



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

## Notice of Decision

Decision Date: June 21, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006769

[REDACTED]

Dear [REDACTED]

On June 15, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 21, 2015 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).

This page intentionally left blank.



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

## Decision

Decision Date: June 21, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006769

[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 you were eligible to enroll in a qualified health plan at full cost, effective January 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. 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 (QHP) at full cost, effective January 1, 2016. This notice also stated that you 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. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame.

Also on December 21, 2015, NYSOH issued an enrollment confirmation notice, confirming your enrollment in the same QHP you were enrolled in during 2015, but at full cost, effective January 1, 2016.

On January 30, 2016, NYSOH received your updated application for health insurance.

On January 31, 2016, NYSOH issued a notice of eligibility redetermination stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective March 1, 2016.

On February 3, 2016, you spoke to NYSOH's Account Review Unit and appealed the December 21, 2015 eligibility determination insofar as it did not find you eligible for financial assistance with the cost of your QHP.

On June 15, 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 NYSOH account indicates that you receive notices from NYSOH by regular mail, and you confirmed this in your testimony.
- 2) You testified that you did not see the renewal notice when it was sent to you because you were at your mother's house to take care of her. You testified that you presumed your coverage would stay the same if nothing had changed, so you weren't expecting a renewal notice.
- 3) You testified that you first read the renewal notice until sometime at the end of January 2016.
- 4) You testified that you used your QHP coverage in January 2016.
- 5) You testified that you paid your full premiums for January and February 2016.
- 6) You testified that your health plan informed you that they are refunding your February 2016 premium to you.
- 7) The record reflects that you updated your account on January 30, 2016, and were found eligible for Essential Plan coverage effective March 1, 2016. You testified you are satisfied with that coverage.

- 8) You testified that you filed this appeal because you are looking to receive a tax credit for the month of January, as you paid your full QHP premium for that month.
- 9) The record reflects that you updated your NYSOH account on January 30, 2016, and you testified that this was correct.

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 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.

### 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).

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 you were eligible to enroll in a QHP at full cost, effective January 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.

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 would 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.

You testified that it was your understanding that your coverage would be automatically renewed if none of your circumstances had changed. You testified that you were therefore not looking for a renewal notice, and that, though you did receive the October 2015 renewal notice, you did not see it until January 2016 because you were staying at your mother's house when the notice came.

While your testimony was credible, since you acknowledged that you received the notice, but did not review it until January 2016, your failure to timely renew was not caused by any fault or action of NYSOH.

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.

Therefore, NYSOH's December 21, 2015 eligibility determination and enrollment confirmation notices are AFFIRMED because they properly found that you were eligible for and enrolled in a full cost QHP, effective January 1, 2016.

Please be advised that, because you paid premiums for your January 2016 coverage, you may be eligible for a tax credit when you file your 2016 tax return.

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).

## **Decision**

The December 21, 2015 eligibility determination notice is AFFIRMED.

The December 21, 2015 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** June 21, 2016

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

This decision does not change your current eligibility.

You were eligible for and enrolled in a full cost qualified health plan, effective January 1, 2016.

You may be eligible for a tax credit for your January 2016 premium payment when you file your 2016 tax return.

## **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 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).

## **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 21, 2015 eligibility determination notice is AFFIRMED.

The December 21, 2015 enrollment confirmation notice is AFFIRMED.

This decision does not change your current eligibility.

You were eligible for and enrolled in a full cost qualified health plan, effective January 1, 2016.

You may be eligible for a tax credit for your January 2016 premium payment when you file your 2016 tax return.

## **Legal Authority**

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



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

