 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 may end.

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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 an 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.

On December 23, 2014, the Marketplace issued an enrollment confirmation notice stating that as of December 22, 2014, you were enrolled in MVP Premier Silver Silver ST INN Dep25 with a premium responsibility of \$446.30. The notice further stated that your health insurance coverage could start as early as January 1, 2015 if you paid your first month’s premium.

On December 31, 2014, information in your Marketplace account was updated.

On January 1, 2015, the Marketplace issued a notice stating that more information is needed to make a determination. The notice requested additional income documentation to be submitted to the Marketplace to confirm your eligibility.

On January 5, 2015, you faxed additional income documentation to the Marketplace. This documentation was uploaded to your account on January 21, 2015.

On January 22, 2015, the Marketplace issued an eligibility determination notice that stated you were newly eligible to receive up to \$323.00 in APTC and receive cost-sharing reductions, if you enrolled in a silver level health plan effective March 1, 2015.

Also on January 22, 2015, the Marketplace issued an enrollment confirmation notice that stated as of January 21, 2015 you were enrolled in MVP Premier Silver Silver ST INN Dep25, with a premium responsibility of \$123.60. The notice further stated that your health insurance coverage could start as early as March 1, 2015 if you pay your first month’s premium.

On March 24, 2015, you spoke to the Marketplace’s Account Review Unit and requested an appeal insofar as your financial assistance being effective March 1, 2015.

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On May 8, 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 are applying for health insurance through the Marketplace for yourself only.
2. You testified that you received the November 7, 2015 notice from the Marketplace stating that you had been re-enrolled in your current plan, MVP Premier Silver Silver ST INN Dep25, with a start date of January 1, 2015.
3. You testified that you do not recall receiving the subsequent notices from the Marketplace that directed you to update your Marketplace account before December 15, 2014.
4. On January 5, 2015, you faxed the additional income documentation to the Marketplace Account. The documentation was uploaded to your Marketplace account on January 21, 2015.
5. On January 22, 2015, the Marketplace issued an eligibility determination notice stating that you are eligible to receive up to \$323.00 monthly in advance premium tax credits and cost sharing reductions effective March 1, 2015.
6. You testified that you received a health insurance premium bill in the amount of \$446.30 from MVP in January 2015.
7. You testified that you cannot afford to pay the January 2015 premium amount 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

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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)).

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 no longer eligible for advance premium tax credit (APTC) as of 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 14, 2014, the Marketplace issued an annual eligibility redetermination notice in your case. Those notice stated that based on information from federal and state sources, the Marketplace could not make a decision about whether you qualify 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.

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 14, 2014 notice in order to determine your eligibility for coverage beginning January 1, 2015. On December 22, 2015, 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 APTC because of the 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 your eligibility for up to \$323.00 in APTC and cost-sharing reductions (CSR) was effective March 1, 2015, as determined by the January 22, 2015 eligibility determination.

On December 31, 2014, information in your Marketplace account was updated. On January 1, 2015, the Marketplace issued a notice stating that more information is needed to make a determination. The notice requested additional income documentation to be submitted to the Marketplace to confirm your eligibility.

On January 5, 2015, you faxed additional income documentation to the Marketplace. This documentation was uploaded to your account on January 21, 2015. This resulted in a January 22, 2015 eligibility determination notice that stated you were newly eligible to receive up to \$323.00 in APTC and 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. Since you provided the necessary income documentation on January 5, 2015 the Marketplace's January 22, 2015 eligibility determination is MODIFIED to state that you are eligible to

receive up to \$323.00 in APTC and CSR, if you enrolled in a silver-level health plan, effective February 1, 2015.

However, 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 between the amount of income the person reported to the Marketplace and their actual gross income for that year.

If you were entitled to a greater APTC for 2015 than what you actually received in 2015, you may receive this in the form a tax refund after you file your 2015 income tax return.

Decision

The December 22, 2014 eligibility determination is AFFIRMED.

The January 22, 2015 eligibility determination is MODIFIED to state that you are eligible to receive up to \$323.00 in advance premium tax credit and eligible for cost-sharing reductions, if you enrolled in a silver-level health plan, effective February 1, 2015.

Effective Date of this Decision: July 15, 2015

How this Decision Affects Your Eligibility

You were not eligible for an advance premium tax credit in the month of January 2015.

You are eligible for up to \$323.00 in advance premium tax credit and eligible for cost-sharing reductions, effective February 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.

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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

Summary

The December 22, 2014 eligibility determination is AFFIRMED.

The January 22, 2015 eligibility determination is MODIFIED to state that you are eligible to receive up to \$323.00 in advance premium tax credit and eligible for cost-sharing reductions, if you enrolled in a silver-level health plan, effective February 1, 2015.

You were not eligible for an advance premium tax credit in the month of January 2015.

You are eligible for up to \$323.00 in advance premium tax credit and eligible for cost-sharing reductions, effective February 1, 2015.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]