



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: AP000000006062

[REDACTED]

Dear [REDACTED],

On April 12, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 8, 2016 eligibility determination notice and the January 8, 2016 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 NY State of Health 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).

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006062



Issue

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

Did the New York State of Health (NYSOH) properly determine that the application of \$494.00 per month in advance premium tax credits toward the cost of enrollment by you and your spouse in a qualified health plan was effective no earlier than February 1, 2016?

Procedural History

On October 22, 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 and your spouse would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2015 or you and your spouse might lose the financial assistance you were currently receiving.

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

On December 22, 2015, NYSOH issued an eligibility determination notice stating that you and your spouse were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You and your spouse also could not enroll in a qualified health plan (QHP) at full cost. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. You and your spouse's eligibility ended December 31, 2015.

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Also on December 22, 2015, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to enroll in a QHP at full cost, effective January 1, 2016.

Finally, on December 22, 2015, NYSOH issued an enrollment confirmation notice stating that you and your spouse had enrolled in a QHP, with a monthly premium amount of \$1,188.56, with coverage beginning January 1, 2016.

On January 7, 2016, NYSOH received your updated application for health insurance.

On January 8, 2016, NYSOH issued a notice of eligibility redetermination stating that you and your spouse were newly eligible to receive up to \$494.00 per month in advance payment of the premium tax credits (APTC) and, if you selected a silver-level qualified health plan, for cost-sharing reductions (CSR). This eligibility determination was effective February 1, 2016.

Also on January 8, 2016, NYSOH issued a letter confirming reconfirming the enrollment of you and your spouse in a QHP with a monthly premium responsibility of \$694.56, after your APTC of \$494.00 was applied, effective February 1, 2016. You spoke to NYSOH Account Review Unit and appealed the eligibility determination and enrollment confirmation notice insofar as it began the financial assistance of you and your spouse on February 1, 2016, and not January 1, 2016.

On April 12, 2016, you had a telephone hearing with a Hearing Officer from the 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 NYSOH account indicates that you 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 NYSOH 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 NYSOH account have been returned as undeliverable.

- 4) You testified that you did not know you needed to renew your application until you received an invoice from the insurance carrier reflecting the premium amount due of \$1,188.56, without applying any amount of APTC.
- 5) You testified that you updated the information in your NYSOH account on January 7, 2016. That day you and your spouse were found eligible for up to \$494.00 per month in APTC and, if your selected a silver-level plan, CSR, with such financial assistance beginning February 1, 2016.
- 6) You testified that the subsequent invoices received from the insurance carrier have reflected a premium amount after giving effect to the \$494.00 per month in APTC.
- 7) You testified that you paid the full amount of the \$1,188.56 premium amounts for coverage during January 2016, but were seeking for the \$494.00 APTC amount to be applied to that invoice, and ultimately being reimbursed that amount by the insurance carrier.

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.

Redetermination During a Benefit Year

When an eligibility redetermination results in a change in the amount of APTC for the benefit year, NYSOH must recalculate the amount of APTC in such a manner as to account for any advance payments already made (or not made) on behalf of the tax filer, such that the recalculated advance payment amount is projected to result in total advance payments for the benefit year that correspond to the tax filer's total projected premium tax credit for the benefit year (45 CFR § 155.330(g)).

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 15th 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 15th 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 APTC 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 NYSOH 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 issue under review is whether NYSOH properly determined that the application of \$494.00 per month in advance premium tax credits toward the cost of enrollment by you and your spouse in a qualified health plan was effective no earlier than 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 22, 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, while you and your spouse were ultimately reenrolled in your QHP, your eligibility for financial assistance was terminated, effective December 31, 2015.

However, you testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account. You testified, and your NYSOH account confirms, that you elected to receive notifications via regular mail. However, 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 NYSOH 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 January 7, 2016 you updated the information in your NYSOH account and submitted a request to enroll in a QHP.

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

Therefore, NYSOH's January 8, 2016 eligibility determination notice and January 8, 2016 enrollment confirmation notice are AFFIRMED because they properly began the eligibility of you and your spouse for an APTC of up to \$494.00 per month and, if you selected a silver-level plan, CSR, effective February 1, 2016.

Decision

The January 8, 2016 eligibility determination notice is AFFIRMED.

The January 8, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: April 15, 2016

How this Decision Affects Your Eligibility

This Decision does not change the eligibility of you and your spouse.

You and your spouse's eligibility for APTC and CSR properly began as of February 1, 2016.

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
- By mail at:
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Summary

The January 8, 2016 eligibility determination notice is AFFIRMED.

The January 8, 2016 enrollment confirmation notice is AFFIRMED.

This Decision does not change the eligibility of you and your spouse.

You and your spouse's eligibility for APTC and CSR properly began as of February 1, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

