



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

Notice of Decision

Decision Date: May 17, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006344

[REDACTED]

Dear [REDACTED],

On May 12, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's January 15, 2016 eligibility determination 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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Decision

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006344



Issue

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

Did NY State of Health properly determine that the application of your \$216.00 advance premium tax credits to your premium amount, was effective no earlier than February 1, 2016?

Procedural History

On November 19, 2015, your NY State of Health (NYSOH) account was updated and an application seeking financial assistance was submitted on your behalf. A preliminary eligibility determination was prepared based on the application stating that you were eligible to receive up to \$206.00 per month in advance premium tax credits (APTC) and cost-sharing reductions.

Also on November 19, 2015, your NYSOH account was updated again and you submitted an application not seeking financial assistance.

On November 22, 2015, NYSOH issued an eligibility determination notice based on the second application you submitted on November 19, 2016, stating that you were newly eligible to purchase a qualified health plan at full cost effective January 1, 2016.

Also on November 22, 2015, NYSOH issued a notice confirming your enrollment in a platinum level qualified health plan with a monthly premium responsibility of \$740.76, with \$0.00 APTC applied to your premium amount.

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On January 14, 2016, your NYSOH account was updated and you submitted an application seeking financial assistance.

On January 15, 2016, NYSOH issued a notice of eligibility redetermination stating that you were newly eligible to receive up to \$216.00 per month in APTC and, if you selected a silver-level qualified health plan, for cost-sharing reductions. This eligibility was effective February 1, 2016.

Also on January 15, 2016, NYSOH issued a letter confirming your enrollment in a platinum level qualified health plan with a monthly premium responsibility of \$524.76, after your APTC of \$216.00 was applied, effective February 1, 2016.

On January 20, 2016, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as it began the application of your APTC on February 1, 2016 and not on January 1, 2016.

On May 12, 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) You testified that on November 19, 2015, you started the renewal process but you were having difficulties updating your NYSOH account so you called NYSOH customer service for assistance.
- 2) The events tab in your NYSOH account indicates that on November 19, 2015 a NYSOH representative submitted an application seeking financial assistance on your behalf.
- 3) The events tab in your NYSOH account indicates that on November 19, 2015, fifteen minutes after the financial assistance application was submitted, another application not seeking financial assistance was submitted by [REDACTED].
- 4) You testified that your [REDACTED] but you do not remember going into your NYSOH account and changing anything on November 19, 2015 after speaking to a representative.
- 5) You testified that you were not aware that you were no longer receiving APTC until after your received a bill from your insurance company.

- 6) The record indicates that on January 14, 2016 your NYSOH account was updated and an application seeking financial assistance was submitted.
- 7) You testified that you did not pay the full premium amount to your qualified health plan for the month of January, instead you paid the amount less the APTC you were eligible for as of February 1, 2016.

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, NYSOH must generally make that redetermination effective on the first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that its policy will be that any change made after the 15th of any month will not be effective until the first of the next following month (45 CFR § 155.330 (f)(2)), and it has elected to do so (13 OHIP/ADM-03).

When an eligibility redetermination results in a change in the amount of advance premium tax credit (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 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)).

End of Tax Year Reconciliation

People who use the APTC to help pay health insurance premiums must file a federal tax return and reconcile their expected income (stated on NYSOH application) with their actual income (stated on their federal income tax return). Those who take less tax credit in advance than they claim on the tax return may get the rest of it as an income tax refund or have their tax bill reduced. Those who take more tax credit in advance than they can claim on their tax return will owe the difference as additional income taxes (26 CFR § 1.36B-4).

Legal Analysis

The issue under review is whether NYSOH properly determined that the application of your \$216.00 APTC to your premium amount, was effective no earlier than February 1, 2016.

You testified that on November 19, 2015, you started the renewal process but you were having difficulties updating your NYSOH account so you called NYSOH customer service for assistance. The events tab in your NYSOH account indicates that on November 19, 2015, a NYSOH Representative submitted an application seeking financial assistance on your behalf. As a result, you were found preliminarily eligible to for up to \$206.00 in APTC.

Also on November 19, 2015, fifteen minutes after the financial assistance application was submitted, another application not seeking financial assistance was submitted by you [REDACTED]. As a result, you were determined eligible to enroll in a qualified health plan at full cost without an APTC. On November 22, 2015 a determination notice was issued finalizing your eligibility.

You testified that you were not aware that you were no longer receiving APTC until after your received a bill from your insurance company and that you do not remember entering into your account on November 19, 2015 after speaking to a representative.

The record shows that on January 14, 2016 you updated the information in your NYSOH account and submitted a request for financial assistance. On January 15, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for up to \$216.00 in APTC effective February 1, 2016

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.

Since your username initiated the change in your application status in November that resulted in you not receiving APTC in January, and because the application was not updated until January 14, 2016 to request financial assistance, NYSOH's January 15, 2016 eligibility determination notice is AFFIRMED because it properly began your eligibility for and application of APTC on February 1, 2016.

Decision

The January 15, 2016 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: May 17, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your eligibility for APTC 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 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
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Summary

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The January 15, 2016 eligibility determination notice is AFFIRMED.

This decision does not change your eligibility.

Your eligibility for APTC 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:

