



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

Notice of Decision

Decision Date: April 27, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005731

[REDACTED]

Dear [REDACTED],

On March 10, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 24, 2015 eligibility determination notice and the December 24, 2015 enrollment confirmation notice.

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 and the Account ID at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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 27, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005731

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that the application of advance payments of the premium tax credit was effective February 1, 2016?

Procedural History

On October 24, 2015, NYSOH issued a notice that it was time to renew your health insurance for 2016. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2015 or you might lose the financial assistance you were currently receiving.

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

On December 21, 2015, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a qualified health plan at full cost, effective January 1, 2016. This notice was issued because "you did not respond to the renewal notice and did not complete your renewal within the required timeframe."

On December 22, 2015, NYSOH issued a letter confirming your enrollment in a qualified health plan with a monthly premium responsibility \$452.77, effective January 1, 2016.

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).

On December 23, 2015, NYSOH received your updated application for health insurance. In response to this application, NYSOH prepared a preliminary determination that found that you were eligible for advance payments of the premium tax credit (APTC) of up to \$237.00 per month and, provided you selected a silver-level plan, eligible for cost-sharing reductions (CSR), effective February 1, 2016.

Also on December 23, 2015 you spoke to NYSOH's Account Review Unit and appealed that preliminary eligibility determination insofar as it began your eligibility for financial assistance on February 1, 2016, and not January 1, 2016.

On December 24, 2015, NYSOH issued a notice of eligibility redetermination formalizing the findings contained in the December 23, 2015 preliminary eligibility determination in that you were found eligible to receive up to \$237.00 per month in APTC and, if you selected a silver-level qualified health plan, for CSR. This eligibility determination was effective February 1, 2016.

Also on December 24, 2015, NYSOH issued a letter confirming your enrollment in a qualified health plan with a monthly premium responsibility of \$215.77, after your APTC of \$237.00 was applied. However, this notice stated that your APTC would be applied effective January 1, 2016, and not on February 1, 2016, as noted in the eligibility determination.

On March 10, 2016, you had a telephone hearing with a Hearing Officer from NYSOH'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) Your Marketplace account indicates that you elected to receive notices from NYSOH via regular mail.
- 2) You testified that you did not receive any notices from NYSOH telling you that you needed to update the information in your Marketplace account to ensure that your coverage would not be interrupted and that your financial assistance would continue.
- 3) No notices sent to you at the address listed on your Marketplace account have been returned as undeliverable.

- 4) You testified that you did not know you needed to renew your application until you received a bill from your insurance carrier requesting the full premium of \$452.77 for coverage during the month of January 2016.
- 5) You testified, and your application reflects, that you updated the information in your Marketplace account on December 23, 2015. That day you confirmed your enrollment in the same health plan.
- 6) The enrollment notice issued on December 24, 2015, which reflected your enrollment in the qualified health plan on December 23, 2015, stated that the advance premium tax credit of \$237.00 would be applied to your monthly premium effective January 1, 2016. You testified that the tax credit has in fact not been applied to the premium amount due for coverage during January 2016.
- 7) You testified that you still have an outstanding balance of \$452.77 for coverage during the month of January 2016, as you have not paid any amounts toward coverage for that month.

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, NYSOH 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, NYSOH 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)).

NYSOH must send an annual renewal notice that contains the information by which NYSOH will use to redetermine a qualified individual's eligibility for that year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the information provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

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).

Legal Analysis

The issue under review is whether NYSOH properly determined that your eligibility for advance premium tax credits was effective February 1, 2016.

NYSOH must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. NYSOH must issue a renewal notice that contains the individual's eligibility. If an individual does not respond to this notice, NYSOH must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On October 24, 2015, NYSOH issued an annual renewal notice in your case. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether or not you qualify for financial help with paying for your health coverage. You were asked to update the information in your account by December 15, 2015 or the financial help you were receiving might end.

Because there was no timely response to this notice, your eligibility for financial assistance was terminated effective December 31, 2015. However, you were reenrolled in the same qualified health plan, effective January 1, 2016, albeit without the application of APTC or CSR.

Although you testified that you had not received any notice from NYSOH telling you that you needed to update the information in your Marketplace account, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, the record reflects that NYSOH properly notified you of your annual renewal and that information in your Marketplace account needed to be updated in order to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

The record shows that December 23, 2015 you updated the information in your Marketplace account and submitted a request to enroll in a qualified health plan.

When an individual changes information in their application after the fifteenth of any month, NYSOH must make the redetermination that results from the change effective the first day of the second following month. Additionally, the date on which a qualified health plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the sixteenth day and last day of a month goes into effect on the first day of the second following month.

Therefore, NYSOH's December 24, 2015 eligibility redetermination notice is AFFIRMED because it properly stated that the advance premium tax credit began February 1, 2016.

However, the record also reflects that the corresponding enrollment notice issued by NYSOH on December 24, 2015 stated that your APTC of \$237.00 would be applied to you monthly premium effective January 1, 2016.

Accordingly, we find that in spite of the December 24, 2015 eligibility redetermination notice, which states that your tax credit would begin no earlier than February 1, 2016, NYSOH is directed to facilitate the application of the \$237.00 APTC to your January 2016 premium amount as reflected in the December 24, 2015 enrollment confirmation notice.

Decision

The December 24, 2015 eligibility determination notice is AFFIRMED.

Your case is RETURNED to NYSOH, which is directed to facilitate the application of the \$237.00 APTC to your January 2015 premium amount as reflected in the December 24, 2015 enrollment confirmation notice.

Effective Date of this Decision: April 27, 2016

How this Decision Affects Your Eligibility

Your eligibility for an APTC of up to \$237.00 began as of January 1, 2016, rather than February 1, 2016.

You are eligible for coverage through your qualified health plan during January 2016 provided you remit the balance of the premium payment after giving effect to the APTC applied during that month.

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

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).

must be done within four months 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 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 December 24, 2015 eligibility determination notice is AFFIRMED.

Your case is RETURNED to NYSOH, which is directed to facilitate the application of the \$237.00 APTC to your January 2015 premium amount as reflected in the December 24, 2015 enrollment confirmation notice.

Your eligibility for an APTC of up to \$237.00 began as of January 1, 2016, rather than February 1, 2016.

You are eligible for coverage through your qualified health plan during January 2016 provided you remit the balance of the premium payment after giving effect to the APTC applied during that month.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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).

A Copy of this Decision Has Been Provided To:

