



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

Notice of Decision

Decision Date: December 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004179



Dear Mr. [REDACTED]

On November 17, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's June 13, 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

Decision Date: December 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004179



Issue

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

Did the Marketplace properly determine that you were eligible to purchase a qualified health plan at full cost through New York State of Health effective July 1, 2015?

Procedural History

On February 15, 2015 the Marketplace issued an eligibility determination notice that you are eligible to receive up to \$229.00 of advance premium tax credits and cost-sharing reductions, if you enroll in a silver-level qualified health plan, effective March 1, 2015.

On the same day the Marketplace issued a notice confirming your enrollment in Oscar Simple 6600 Bronze NS INN Dep25 Free Generic Drugs Two Free PCP Visits Wellness with a monthly premium responsibility of \$112.29 and coverage could start as early as March 1, 2015.

On March 2, 2015 the February 15, 2015 notices were returned to the Marketplace and stamped "RETURN MAIL."

On June 13, 2015 the Marketplace issued an eligibility determination notice that you are eligible to purchase a health plan at full cost through New York State of Health effective July 1, 2015. The notice stated that you are not eligible to receive advance premium tax credits because "We sent you NY State of Health information, including notices about your eligibility and coverage, by U.S. mail to the mailing address provided in your account. However, this information was

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returned to the Marketplace as undeliverable. Please update your mailing address so you can remain eligible for health coverage through NY State of Health.”

On the same day the Marketplace issued a notice confirming your enrollment in Oscar Simple 6600 Bronze NS INN Dep25 Free Generic Drugs Two Free PCP Visits Wellness with a monthly premium responsibility of \$341.29 and coverage could start as early as July 1, 2015.

On July 2, 2015 your Marketplace account was updated.

On July 3, 2015 the Marketplace issued an eligibility determination notice that you are eligible for up to \$229.00 of advance premium tax credits and cost-sharing reductions, if you enroll in a silver-level qualified health plan, effective August 1, 2015.

On the same day the Marketplace issued a notice confirming your enrollment in Oscar Simple 6600 Bronze NS INN Dep25 Free Generic Drugs Two Free PCP Visits Wellness with a monthly premium responsibility of \$112.29 and coverage could start as early as August 1, 2015.

On August 4, 2015 you spoke with the Marketplace’s Account Review Unit and requested an appeal insofar as being eligible for financial assistance in the month of July 2015.

On November 17, 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 support the following findings of fact:

1. According to your Marketplace account, on February 14, 2015 your initial application was filled out with the assistance of a broker.
2. On February 14, 2015 your mailing address was entered as:



3. On February 15, 2015 the Marketplace issued a notice that you are eligible to receive up to \$229.00 of advance premium tax credits and cost-sharing reductions, if you enroll in a silver-level qualified health plan, effective March 1, 2015.

4. On February 15, 2015 the Marketplace issued a notice confirming your enrollment in Oscar Simple 6600 Bronze NS INN Dep25 Free Generic Drugs Two Free PCP Visits Wellness with a monthly premium responsibility of \$112.29 and coverage could start as early as March 1, 2015.
5. On March 2, 2015 the February 15, 2015 notices were returned to the Marketplace and stamped "RETURN MAIL."
6. On June 13, 2015 the Marketplace issued a notice that you are eligible to purchase a health plan at full cost through New York State of health effective July 1, 2015. The notice stated that you are not eligible to receive advance premium tax credits because the notices about your eligibility and coverage were returned to the Marketplace as undeliverable.
7. On June 13, 2015 the Marketplace issued a notice confirming your enrollment in Oscar Simple 6600 Bronze NS INN Dep25 Free Generic Drugs Two Free PCP Visits Wellness with a monthly premium responsibility of \$341.29 and coverage could start as early as July 1, 2015.
8. On July 2, 2015 your Marketplace account was updated. Your mailing address was changed to:



9. On July 3, 2015 the Marketplace issued a notice that you are eligible for up to \$229.00 of advance premium tax credits and cost-sharing reductions, if you enroll in a silver-level qualified health plan, effective August 1, 2015.
10. You testified that you have been living at your current residence for the last two years.
11. You testified that you paid your July 2015 health insurance premium and want tax credits applied to that premium.

