



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

Notice of Decision

Decision Date: November 14, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007953

[REDACTED]

Dear [REDACTED]

On October 25, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health’s December 25, 2014, December 21, 2015, January 31, 2016 and September 23, 2016 eligibility determinations.

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 NY State of Health 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.

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DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: November 14, 2016

NY State of Health Account ID: [REDACTED]
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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Were your appeals of the NY State of Health's December 25, 2014 cancellation notice, and December 22, 2014, December 25, 2014 and December 21, 2015 eligibility determination notices timely?

Did NY State of Health properly determine that you and your spouse were eligible to receive up to \$520.00 per month in advance payments of the premium tax credit, effective March 1, 2016?

Did NY State of Health properly determine that you and your spouse were newly eligible to purchase a Qualified Health Plan at full cost, effective November 1, 2016?

Procedural History

On November 12, 2014, NY State of Health (NYSOH) received your completed application for health insurance.

On November 14, 2014, NYSOH issued a notice that it was time to renew your and your spouse's health insurance for 2015. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you and your spouse would qualify for financial help paying for your health coverage. The notice instructed you to update your account by December 15, 2014, or you and your spouse might lose the financial assistance you and your spouse were currently receiving.

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On November 27, 2014, NYSOH issued an eligibility determination based on your November 12, 2014 application, stating you and your spouse were eligible to receive advance payments of the premium tax credit (APTC) of up to \$656.00 per month and cost-sharing reductions, effective December 1, 2014.

No updates were made to your account between November 15, 2014 and December 15, 2014.

On December 22, 2014, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2015. This same notice further stated that you and your spouse did not qualify for APTC to help pay for the cost of your insurance because renewal period and income data was not available. NYSOH automatically enrolled you both in a bronze-level Qualified Health Plan (QHP) at full cost, effective January 1, 2015.

On December 24, 2014, NYSOH received your updated application for health insurance.

On December 25, 2014, NYSOH issued an eligibility redetermination notice based on your December 24, 2014 application, stating you and your spouse were eligible to receive advance premium tax credits of up to \$595.00 per month and cost-sharing reductions, effective February 1, 2015.

Also on December 25, 2014, NYSOH issued an enrollment confirmation notice based on your December 24, 2014 plan selection, stating you and your spouse were enrolled in a silver-level QHP at a cost of \$148.50 per month after your monthly APTC was applied, effective February 1, 2015.

Also on December 25, 2014, NYSOH issued a cancellation notice, stating that your request to cancel insurance coverage with your bronze-level QHP had been processed. There was no effective date on that notice.

On December 26, 2014, NYSOH issued a disenrollment notice, stating that your bronze-level QHP coverage will end effective December 31, 2014.

On October 24, 2015, NYSOH issued a notice that it was time to renew your and your spouse's health insurance for 2016. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you and your spouse would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2015 or you both might lose the financial assistance you were currently receiving.

No updates were made to your account by December 15, 2015.

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On December 21, 2015, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a QHP at full cost through NYSOH, effective January 1, 2016. This same notice further stated that you and your spouse did not qualify for APTC to help pay for the cost of your insurance because you did not respond to your renewal notice in the required time frame. You were auto-enrolled in a silver-level QHP at full cost, effective January 1, 2016.

You next updated your account on January 30, 2016.

On January 31, 2016, NYSOH issued an eligibility redetermination notice stating that you were newly eligible to receive APTC up to \$520.00 per month and cost-sharing reductions, effective March 1, 2016.

Also on January 31, 2016, NYSOH issued an enrollment confirmation notice based on your January 30, 2016 plan selection, stating you and your spouse were enrolled in a bronze-level QHP at a cost of \$122.69 per month after your monthly APTC was applied, effective March 1, 2016.

On March 15, 2016, you requested a telephone hearing to appeal the eligibility determinations dated December 25, 2014 and January 31, 2016, insofar as you wanted the amount of financial assistance you were receiving reviewed.

You next updated your account on September 22, 2016.

On September 23, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were newly eligible to purchase a QHP at full cost through NYSOH, effective November 1, 2016.

Also on September 23, 2016, NYSOH issued an enrollment confirmation notice, stating you and your spouse were enrolled in a bronze-level QHP at a cost of \$642.69 per month, effective March 1, 2016.

On October 5, 2016, NYSOH issued an enrollment notice confirming that you and your spouse were enrolled in a bronze-level QHP at a cost of \$122.69 per month, effective March 1, 2016. That notice also stated that your and your spouse's APTC would be applied to your monthly premium effective November 1, 2016.

On October 12, 2016, NYSOH issued another enrollment notice confirming that you and your spouse were enrolled in a bronze-level QHP at a cost of \$122.69 per month, effective March 1, 2016. That notice also stated that your and your spouse's APTC would be applied to your monthly premium effective November 1, 2016.

On October 25, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you requested that your appeal be amended to include your December 25, 2014 cancellation notice as you have outstanding medical bills for 2014 and did not receive a tax return. Additionally, you requested this appeal to include the December 25, 2014 cancellation notice as it related to your coverage in December 2014, and the December 22, 2014, December 21, 2015 and September 23, 2016 eligibility determinations insofar as you and your spouse were determined not eligible for APTC by these determinations. The Hearing Officer agreed to allow you to amend your appeal accordingly. 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 testimony at hearing, you are seeking to backdate your and your spouse's APTC to help with your premiums in the month of January 2015, January 2016 and February 2016. You also want to have your and your spouse's APTC redetermined for the 2015 and 2016 insurance years. You are also concerned about implications on your income taxes for both years.
- 2) According to your NYSOH account, you submitted your initial application for 2015 health insurance coverage on December 24, 2014. As a result, your effective date of eligibility and coverage was February 1, 2015.
- 3) According to your NYSOH account, you submitted your initial application for 2016 health insurance coverage on January 30, 2016. As a result, your effective date of eligibility and coverage was March 1, 2016.
- 4) The application that was submitted on January 30, 2016 listed annual household income of \$35,720.00, consisting of \$18,720.00 you earn from your employment and \$17,000.00 your spouse earns from her employment. You testified that you believed this amount is correct.
- 5) According to your NYSOH account, you will not be taking any deductions on your 2016 tax return.
- 6) According to your NYSOH account, you expect to file your 2016 taxes with a tax filing status of married filing jointly. You will claim no dependents on that tax return.
- 7) Your application states that you live in Kings County, New York.

- 8) On March 15, 2016, you requested a telephone hearing to appeal the amount of financial assistance you and your spouse had received in 2015 and were receiving in 2016.
- 9) You testified that you and your spouse forfeited December 2014 coverage and have outstanding medical bills for that month.
- 10) According to your NYSOH account, you were without health insurance coverage for the months of January 2015, January 2016, and February 2016.
- 11) You testified that you didn't receive an income tax refund for 2015.
- 12) You testified you were notified you were losing your and your spouse's APTC, effective November 1, 2016, and you received a bill from your health plan for November 2016 for the full amount of your bronze-level QHP (\$642.69) because your APTC was not applied to the premium that month. You further testified that you cannot afford to pay the full premium and are afraid you will be disenrolled for non-payment of premium.
- 13) According to your NYSOH account, your APTC and cost-sharing reductions have been correctly applied to your NYSOH account, effective November 1, 2016.

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

Applicable Law and Regulations

Valid Appeal Requests

An applicant has the right to appeal: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure by the Exchange to provide timely notice of an eligibility determination and (5) a denial of a request to vacate dismissal made by the NYSOH Appeals Unit (45 CFR § 155.505).

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH (45 CFR 155.520(b)(2); 18 NYCRR 358-3.5(b)(1)).

Advance Payments of Premium Tax Credit

Advance payments of the premium tax credit (APTC) are generally available to a person who is eligible to enroll in a QHP (QHP) and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a QHP, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

The maximum amount of APTC that can be authorized equals:

- 1) the cost of the health insurance premium for the taxpayer's coverage family in the second lowest cost silver plan offered through NY State of Health in the county where the taxpayer resides

minus

- 2) the taxpayer's expected contribution amount

(see 26 USC § 36B, 26 CFR § 1.36B-3).

The taxpayer's expected contribution amount is the amount that the taxpayer is expected to spend on health insurance premiums. The expected contribution for 2016 is set by federal law at 2.03% to 9.66% of household income (26 USC § 36B(b)(3)(A), 26 CFR § 1.36B-3T(g)(1), IRS Rev. Proc. 2014-37).

