



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

Notice of Decision

Decision Date: August 17, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006932



Dear [REDACTED]

On June 28, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 22, 2016 enrollment notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the 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 federal regulation 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006932



Issue

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

Did New York State of Health (NYSOH) properly apply you and your spouse's advance premium tax credit to your monthly health insurance premium, effective February 1, 2016?

Procedural History

On December 16, 2015, NYSOH issued an eligibility determination notice stating that your household's eligibility was redetermined on December 15, 2015. Based on that application, you and your spouse were newly eligible to receive up to \$226.00 per month of advance premium tax credit, effective as of January 1, 2016.

On December 16, 2015, NYSOH issued an enrollment notice confirming your enrollment as of December 15, 2015, that you and your spouse were enrolled in the PlatinumPlus-P2, NS, INN, Family Dental, Family Vision, Dep25 (MetroPlus Health Plan) with a plan enrollment start date of January 1, 2016. The notice stated that a premium tax credit of \$0.00 was applied to your monthly premium of \$1,025.47.

On January 21, 2016, your NYSOH account was updated.

On January 22, 2016, NYSOH issued an eligibility determination notice that you and your spouse were eligible to receive up to \$226.00 per month of advance premium tax credits, effective as of March 1, 2016.

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On January 22, 2016, NYSOH issued an enrollment notice confirming you and your spouse's enrollment as of January 21, 2015, that you were enrolled in a MetroPlus Health Plan with a plan enrollment start date of January 1, 2016. The notice stated that a premium tax credit of \$226.00 was applied to your monthly premium effective February 1, 2016.

On February 8, 2016, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as your financial assistance being applied toward your January 2016 health insurance premium.

On June 28, 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 supports the following findings of fact:

- 1) According to your NYSOH account, a financial assistance application was submitted for you and your spouse on December 15, 2016.
- 2) On December 16, 2015, NYSOH issued an eligibility determination notice stating that you and your spouse were newly eligible to receive up to \$226.00 per month of advance premium tax credits, effective as of January 1, 2016. The notice stated that "[y]ou can apply all or part of this credit to your monthly premium when you enroll in a qualified health plan [REDACTED]."
- 3) On December 16, 2015, NYSOH issued an enrollment notice confirming your enrollment as of December 15, 2015, that you and your spouse were enrolled in the PlatinumPlus-P2, NS, INN, Family Dental, Family Vision, Dep25 (MetroPlus Health Plan) with a plan enrollment start date of January 1, 2016. The notice stated that a premium tax credit of \$0.00 was applied to your monthly premium of \$1,025.47 [REDACTED].
- 4) You testified that after completing your household's application through NYSOH on December 15, 2016, you believed that the tax credits would be applied to your monthly health insurance premiums, effective January 1, 2016.
- 5) You testified that you found NYSOH's interface to be confusing, which may have led to your financial assistance not being applied to your household's January 2016 health insurance premium.

- 6) You testified that you contacted MetroPlus on December 29, 2015, and paid your January 2016 health insurance premium.
- 7) You testified that you are seeking to have your advance premium tax credit be applied to your January 2016 health insurance premium.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Electing to Receive Tax Credit

NYSOH must permit an enrollee to accept less than the full amount of advance premium tax credit for which they are determined eligible to receive (45 CFR § 155.310(d)(2)).

Effective Date of Advance Premium Tax Credit

When making an initial eligibility determination for the benefit year of January 1, 2016, NYSOH must implement the eligibility determination for enrollment in a qualified health plan, advance premium tax credit, and cost-sharing reductions as follows:

- (i) January 1, for QHP selections received by NYSOH on or before December 15 of the calendar year preceding the benefit year.
- (ii) February 1, for QHP selections received by NYSOH from December 16 of the calendar year preceding the benefit year through January 15 of the benefit year.
- (iii) March 1, for QHP selections received by the Exchange from January 16 through January 31 of the benefit year

(see 45 CFR § 155.310(f); 45 CFR § 155.410(f)(2)).

End of Tax Year Reconciliation

At the end of a tax year, a person who elects to take the 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 the NYSOH and their actual income reported on their federal income tax return. A person who received less tax credit than her maximum entitlement, may receive an income tax refund, or owe less in taxes. A person who received more

tax credit than his maximum entitlement, 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 applied your household's advance premium tax credit to your monthly health insurance premium, effective February 1, 2016.

NYSOH must provide an enrollee with the option to accept less than the full amount of advance premium tax credit for which they are determined eligible to receive.

On December 15, 2015, an application for health insurance, through NYSOH, was submitted for you and your spouse. Based on that application, NYSOH determined you and your spouse eligible to receive up to \$226.00 of advance premium tax credit, effective as of January 1, 2016.

Also on December 15, 2015, you and your spouse were enrolled in a MetroPlus Health Plan, with a plan enrollment start date of January 1, 2016. On the following day, NYSOH issued an enrollment notice stating that a premium tax credit of \$0.00 was applied to your monthly premium of \$1,025.47.

You credibly testified that you found NYSOH's interface to be confusing and believed that the advance premium tax credit would be applied to your January 2016 health insurance premium. Furthermore, the record does not contain any evidence that indicates that you did not elect to apply your advance premium tax credit to your January 2016 premium.

When an eligibility determination for enrollment in a qualified health plan with advance premium tax credit is received by NYSOH on or before December 15, 2015, it must be effective January 1, 2016.

The record supports that you determined eligible for APTC and enrolled in a QHP on December 15, 2015. Therefore, you and your spouse were eligible to have your APTC applied to your monthly premium January 1, 2016.

Therefore, the January 22, 2016 enrollment notice is MODIFIED to state that your APTC will be applied to your monthly premium effective January 1, 2016.

When you receive advance premium tax credit, you are receiving, in advance, the benefit of a tax credit you would ordinarily not receive until after the year is over and have filed your federal income tax return. The credit is given to you in advance in order to make the monthly health insurance premiums more affordable.

At the end of a tax year, a person who elects to take the 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 NYSOH and their actual income for that year.

Decision

The January 22, 2016 enrollment notice is MODIFIED to state that your APTC will be applied to your monthly premium effective January 1, 2016.

Your case is RETURNED to NYSOH to properly effectuate your financial assistance effective January 1, 2016.

Effective Date of this Decision: August 17, 2016

How this Decision Affects Your Eligibility

You and your spouse are eligible to have APTC applied to your health insurance premiums, effective January 1, 2016.

Any difference between the advance premium tax credit (based on your expected 2016 household income) and the premium tax credit you can claim on your 2016 federal tax return (based on your actual 2016 income) should be reconciled on your 2016 federal 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 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

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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
P.O. Box 11729
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Summary

The January 22, 2016 enrollment notice is MODIFIED to state that your APTC will be applied to your monthly premium effective January 1, 2016.

Your case is RETURNED to NYSOH to properly effectuate your financial assistance effective January 1, 2016.

You and your spouse are eligible to have APTC applied to your health insurance premiums, effective January 1, 2016.

Any difference between the advance premium tax credit (based on your expected 2016 household income) and the premium tax credit you can claim on your 2016 federal tax return (based on your actual 2016 income) should be reconciled on your 2016 federal tax return.

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

