



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

## Notice of Decision

Decision Date: April 15, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005953

[REDACTED]

Dear [REDACTED],

On March 22, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 5, 2016 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 Regulation (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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NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005953



## Issue

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

Did the Marketplace properly determine that you are eligible for up to \$226.00 in advance premium tax credits and cost-sharing reductions effective February 1, 2016?

## Procedural History

On October 24, 2015, the Marketplace 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, the Marketplace 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, the Marketplace issued a notice of eligibility redetermination stating that you were newly eligible to purchase a qualified health plan at full cost through NY State of Health effective January 1, 2016.

On December 23, 2015, the Marketplace issued a letter confirming your enrollment in a qualified health plan, with a monthly premium responsibility of \$507.33. The letter also stated that your plan enrollment start date is January 1, 2016.

On January 4, 2016, the Marketplace received your updated application for health insurance.

On January 5, 2016, the Marketplace issued a notice of eligibility redetermination stating that you were newly eligible to receive up to \$226.00 per month in advance premium tax credits (APTC) and, if you select a silver-level qualified health plan, for cost-sharing reductions (CSR). This eligibility was effective February 1, 2016.

On the same day, the Marketplace issued a letter confirming your enrollment in a qualified health plan with a monthly premium responsibility of \$281.33, after your APTC of \$226.00 was applied, effective February 1, 2016.

Also on January 4, 2016, you spoke to the Marketplace's Account Review Unit and appealed the eligibility determination insofar as it began your financial assistance eligibility on February 1, 2016, and not January 1, 2016.

On March 22, 2016, 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) Your Marketplace account indicates that you receive notices from the Marketplace via regular mail.
- 2) You testified that you did not receive any notices from the Marketplace 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) [REDACTED] was listed as your mailing address in your Marketplace account from December 2, 2014 through December 23, 2015.
- 4) No notices sent to you at the address listed on your Marketplace account have been returned as undeliverable.
- 5) You testified that you did not know you needed to renew your application until you paid your January 2016 health insurance premium on your health insurance company's website.
- 6) According to your Marketplace account, you updated the information in your Marketplace account on January 4, 2016.

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- 7) You testified that you paid the January 2016 without the assistance of advance premium tax credits.

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)).

### Redetermination During a Benefit Year

Any change resulting from redeterminations during a benefit year should be made effective the first day of the month following the date of the notice of redetermination, except that redeterminations resulting from changes made after a date specified by the state, which can be no earlier than the 15<sup>th</sup> of the month, may not be made effective until the first day of the month after the month following the date of the notice of redetermination. (45 CFR § 155.330(f)(1) and (2). New York has specified that changes made after the 15<sup>th</sup> of a given month will take effect the month after the following month.

### End of Tax Year Reconciliation

At the end of a tax year, a person who elects to take 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

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the Marketplace and their actual gross income for that year. A person who received less tax credit than their maximum entitlement, they 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 issue under review is whether the Marketplace properly determined that your eligibility for APTC and CSR became effective on February 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 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 24, 2015, the Marketplace issued an annual renewal notice in your case. That notice stated that based on information from federal and state sources, the Marketplace could not make a decision about whether or not you qualify for financial help 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.

You testified that you did not receive any notices informing you that your application needed to be updated.

The record indicates that the notices were issued to the address you had listed on your Marketplace account at the time the renewal notice was issued, and there is no indication that the notice was returned to the Marketplace as undeliverable.

The record shows that your application was updated on January 4, 2016. This resulted in the January 5, 2016 eligibility determination notice that stated you were eligible to receive up to \$226.00 in APTC, and to receive CSR. This eligibility was effective February 1, 2016.

When an individual changes information in their application before the 15th of any month, the Marketplace must make the redetermination that results from the change effective the first day of the next month.

Therefore, the Marketplace's January 5, 2016 eligibility determination is **AFFIRMED** because it properly began your eligibility for APTC and CSR on February 1, 2016.

## **Decision**

The January 5, 2016 eligibility determination is AFFIRMED because it properly began your eligibility for APTC and CSR on February 1, 2016.

**Effective Date of this Decision:** April 15, 2016

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

You are eligible to receive to \$226.00 per month of APTC and CSR effective February 1, 2016.

This decision does not change your eligibility.

## **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 mail at:  
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## **Summary**

The January 5, 2016 eligibility determination is AFFIRMED because it properly began your eligibility for APTC and CSR on February 1, 2016.

You are eligible to receive to \$226.00 per month of APTC and CSR effective February 1, 2016.

This decision does not change your eligibility.

## **Legal Authority**

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



**A Copy of this Decision Has Been Provided To:**