In an analysis of APTC eligibility, the determination is based on the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested (45 CFR §§ 155.300(a), 155.305(f)(1)(i)). On the date of your January 30, 2016 application, that was the 2015 FPL, which is \$ 15,930.00 for a two - person household (80 Federal Register 3236, 3237).

For annual household income in the range of at least 200% but less than 250% of the 2015 FPL, the expected contribution is between 6.41% and 8.18% of the household income (26 CFR § 1.36B-3T(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2014-37, IRS Rev. Proc. 2014-62).

People who use the APTC to help pay health insurance premiums must file a federal tax return and reconcile their expected income (stated on NYSOH application) with their actual income (stated on their federal income tax return). Those who take less tax credit in advance than they claim on the tax return may get the rest of it as an income tax refund or have their tax bill reduced. Those who take more tax credit in advance than they can claim on their tax return will owe the difference as additional income taxes (26 CFR § 1.36B-4).

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Redetermination During a Benefit Year

When an eligibility redetermination results in eligibility for or 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.

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).

Legal Analysis

2014 and 2015 Eligibility – Timely Appeals

Initially, your appeal was amended at hearing to allow you to testify as to whether NYSOH's December 25, 2014 cancellation notice and the December 22, 2014, the December 25, 2014 and December 21, 2015 eligibility determinations were proper.

On December 25, 2014, NYSOH issued a cancellation notice, stating that your request to cancel insurance coverage with your bronze-level QHP had been processed. There is no effective date on that notice. However, you testified that you and your spouse forfeited December 2014 coverage and have outstanding medical bills for that month.

The record reflects that, on December 26, 2014, NYSOH issued a disenrollment notice, stating that your and your spouse's bronze-level QHP coverage will end effective December 31, 2014. Therefore, it appears you both had coverage for the month of December 2014 and, if true, you will have to process any claims for that month through your QHP.

Although it appears you had coverage in December 2014, your appeal related to that month should have been filed within 60 days of the December 25, 2014 cancellation notice in order to be valid. Sixty days from December 25, 2014 was February 23, 2015. According to your NYSOH account, you did not contact NYSOH until, at the earliest, March 15, 2016 to file a formal complaint and a formal appeal of this notice. This date is well beyond 60 days from the February 24, 2015 deadline for your appeal on this issue to be valid.

Therefore, there has been no valid timely appeal of the December 25, 2014 cancellation notice, and your appeal on the issue of your and your spouse's coverage being cancelled for December 2014, is DISMISSED.

In addition, any issues regarding your 2014 federal tax return, or lack thereof, are not properly before the Appeals Unit and, therefore, will not be addressed. You can seek the advice of a tax professional or contact the IRS directly to discuss any such issue.

Next, on December 22 and 25, 2014 and again on December 21, 2015, NYSOH issued eligibility determination notices. Those notices stated in part that, because you failed to renew within the required timeframe each year, you and your spouse were no longer eligible for APTC in the beginning of 2015 and 2016.

The record reflects that, on December 25, 2014, NYSOH issued an eligibility redetermination notice stating that you and your spouse were eligible to receive APTC of up to \$595.00 per month and cost-sharing reductions, effective February 1, 2015. The record further reflects that you were both enrolled in a QHP as a couple, effective February 1, 2015.

While the December 21, 2015 eligibility redetermination notice stated that you and your spouse were eligible to purchase a QHP at full cost, effective January 1, 2016; thereafter, NYSOH issued a January 31, 2016 eligibility redetermination notice stating that you and your spouse were eligible for APTC of up to \$520.00 per month, effective March 1, 2016, and were enrolled in a QHP as of that date.

Therefore, according to your NYSOH account, you were without health insurance coverage for the months of January 2015, January 2016 and February 2016 and want your eligibility for financial assistance during those redetermined.

The record reflects that the first time you contacted NYSOH to file a formal appeal about your and your spouse's loss of APTC and the amount of your and

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your spouse's 2015 financial assistance through NYSOH was March 15, 2016. As previously stated, individual applicants and enrollees must request a hearing within 60 days of the date of their notice of eligibility determination by NYSOH.

For an appeal to have been valid on the issue of the your and your spouse's lack of APTC eligibility and amount of 2015 and 2016 financial assistance through NYSOH, as addressed in the December 22, 2014, December 25, 2014 and December 21, 2015 eligibility determination notices, an appeal should have been filed by February 21, 2015, February 24, 2015 and February 19, 2016, respectively. According to your NYSOH account, you did not contact NYSOH until March 15, 2016 to file a formal appeal on these eligibility determination notices. This date is well beyond 60 days from February 21, 2015 and February 24, 2015 deadlines and nearly one month past the deadline of February 19, 2016.

Therefore, there has been no valid timely appeal of the December 22 or 25, 2014 and December 21, 2015 eligibility determination notices and your appeal on the issues of your and your spouse's lack of coverage and APTC eligibility from January 1, 2015 to January 30, 2015 and January 1, 2016 to February 29, 2016 are also DISMISSED.

APTC Start Date and Amount

As to the issue of the start date of your QHP and APTC application under review, the record shows that on January 30, 2016, you updated the information in your NYSOH account, were redetermined eligible to receive APTC and cost sharing reductions, and submitted a request to enroll in a QHP with APTC.

When a couple changes information in their application after the 15th of any month, NYSOH must make the redetermination that results from the change effective the first day of the second following month. Additionally, the date on which a QHP can take effect depends on the day a person selects the plan for enrollment. In your case, you selected a QHP on January 30, 2016, which is after the fifteenth day of a month, so it went into effect on the first day of the second following month after January 2016; that is, on March 1, 2016.

Next, your March 15, 2016 appeal also included the amount of APTC to which you and your spouse were entitled to on a monthly basis.

In this regard, the issue under review is whether NYSOH correctly determined you and your spouse share in a monthly APTC of up to \$520.00.

The application that was submitted on January 30, 2016 listed an annual household income of \$35,720.00 and the eligibility determination relied upon that information.

You are in a two-person household for purposes of this analysis. This is because you expect to file your 2016 income taxes as married filing jointly and will claim no dependents on that tax return.

You reside in Kings County, where the second lowest cost silver plan available for a couple through NYSOH costs \$736.52 per month in 2016.

An annual income of \$35,720 is 224.23% of the 2015 FPL for a two-person household. At 224.23% of the FPL, the expected contribution to the cost of the health insurance premium is 7.27% of income, or \$216.40 per month.

The maximum amount of APTC that can be approved equals the cost of the second lowest cost silver plan available through NYSOH for a couple in your county (\$736.52 per month) minus your expected contribution (\$216.40 per month), which equals \$520.12 per month. Therefore, rounding to the nearest dollar, NYSOH correctly determined you and your spouse to be eligible for up to \$520.00 per month in APTC.

Since the January 31, 2016 eligibility determination properly stated that, based on the information you provided, you were eligible for up to \$520.00 per month in APTC, it is correct and is AFFIRMED.

Therefore, NYSOH's January 31, 2016 eligibility redetermination and enrollment confirmation notices are AFFIRMED because they properly began your eligibility for and enrollment in your qualified health plan, as well as your APTC on March 1, 2016.

September 2016 Eligibility Redetermination – Superseded and Resolved

The last issue under review is whether NYSOH properly determined that you and your spouse were newly eligible to purchase a QHP at full cost, effective November 1, 2016.

You updated your account on September 21, 2016. It appears that as a result of a computer error, on September 23, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were newly eligible to purchase a QHP at full cost through NYSOH, effective November 1, 2016. That same day, NYSOH issued an enrollment confirmation notice, stating you and your spouse were enrolled in a bronze-level QHP at a cost of \$642.69 per month, effective March 1, 2016.

You testified that you were notified that you and your spouse were losing your APTC, effective November 1, 2016. You spoke to the Hearing Officer and requested to add this issue to your appeal and the Hearing Officer agreed.

At issue is whether your health plan properly billed you for November 2016 in the full amount of your bronze-level QHP (\$642.69) because your APTC did not apply that month. You also testified that the full premium was unaffordable and you are afraid of being disenrolled for non-payment of premium that month.

However, after review of your NYSOH account, NYSOH issued two eligibility redetermination notices on October 5, 2016 and October 12, 2016 that superseded (replaced) the September 21, 2016 notice at issue. Both notices stated your and your spouse's APTC would be applied to your monthly premium effective November 1, 2016. Those notices also state that your premium would be \$122.69 per month and not the full cost of the monthly premium. In addition, on October 5, 2016, NYSOH issued an enrollment notice confirming that you and your spouse were enrolled in a bronze-level QHP at a cost of \$122.69 per month, effective March 1, 2016. That notice also stated that your and your spouse's APTC would be applied to your monthly premium effective November 1, 2016.

Accordingly, the record reflects that the error as to in which months your APTC was and is to be applied has been resolved to first begin as of March 1, 2016 and then again as of November 1, 2016. Therefore, your APTC is to be applied to November 2016, leaving you with a premium responsibility of \$122.69 in November 2016, and not the full amount of the monthly premium.

Therefore, the October 5, 2016 and October 12, 2016 eligibility redetermination notices are AFFIRMED; and the October 5, 2016 enrollment confirmation notice is AFFIRMED. You and your spouse were eligible to receive up to \$520.00 in APTC for the month of November 2016. Further, the September 21, 2016 eligibility redetermination has been superseded (replaced) by the foregoing notices and is now rendered moot.

Your case is RETURNED to NYSOH to ensure that these changes are facilitated by your QHP and that your coverage is not terminated for nonpayment of premium provided you pay your premium responsibility of \$122.69, after the monthly APTC of \$520.00 has been applied for November 2016.

Notwithstanding the foregoing findings, you and your spouse will be required to file a 2016 federal tax return, on which your eligibility for APTC in 2016 will be calculated based on a reconciliation of your expected income with your actual income. If you are entitled to more or less APTC, an adjustment can be made and, depending on the APTC calculation, you may get a tax refund, have your tax bill reduced, or owe the difference as additional income taxes.

Decision

Your appeals of the December 25, 2014 cancellation notice, and the December 22, 2014, December 25, 2014, December 21, 2015 and September 23, 2016 eligibility determinations are untimely and are **DISMISSED**.

The January 31, 2016 eligibility determination notice as it relates to the amount of APTC to which you and your spouse are entitled to in 2016 is **AFFIRMED**.

The October 5, 2016 and October 12, 2016 eligibility determination notices, that state that you and your spouse's advance premium tax credit will be applied to your monthly premium effective November 1, 2016, supersede the September 23, 2016 notice.

You and your spouse remain eligible for up to \$520.00 per month in APTC as of march 1, 2016 and again as of November 1, 2016.

Your case is **RETURNED** to NYSOH to ensure that these changes are facilitated by your QHP and that your coverage is not terminated for nonpayment of premium provided you pay your premium responsibility of \$122.69, after the monthly APTC of \$520.00 has been applied for November 2016.

Effective Date of this Decision: November 14, 2016

How this Decision Affects Your Eligibility

You and your spouse remain eligible for up to \$520.00 per month in APTC as of march 1, 2016 and again as of November 1, 2016.

Your case is returned to NYSOH to ensure that these changes are facilitated by your QHP and that your coverage is not terminated for nonpayment of premium provided you pay your premium responsibility of \$122.69, after the monthly APTC of \$520.00 has been applied for November 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

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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 QHPs, 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 Think Your Appeal Should Not Be Dismissed

Under some circumstances, you can ask us to vacate (cancel) this dismissal. You must ask us in writing within 30 days after the date on this notice. In that writing you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, NYSOH's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed. No further action will be taken on it by NYSOH.

Appeal Identification Number

When communicating with NYSOH about this appeal, please reference Appeal Identification Number at the top of this notice.

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
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- By fax: 1-855-900-5557

Summary

Your appeals of the December 25, 2014 cancellation notice, and the December 22, 2014, December 25, 2014, December 21, 2015 and September 23, 2016 eligibility determinations are untimely and are DISMISSED.

The January 31, 2016 eligibility determination notice as it relates to the amount of APTC to which you and your spouse are entitled to in 2016 is AFFIRMED.

The October 5, 2016 and October 12, 2016 eligibility determination notices, that state that you and your spouse's advance premium tax credit will be applied to your monthly premium effective November 1, 2016, supersede the September 23, 2016 notice.

You and your spouse remain eligible for up to \$520.00 per month in APTC as of March 1, 2016 and again as of November 1, 2016.

Your case is RETURNED to NYSOH to ensure that these changes are facilitated by your QHP and that your coverage is not terminated for nonpayment of premium provided you pay your premium responsibility of \$122.69, after the monthly APTC of \$520.00 has been applied for November 2016.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