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

Applicable Law and Regulations

State Residency Requirement

To be eligible for enrollment in a qualified health plan and eligible to receive an advance premium tax credit through the New York State of Health Marketplace, an applicant must be a resident of New York state (45 CFR § 155.305(a)(3)), (45 CFR § 155.305(f)(1)(ii)(A)).

The Marketplace must verify or obtain information in order to determine that an applicant is eligible for enrollment in a qualified health plan, including verification of the applicant's attestation of residency (45 CFR § 155.315(a), (d)).

An applicant for whom the Marketplace cannot verify information required to determine eligibility for enrollment in a QHP, advance premium tax credits, and cost-sharing reductions, the Marketplace must make a reasonable effort to identify and address the causes of such inconsistency. Reasonable efforts include typographical or clerical errors, by contacting the application filer to confirm the accuracy of the information submitted by the application filer (see 45 CFR § 155.315(f)(1)).

If an applicant attests to residency in New York state, and the New York State of Health Marketplace is unable to resolve inconsistencies with the attestation provided by the applicant, the Marketplace must provide the applicant notice of the inconsistency and a period of 90 days to provide satisfactory documentary evidence, from the date the notice of inconsistency is received by the applicant. (45 CFR § 155.315(f)(2)).

During the 90 day period, the Marketplace must proceed with all other elements of the eligibility determination using the applicant's attestation and provide enrollment in a qualified health plan and ensure that advance premium tax credits and cost-sharing reductions are provided on behalf of an applicant who is otherwise eligible (45 CFR § 155.315 (f)(4)).

Legal Analysis

The issue under review is whether the Marketplace properly determined that you were only eligible to purchase a qualified health plan at full cost through New York State of Health effective July 1, 2015.

The Marketplace is required to determine whether individuals are eligible to enroll in coverage and eligible for financial assistance through the Marketplace, and must confirm, among other things, that their state residency is satisfactory.

On February 15, 2015 the Marketplace issued notices that you are eligible to receive advance premium tax credits and cost-sharing reductions effective March

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1, 2015, and a notice confirming your enrollment in Oscar Simple 6600 Bronze NS INN Dep25 Free Generic Drugs Two Free PCP Visits Wellness with a monthly premium responsibility of \$112.29.

Both notices were returned to the Marketplace and stamped "RETURN MAIL" on March 2, 2015.

On June 13, 2015 the Marketplace issued a notice that you are eligible to purchase a health plan at full cost through New York State of health effective July 1, 2015. The notice stated that you are not eligible to receive advance premium tax credits because the notices about your eligibility and coverage were returned to the Marketplace as undeliverable.

An applicant for whom the Marketplace cannot verify information required to determine eligibility for enrollment in a QHP, advance premium tax credits, and cost-sharing reductions, the Marketplace must make a reasonable effort to identify and address the causes of such inconsistency.

The record contains no evidence showing that the Marketplace made any effort in resolving the inconsistency with your mailing address.

If the Marketplace cannot verify an individual's residency status, it must provide the individual a period of 90 days from the date notice is received to resolve the inconsistency.

There is no notice in the record providing the applicant notice of the inconsistency and a period of 90 days to provide satisfactory documentary to resolve the inconsistency.

Since the Marketplace failed to make reasonable efforts to resolve the inconsistency and proper notice of the inconsistency, the June 13, 2015 eligibility determination notice is RESCINDED.

The February 15, 2015 eligibility determination is REINSTATED.

Decision

The June 13, 2015 eligibility determination is RESCINDED.

The February 15, 2015 eligibility determination is REINSTATED.

Effective Date of this Decision: December 10, 2015

How this Decision Affects Your Eligibility

This decision cancels the June 13, 2015 eligibility determination notice stating that you are eligible to purchase a health plan at full cost through the Marketplace effective July 1, 2015.

You are eligible for advance premium tax credits and cost-sharing reductions, if you enroll in a silver-level qualified health plan from March 1, 2015 until December 31, 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
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- By fax: 1-855-900-5557

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Summary

The June 13, 2015 eligibility determination is RESCINDED.

The February 15, 2015 eligibility determination is REINSTATED.

This decision cancels the June 13, 2015 eligibility determination notice stating that you are eligible to purchase a health plan at full cost through the Marketplace.

You are eligible for advance premium tax credits and cost-sharing reductions, if you enroll in a silver-level qualified health plan from March 1, 2015 until December 31, 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:

