



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

## Notice of Decision

Decision Date: May 31, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006397

[REDACTED]

Dear [REDACTED],

On May 19, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's January 23, 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 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

Decision Date: May 31, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006397

[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 to your qualified health plan was effective no earlier than March 1, 2016?

## Procedural History

On October 23, 2015, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year to your account [REDACTED]. 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.

On December 12, 2015, a new NYSOH Account [REDACTED] was created using your personal information.

No updates were made to your active account [REDACTED] by December 15, 2015.

On December 22, 2015, NYSOH issued an eligibility determination notice under [REDACTED], stating that you were newly eligible to purchase a qualified health plan at full cost, effective January 1, 2016. You were not eligible to receive

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tax credits or cost-sharing reductions to help pay for the cost of insurance because had not completed your renewal within the required time frame.

On December 24, 2015, NYSOH issued an enrollment confirmation notice stating that you were enrolled in your qualified health plan at full cost, effective January 1, 2016.

On January 22, 2016, NYSOH received your updated application for health insurance in account [REDACTED]. That day, a preliminary eligibility determination was made stating that you were eligible to receive up to \$77.00 per month in advance payments of the premium tax credit (APTC).

Also on January 22, 2016 you spoke to NYSOH's Account Review Unit and appealed the preliminary eligibility determination insofar as it did not begin your eligibility for APTC as of January 1, 2016.

On January 23, 2016, NYSOH issued a notice of eligibility redetermination stating that you were newly eligible to receive up to \$77.00 per month in APTC. This eligibility was effective March 1, 2016.

On May 19, 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, and the record reflects, that you receive all of your notices from NYSOH by regular mail.
- 2) You testified that you received the renewal notice instructing you to update your NYSOH account.
- 3) You testified that you attempted to update your account on December 12, 2015 but the NYSOH system would not allow you to.
- 4) The record indicates that on December 12, 2015, a second account was created using your personal information. This account was given an account number of [REDACTED].
- 5) You testified that you attempted to call the NYSOH helpline for assistance but could not get through.

- 6) You testified that you attempted to call your qualified health plan for assistance but could not get through.
- 7) The record indicates that your primary account [REDACTED] was updated on January 22, 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, 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 projected 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 projected eligibility 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.

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that the application of advance payments of the premium tax credit to your qualified health plan was effective no earlier than March 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 projected 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.

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On October 23, 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 testified that you received the renewal notice instructing you to update your NYSOH account and that you attempted to update your account on December 12, 2015 but the NYSOH system would not allow you to. The record indicates that on December 12, 2015, a second account was created using your personal information. This account was given an account number of [REDACTED].

Therefore, it is concluded that you did attempt to update your NYSOH account in a timely manner and the NYSOH system was faulty in allowing you to create a secondary account instead of letting you update your primary account with the information needed to make a redetermination of your eligibility for APTC as of January 1, 2016.

You first renewed your eligibility for financial assistance through your correct NYSOH account for 2016 on January 22, 2016, and therefore we must assume that this is the information that would have been used had you been able to access your correct account on December 12, 2015.

Therefore, the January 23, 2016 notice of eligibility redetermination is MODIFIED to state that, effective January 1, 2016, you are newly eligible to receive up to \$77.00 in APTC per month.

## **Decision**

The January 23, 2016 notice of eligibility redetermination is MODIFIED to state that, effective January 1, 2016, you are newly eligible to receive up to \$77.00 in APTC per month.

Your case is RETURNED to NYSOH to effectuate the change listed above.

**Effective Date of this Decision:** May 31, 2016

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

Your enrollment in your qualified health plan, and your eligibility for APTC should have begun as of January 1, 2016.

Your case is being sent back to NYSOH to effectuate this change.

## **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:  
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Albany, NY 12211
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## **Summary**

The January 23, 2016 notice of eligibility redetermination is MODIFIED to state that, effective January 1, 2016, you are newly eligible to receive up to \$77.00 in APTC per month.

Your enrollment in your qualified health plan, and your eligibility for APTC should have begun as of January 1, 2016.

Your case is being sent back to NYSOH to effectuate this change.

## **Legal Authority**

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



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

