



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

## Notice of Decision

Decision Date: April 12, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005524

[REDACTED]

Dear [REDACTED]

On March 18, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's October 25, 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).

This page intentionally left blank.



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

## Decision

Decision Date: April 12, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005524



## Issue

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

Did the Marketplace properly determine that you and your spouse were eligible to enroll in health insurance coverage at full cost through New York State of Health effective January 1, 2016?

## Procedural History

On October 25, 2015, the Marketplace issued a renewal notice that you and your spouse were re-enrolled in your current health plan, Fidelis Care Silver ST INN Pediatric Dental Dep25, for another year. The notice also stated that based on federal and state data sources, you and your spouse no longer qualified for health insurance with financial assistance effective January 1, 2016. Furthermore, the notice directed you to update your account by December 15, 2015, "if anything has changed in your life that would affect how you are covered and what you pay for health insurance."

On November 25, 2015, the Marketplace issued an enrollment notice confirming that you and your spouse were enrolled in Fidelis Care Silver ST INN Pediatric Dental Dep25 effective January 1, 2016, with a premium of \$790.82 per month.

On December 12, 2015, you spoke to the Marketplace Account Review Unit and requested an appeal insofar as the amount of financial assistance that you and your spouse were determined eligible to receive.

No updates were made to your account by December 15, 2015.

On March 18, 2016, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and the record was left open until March 22, 2016 to allow you to submit additional documentation to the Marketplace Appeals Unit.

On March 18, 2016, you submitted a six-page fax to the Marketplace Appeals Unit. That fax has been marked as "Appellant Exhibit A" and made part of the record. The record is now complete and closed.

## **Findings of Fact**

A review of the record supports the following findings of fact:

- 1) You testified that you and your spouse were enrolled in a qualified health through NY State of Health in 2015.
- 2) On October 25, 2015, the Marketplace issued a renewal notice that you were re-enrolled in your current health plan, Fidelis Care Silver ST INN Pediatric Dental Dep25, for another year. The notice also stated that based on federal and state data sources, you and your spouse no longer qualified for health insurance with financial assistance effective January 1, 2016.
- 3) Your Marketplace account indicates that you receive notices from the Marketplace via regular mail.
- 4) No notices sent to you at the address listed on your Marketplace account have been returned as undeliverable.
- 5) You testified that you are seeking to receive financial assistance to supplement the cost of your health insurance coverage through the Marketplace.
- 6) You testified that you have paid your health insurance premiums for the months of January, February and March 2016.
- 7) You testified that you plan on filing a 2016 federal income tax return, with tax status of married filing jointly, and will not be claiming any dependents on that tax return.
- 8) You testified that your spouse is not employed and has not received any income in 2016.
- 9) You testified that your income from your employer and Unemployment Insurance Benefits (UIB) have been your only household income in 2016.

- 10) You were employed by your employer until January 8, 2016 (Appellant Exhibit A p. 4).
- 11) You were issued \$450.00 in gross in pay on January 1, 2016, and January 8, 2016, from your employment with [REDACTED] (Appellant Exhibit A p. 5-6).
- 12) According to your Official Record of Benefit Payment History of UIB from the New York State Department of Labor, your effective date is January 25, 2016 with a maximum amount payable of \$11,050.00. Furthermore, you were issued in the gross amount:
  - (a) \$0.00 for the release date of 2/08/2016
  - (b) \$425.00 for the release date 2/15/2016;
  - (c) \$425.00 for the release date 2/19/2016;
  - (d) \$425.00 for the release date 2/25/2016;
  - (e) \$425.00 for the release date 3/04/2016;
  - (f) \$425.00 for the release date of 3/14/2016

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 individual's projected eligibility for the upcoming 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 following the year in which the Marketplace provided the redetermination notice, or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)).

If an enrollee remains eligible for enrollment in a QHP through the Marketplace upon annual redetermination and the QHP in which they are enrolled in remains

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).

available through the Marketplace, such enrollee will have their enrollment through the QHP renewed, unless the enrollee terminates their coverage or selects a different QHP (45 CFR § 155.335(j)(1)).

## **Legal Analysis**

The issue under review is whether or not the Marketplace properly determined that you and your spouse were eligible to enroll in health insurance coverage at full cost through New York State of Health effective January 1, 2016.

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 it used 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 October 25, 2015, the Marketplace issued a renewal notice that you were re-enrolled in your current health plan, Fidelis Care Silver ST INN Pediatric Dental Dep25, for another year. The notice also stated that based on federal and state data sources, you and your spouse no longer qualified for health insurance with financial assistance effective January 1, 2016. Furthermore, the notice directed you to update your account by December 15, 2015, "if anything has changed in your life that would affect how you are covered and what you pay for health insurance."

On December 15, 2015, the Marketplace had not received any updated information from you. Therefore, the Marketplace was required to use the information that was contained in the October 25, 2015 notice in order to determine your eligibility for financial assistance effective January 1, 2016. Therefore, the October 25, 2015, eligibility determination notice is AFFIRMED.

You testified that you plan on filing a 2016 federal income tax return, with tax status of married filing jointly, and will not be claiming any dependents on that tax return.

You testified that your employment from [REDACTED] and Unemployment Insurance Benefits (UIB) have been your only household income in 2016. Based on the credible evidence you have provided, your expected 2016 household income is (\$900.00 (+) \$11,050.00) \$11,950.00.

Therefore, your case is RETURNED to the Marketplace to recalculate your eligibility for financial assistance based on a two-person household with an expected 2016 of \$11,950.00.

## **Decision**

The October 25, 2015, eligibility determination is AFFIRMED.

Your case is RETURNED to the Marketplace to redetermine you and your spouse's eligibility for health insurance based on a two-person household with a 2016 expected income of \$11,950.00.

**Effective Date of this Decision:** April 12, 2016

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

The Marketplace properly enrolled you and your spouse in a qualified health plan at full cost effective January 1, 2016.

This decision does not change your eligibility for financial assistance through NY State of Health.

Your case is being sent back to the Marketplace for a redetermination of you and your spouse's eligibility based on the income documentation you provided to the Marketplace. The Marketplace will issue an appropriate notice with its determination.

## **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 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).

## **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 October 25, 2015, eligibility determination is **AFFIRMED**.

The Marketplace properly enrolled you and your spouse in a qualified health plan at full cost effective January 1, 2016.

This decision does not change your eligibility for financial assistance through NY State of Health.

Your case is being sent back to the Marketplace for a redetermination of you and your spouse's eligibility based on the income documentation you provided to the Marketplace. The Marketplace will issue an appropriate notice with its determination.

## **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:**

