



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

Notice of Decision

Decision Date: August 30, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007591

[REDACTED]

Dear [REDACTED],

On August 9, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's February 19, 2016 eligibility determination.

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

Decision

Decision Date: August 30, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007591

[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 premium tax credits of up to \$191.00 a month as well as cost-sharing reductions, was effective April 1, 2016?

Procedural History

On January 23, 2014 an account was created using your identifying information [REDACTED]. In this account, you were enrolled into a silver qualified health plan, effective March 1, 2014.

On November 6, 2014 a renewal notice was issued in [REDACTED] asking you to update the information in your NYSOH account or the benefits you were currently receiving may end.

On November 17, 2014 an account was created using your identifying information [REDACTED]. In this account, you were enrolled into a silver qualified health plan, effective January 1, 2015.

On December 22, 2014 NYSOH issued an eligibility determination notice in [REDACTED] stating that you were newly eligible to purchase a qualified health plan at full cost, effective January 1, 2015. The notice further stated that you were not eligible for financial assistance because you were qualified for coverage on another NYSOH account.

On December 23, 2014 NYSOH issued an enrollment confirmation notice in [REDACTED] stating that you were enrolled in a silver level qualified health plan, effective January 1, 2015.

On August 9, 2015 NYSOH issued a notice stating that your coverage in your silver level qualified health plan under account [REDACTED] had been terminated as of May 31, 2015 because a premium payment had not been made.

On December 21, 2015, an eligibility determination notice was issued in [REDACTED] finding you eligible to purchase a qualified health plan at full cost effective January 1, 2016. The notice stated that you were not eligible for financial assistance because you did not respond to the renewal notice in a timely manner.

Also on December 22, 2015, an enrollment confirmation notice was issued in [REDACTED] confirming your enrollment in a Silver level qualified health plan with a premium responsibility of \$509.36 per month, starting January 1, 2016. The notice also stated that you \$0.00 in advance premium tax credits being applied to your premium cost.

On February 18, 2016 NYSOH received your updated application for financial assistance with your health insurance.

On February 19, 2016 a disenrollment notice was issued terminating your coverage with your silver level qualified health plan effective March 31, 2016.

Also on February 19, 2016, an eligibility determination notice was issued finding you newly eligible to receive advance premium tax credits up to \$191.00 per month as well as cost sharing reductions if you enrolled in a silver level health plan, starting April 1, 2016. The determination was based on your reported household income is \$28,945.31.

Also on February 19, 2016, an enrollment confirmation notice was issued confirming your enrollment in a Bronze level qualified health plan with a premium responsibility of \$209.40 per month starting April 1, 2016. The notice further stated that your advance premium tax credit would be applied to your premium, effective April 1, 2016.

On March 2, 2016, you contacted the NYSOH Account Review Unit and appealed the start date of your advance premium tax credit and cost sharing reductions.

On August 9, 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.
- 2) You testified, and the record reflects, that you receive all of your notices from NYSOH by electronic mail.
- 3) You testified that you did not receive any electronic alerts regarding any renewal notice in your NYSOH account telling you that you needed to update your application in order to renew your eligibility.
- 4) The record indicates that you have two active accounts through NYSOH [REDACTED]. For part of 2015, you were enrolled in a silver level qualified health plan through both accounts.
- 5) The record reflects no renewal notice was issued by NYSOH in either of your active accounts for your upcoming coverage for 2016.
- 6) You testified that you did not know that you needed to update your account until you contacted NYSOH on February 18, 2016.
- 7) You testified you were charged a full premium payment for your qualified silver level qualified health plan for January and February, 2016.
- 8) You testified that you are seeking a start date of January 1, 2016 for the application of the advance premium tax credit and cost-sharing reductions to your premium responsibility for those months.

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

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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.

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.

Electronic Notices

If the individual elects electronic communications, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to his or her account and send a notice by regular mail within three business days if the electronic communication cannot be delivered (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4), (5)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your eligibility for advance premium tax credits up to \$191.00 per month as well as cost-sharing reductions were effective April 1, 2016.

The record indicates that you have two active accounts through NYSOH [REDACTED]. For part of 2015, you were enrolled in a silver level qualified health plan through both accounts.

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 December 21, 2015, an eligibility determination notice was issued in [REDACTED] finding you eligible to purchase a qualified health plan at full cost effective January 1, 2016. The notice stated that you were not eligible for financial assistance because you did not respond to the renewal notice in a timely manner.

The record reflects no renewal notice was issued by NYSOH in either of your active accounts for your upcoming coverage for 2016. Therefore, it is concluded that NYSOH did not give you the proper notice that you needed to update your account.

You first renewed your eligibility for financial assistance through NYSOH for 2016 on February 18, 2016, and therefore we must assume that this is the information that would have been used had you been timely informed of the need to update your account, had NYSOH issued a proper renewal notice to you.

Therefore, the February 19, 2016, notice of eligibility redetermination is MODIFIED to state that, effective January 1, 2016, you are newly eligible to receive up to \$191.00 in APTC per month as well as cost sharing reductions.

Decision

The February 19, 2016, notice of eligibility redetermination is MODIFIED to state that, effective January 1, 2016, you are newly eligible to receive up to \$191.00 in APTC per month as well as cost sharing reductions.

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

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).

Effective Date of this Decision: August 30, 2016

How this Decision Affects Your Eligibility

You are newly eligible to receive up to \$191.00 in APTC per month as well as cost sharing reductions effective January 1, 2016.

Please note that cost-sharing reduction eligibility is contingent on your enrollment in a silver level qualified health plan.

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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- By fax: 1-855-900-5557

Summary

The February 19, 2016, notice of eligibility redetermination is MODIFIED to state that, effective January 1, 2016, you are newly eligible to receive up to \$191.00 in APTC per month as well as cost sharing reductions.

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

You are newly eligible to receive up to \$191.00 in APTC per month as well as cost-sharing reductions effective January 1, 2016.

Please note that cost-sharing reduction eligibility is contingent on your enrollment in a silver level qualified health plan.

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:

