



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

Notice of Decision

Decision Date: August 1, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007432

[REDACTED]

Dear [REDACTED],

On July 25, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 27, 2016 eligibility determination and 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 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: August 1, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007432

[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 and your spouse's application of advance premium tax credits was effective March 1, 2016?

Procedural History

On October 22, 2015, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. The notice explained that there was not enough information based on federal and state data sources to make a decision on whether you qualified for financial assistance. You were asked to update your NYSOH account by December 15, 2015 so a decision could be made. On the second page of that notice you were asked to make changes between November 16, 2015, and December 15, 2015, to see what you qualified for on January 1, 2016.

On November 3, 2015, NYSOH received your updated application for financial assistance.

On November 4, 2015, an eligibility determination notice was issued finding you and your spouse newly eligible to receive advance premium tax credits up to \$355.00 per month effective December 1, 2015. This was based upon your attested household income of \$49,000.00.

Also on November 4, 2015, an enrollment confirmation notice was issued confirming you and your spouse's enrollment in a Platinum level qualified health plan with a premium responsibility of \$846.96 per month starting January 1, 2015.

On December 21, 2015, a notice was issued stating you and your spouse were newly eligible to purchase a qualified health plan at full cost effective January 1, 2016. This was because you were no longer eligible for financial assistance as a result of not responding to the renewal notice within the required timeframe.

On December 22, 2015, a disenrollment notice was issued ending you and your spouse's coverage under your Platinum level health plan effective December 31, 2015.

Also on December 22, 2015, an enrollment confirmation notice was issued confirming you and your spouse's enrollment in a qualified health plan with a premium responsibility of \$1,298.50 per month, effective January 1, 2016.

On February 26, 2016, NYSOH received your updated application for financial assistance.

That same day you contacted the NYSOH Account Review Unit and appealed the preliminary eligibility determination finding you eligible for advance premium tax credits being applied March 1, 2016 and not January 1, 2016.

On February 27, 2016, an eligibility determination notice was issued finding you and your spouse newly eligible to receive advance premium tax credits up to \$387.00 per month effective April 1, 2016. This determination was based on your attested household income of \$45,500.00.

That same day an enrollment confirmation notice was issued confirming you and your spouse's enrollment in a Platinum level health plan with a premium responsibility of \$911.50 per month and a start date of January 1, 2016. Your advance premium tax credit would be applied to your monthly premium starting March 1, 2016.

On July 25, 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 are seeking insurance for yourself and your spouse.

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).

- 2) The events tab in your NYSOH account indicates that on November 3, 2015, you accessed your online account, updated your household, income, and enrollments for you and your spouse.
- 3) You testified you received the October 22, 2015, renewal notice that is why you updated your account on November 3, 2015.
- 4) You testified that you were not aware that the October 22, 2015, renewal notice on the second page indicated a time period between November 16, 2015, and December 15, 2015 to make changes to your application in order to see what you qualify for on January 1, 2016.
- 5) You testified you were not aware you had been automatically enrolled in a full pay qualified health plan starting January 1, 2016 until you had been charged the full price premium payments for January and February 2016.
- 6) You testified that you also contacted your qualified health plan and asked if they could apply the advance premium tax credits to your health plan effective January 1, 2016. However, they explained to you that you would have to appeal the decision with NYSOH first.
- 7) You testified that your household income has not changed significantly, and that it would be closer to \$45,000.00 annually.
- 8) The record reflects you reside in Richmond County.

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)).

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).

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.

Redetermination During a Benefit Year

When an eligibility redetermination results in a change in the amount of APTC for a part of 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 overall 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.

Enrollment in a Qualified Health Plan

The NYSOH must provide annual open enrollment periods during which time qualified individuals may enroll or change qualified health plans (45 CFR §155.410(a)).

For the benefit year beginning on January 1, 2016, the annual open enrollment period began on November 1, 2015, and extended through January 31, 2016 (45 CFR §155.410(e)(2)). The NYSOH must ensure that coverage is effective as of January 1, 2016, for qualified health plan selections received by on or before December 19, 2015 (45 CFR §155.410(f)(2)(i), Press Release: NY State of Health Extends Enrollment Deadline for January 1 Coverage, <http://info.nystateofhealth.ny.gov/news/press-release-ny-state-health-extends-enrollment-deadline-january-1-coverage>).

Legal Analysis

The issue under review is whether NY State of Health (NYSOH) properly determined that you and your spouse's eligibility for advance premium tax credits was effective 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.

A renewal notice was issued on October 22, 2015, that it was time to renew your health insurance for the upcoming coverage year. The notice explained that there was not enough information based on federal and state data sources to make a decision on whether you qualified for financial assistance. You were asked to update your NYSOH account by December 15, 2015, so a decision could be made. On the second page of that notice you were asked to make changes between November 16, 2015, and December 15, 2015 to see what you qualified for on January 1, 2016.

The events tab in your NYSOH account indicates that on November 3, 2015, you accessed your online account, updated your household, income, and enrollments for you and your spouse. You testified that you were not aware that the October 22, 2015, renewal notice on the second page indicated a time period between November 16, 2015, and December 15, 2015 to make changes to your application in order to see what you qualify for on January 1, 2016. It was your belief that you had met the requirement of renewing by December 15, 2015.

Each year NYSOH provides an open enrollment period in which individuals may renew their coverage, enroll in a new health plan, or change plans. For the benefit year beginning on January 1, 2016, the annual open enrollment period began on November 1, 2015, and extended through January 31, 2016.

NYSOH must ensure that coverage and financial assistance eligibility is effective as of January 1, 2016, for updates and selections made on or before December 19, 2015.

You and your spouse's enrollment in your qualified health plan as well as your advance premium tax credits would have been effective January 1, 2016, had your renewal and enrollment been processed properly on November 3, 2015.

Therefore the February 27, 2016, eligibility determination notice is MODIFIED to reflect you and your spouse were eligible for advance premium tax credits up to \$387.00 per month effective January 1, 2016.

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).

The February 27, 2016, enrollment confirmation notice is MODIFIED to state that the advance premium tax credit is being applied to your premium amount as of January 1, 2016.

Your case is RETURNED to NYSOH to effectuate the change in the start date of your tax credits.

Decision

The February 27, 2016, eligibility determination notice is MODIFIED to reflect you and your spouse were eligible for advance premium tax credits up to \$387.00 per month effective January 1, 2016.

The February 27, 2016, enrollment confirmation notice is MODIFIED to state that the advance premium tax credit is being applied to your premium amount as of January 1, 2016.

Your case is RETURNED to NYSOH to effectuate the change in the start date of your tax credits.

Effective Date of this Decision: August 1, 2016

How this Decision Affects Your Eligibility

You and your spouse's enrollment in your Platinum level qualified health plan, and your eligibility for APTC is effective January 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

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).

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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The February 27, 2016, eligibility determination notice is MODIFIED to reflect you and your spouse were eligible for advance premium tax credits up to \$387.00 per month effective January 1, 2016.

The February 27, 2016, enrollment confirmation notice is MODIFIED to state that the advance premium tax credit is being applied to your premium amount as of January 1, 2016.

Your case is RETURNED to NYSOH to effectuate the change in the start date of your tax credits.

You and your spouse's enrollment in your Platinum level qualified health plan, and your eligibility for APTC is effective January 1, 2016.

Legal Authority

We are issuing this determination in accordance with 45 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).

A Copy of this Decision Has Been Provided To:

