



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

## Notice of Decision

Decision Date: January 22, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004737

[REDACTED]

Dear [REDACTED],

On December 16, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 19, 2015 notice of 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 Code of Federal Regulations (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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## Decision

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## Issues

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

Did the Marketplace properly determine on August 19, 2015 that you and your spouse were eligible to receive up to \$163.00 of advance premium tax credit, effective October 1, 2015?

## Procedural History

On December 11, 2014 the Marketplace issued you an eligibility determination notice stating that you, your spouse and daughter are eligible to receive up to \$608.00 per month of advance premium tax credits, effective as of January 1, 2015.

On the same day the Marketplace issued an enrollment notice confirming that you, your spouse and daughter are enrolled in EssentialCare Gold ST INN Dep25 with a premium responsibility of \$819.45. The notice states that your coverage could start as early as January 1, 2015.

On August 18, 2015 your Marketplace account was updated.

On August 19, 2015 the Marketplace issued you an eligibility determination notice stating that you and your spouse are eligible to receive up to \$163.00 per month of advance premium tax credits, effective October 1, 2015. The Marketplace also issued a disenrollment notice that your daughter's coverage with EssentialCare Gold ST INN Dep25 will end effective September 30, 2015.

On the same day the Marketplace issued an enrollment notice confirming that you and your spouse were EssentialCare Gold ST INN Dept25 with a premium of

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\$838.73. The notice stated that your premium tax credit of \$163.00 will be applied to your premium effective October 1, 2015.

On September 19, 2015 the Marketplace issued you a notice confirming that on September 18, 2015 you requested a telephone hearing to review the following issue: "Loss of APTC One Month Early."

On December 16, 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, your spouse and daughter were enrolled in EssentialCare Gold ST INN Dep25 health plan through the Marketplace on December 10, 2014 and coverage began on January 1, 2015.
- 2) On December 10, 2014, you and your family's eligibility for financial assistance was determined by the Marketplace. Based on an expected 2015 household income of \$60,000.00, the Marketplace determined you, your spouse and daughter eligible to receive up to \$608.00 of advance premium tax credit as of January 1, 2015.
- 3) According to your Marketplace account, your account information was updated on August 18, 2015. Your daughter's health insurance enrollment was deleted and your family's expected 2015 household income changed from \$60,000.00 to \$75,000.00.
- 4) On August 19, 2015 the Marketplace issued a disenrollment notice that your daughter's health insurance coverage with EssentialCare Gold ST INN Dep25 will end effective September 30, 2015.
- 5) On August 19, 2015 the Marketplace issued an eligibility determination notice that you and your spouse were eligible to receive up to \$163.00 per month in advance premium tax credit, effective as of October 1, 2015.
- 6) You testified that only \$163.00 of advance premium tax credit was applied to you and your spouse's September 2015 health insurance premium, even though your daughter's coverage did not end until September 30, 2015.

- 7) You testified that you are seeking to have the \$608.00 of advance premium tax credit be applied to your September 2015 health insurance premium.

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

## **Applicable Law and Regulations**

### 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)(i)).

The Marketplace must implement any change, that will result in a decreased amount of advance premium tax credit or change in the level of cost-sharing reductions, that is made after the 15<sup>th</sup> of any month to not be effective until the first day of the next following month (45 CFR § 155.330(f)(3)).

### 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 Marketplace must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for health insurance if the Marketplace verifies updated information by the enrollee. The Marketplace must redetermine the enrollee's eligibility and notify the enrollee of their eligibility for health insurance and financial assistance.

On August 18, 2015, your Marketplace account was updated. Your daughter's health insurance coverage through the Marketplace was deleted and your 2015 expected family's household income was changed from \$60,000.00 to \$75,000.00.

The following day the Marketplace issued a disenrollment notice stating that your daughter's health insurance coverage through New York State of Health would end effective September 30, 2015, and issued an eligibility determination notice stating that you and your spouse are eligible to receive up to \$163.00 per month of advance premium tax credit, effective October 1, 2015.

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. However, the Marketplace will determine that any change made after the 15<sup>th</sup> of any month, resulting in a decreased amount of advance tax credit, will not be effective until the first day of the next following month.

Since your Marketplace account was updated on August 18, 2015, the Marketplace must make the redetermination that results from that change effective the first day of the next following month, which was October 1, 2015. Therefore, the Marketplace's August 19, 2015 eligibility determination is **AFFIRMED**.

However, you testified that the \$163.00 advance premium tax credit was applied to your September 2015 health insurance premium. If the wrong amount of advance premium tax credit was applied to your September 2015 health insurance premium, it will be reconciled on your 2015 tax return.

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.

## **Decision**

The August 19, 2015 eligibility determination is **AFFIRMED**.

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.

**Effective Date of this Decision:** January 22, 2016

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

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).

You and your spouse were eligible to receive \$163.00 in advance premium tax credits, effective October 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.

### **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
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## **Summary**

The August 19, 2015 eligibility determination is AFFIRMED.

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.

You and your spouse were eligible to receive \$163.00 in advance premium tax credits, effective October 1, 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:**

