



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

Notice of Decision

Decision Date: September 8, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002662

[REDACTED]

Dear [REDACTED],

On June 5, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 4, 2014 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 letter.

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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Issues

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

Did the Marketplace properly determine that, as of November 4, 2014 you were eligible for up to \$226.54 per month in advance premium tax credit and cost-sharing reductions, if you enroll in a silver-level qualified health plan effective January 1, 2015?

Procedural History

On November 4, 2014, the Marketplace issued an eligibility determination notice stating that you have been re-enrolled in your Health Republic Insurance of New York health insurance plan with the start date of January 1, 2015. The notice also states that based on federal and state data sources, you are eligible for up to \$226.54 per month in advance premium tax credit and cost-sharing reductions, if you enroll in a silver-level qualified health plan effective January 1, 2015.

On December 11, 2014 the Marketplace issued a notice confirming your enrollment in EssentialCare Silver ST Inn Dep25 with a premium responsibility of \$146.08.

On April 29, 2015 you spoke to the Marketplace Account Review Unit and requested an appeal insofar as the amount of financial assistance you were determined eligible for through the Marketplace.

On June 5, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken during the hearing. The record was left open until June 8, 2015 to allow you to submit additional documentation.

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No additional documentation was submitted to the Marketplace within the allotted time. The record is now complete and closed.

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 plan on filing a 2015 federal income tax return with the tax status of single and claim no dependents on that return (Testimony).
- 3) The Marketplace issued an eligibility determination notice stating that you have been re-enrolled in your Health Republic Insurance of New York with the start date of January 1, 2015. The notice states that based on federal and state data sources, you are eligible for up to \$226.54 per month in advance premium tax credit and cost-sharing reductions, if you enroll in a silver-level qualified health plan effective January 1, 2015. The notice also states if a mistake had been made, to log in your account and make the changes between November 16, 2014, and December 15, 2014, to be effective January 1, 2015 (11/4/2015 Marketplace notice).
- 4) You did not make any changes to your Marketplace Account between November 16, 2014, and December 15, 2014.
- 5) The Marketplace issued a notice stating that you had been enrolled in EssentialCare Silver ST Inn Dep25 with a premium responsibility of \$146.08 (12/11/2014 Marketplace notice).
- 6) You are seeking assistance for \$1,270.32 in outstanding medical bills for services received in January and February 2015 (Testimony).
- 7) You were directed to submit the outstanding medical bills and additional income documentation to the Marketplace Appeals Unit. No additional documentation was received.

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)). 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)).

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).

Appealable Issues

An applicant has the right to appeal: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure by the Exchange to provide timely notice of an eligibility determination and (5) a denial of a request to vacate dismissal made by the NY State of Health Appeals Unit (45 CFR § 155.505).

Legal Analysis

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 4, 2014, the Marketplace issued an annual eligibility redetermination notice in your case. This notice stated that you were re-enrolled in your current health plan Health Republic Insurance of New York health insurance plan with the start date of January 1, 2015. The notice also states that based on federal and state data sources, you are eligible for up to \$226.54 per month in advance premium tax credit and cost-sharing reductions, if you enroll in a silver-level qualified health plan effective January 1, 2015. However, the notice directs you to update the information in your NY State of Health account, if you believe the Marketplace has made a mistake, by December 15, 2014.

On December 11, 2014 the Marketplace issued a notice confirming your enrollment in EssentialCare Silver ST Inn Dep25 with a premium responsibility of \$146.08.

The Marketplace had not received any updated information from you by December 15, 2014. Therefore, the Marketplace was required to use the information that was contained in the November 7, 2014 notice in order to determine your eligibility for coverage beginning January 1, 2015.

Therefore, the Marketplace's November 4, 2014 eligibility determination is **AFFIRMED**.

However, 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 income for that year.

If you should have been entitled to a greater APTC for 2015 than what you actually received, you will be compensated for the difference on your 2015 income tax refund.

At the hearing you raised the issue of reimbursement of outstanding medical bills.

An applicant has the right to appeal: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing

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reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure by the Exchange to provide timely notice of an eligibility determination and (5) a denial of a request to vacate dismissal made by the NY State of Health Appeals Unit (45 CFR § 155.505).

Since the issue of reimbursement raised on appeal is not one that the NY State of Health Appeals Unit is authorized to address, we must dismiss that basis of your appeal request.

In addition, since your issue concerns a health insurer and/or payment, reimbursement, coverage, benefits, rates and premiums, you can contact NY Department of Financial Services at their Consumer Hotline at (800) 342-3736 (Monday through Friday, 8:30 AM to 4:30 PM); or locally to (212) 480-6400; or you can file a complaint at <http://www.dfs.ny.gov/consumer/fileacomplaint.htm>

Decision

The November 4, 2014 eligibility determination is AFFIRMED.

Effective Date of this Decision: September 8, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Any difference between the advance premium tax credit (based on your expected 2015 income) and the premium tax credit you can claim on your 2015 federal tax return (based on your actual 2015 income) should be reconciled on your 2015 federal tax return.

This decision does not address your eligibility for reimbursement of outstanding medical bills. It informs you of contact information if you choose to pursue your complaint further.

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

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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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The November 4, 2014 eligibility determination is AFFIRMED.

You are eligible for up to \$226.54 in advance premium tax credit and cost-sharing reductions if you enroll in a silver-level health plan, effective January 1, 2015.

Any difference between the advance premium tax credit (based on your expected 2015 income) and the premium tax credit you can claim on your 2015 federal tax return (based on your actual 2015 income) should be reconciled on your 2015 federal tax return.

This decision does not address your eligibility for reimbursement of outstanding medical bills. It informs you of contact information if you choose to pursue your complaint further.

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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:

