



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

Notice of Decision

Decision Date: January 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012715

[REDACTED]

[REDACTED]

On December 15, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's September 18, 2016 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulations (CFR) 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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Decision

Decision Date: January 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012715

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Issue

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

Did New York State of Health (NYSOH) properly determine you eligible to purchase a qualified (QHP) at full cost effective November 1, 2016?

Procedural History

On December 5, 2015, NYSOH issued an eligibility determination notice stating that you were newly conditional eligible to receive up to \$254.00 of advance premium tax credit and cost-sharing reductions, effective as of January 1, 2016. The notice directed you to submit additional income documentation by March 3, 2016, to confirm your eligibility.

On December 8, 2015, NYSOH issued an enrollment notice confirming that as of December 7, 2016, you enrolled in an Oscar QHP with a monthly premium of \$212.68, with a plan enrollment start date of January 1, 2016.

On September 17, 2016, your NYSOH account was updated.

On September 18, 2016, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a QHP at full cost through NYSOH effective November 1, 2016.

Also on September 18, 2016, NYSOH issued an enrollment notice confirming that as of September 17, 2016, you were enrolled in an Oscar QHP, with a monthly premium of \$466.68.

On September 20, 2016, your NYSOH account was updated.

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On September 21, 2016, NYSOH issued an eligibility determination notice stating that you were newly conditional eligible to receive up to \$254.00 of advance premium tax credit and cost-sharing reductions, effective as of January 1, 2016. The notice directed you to submit additional income documentation by December 19, 2016, to confirm your eligibility.

On October 15, 2016, NYSOH issued a disenrollment notice stating that you requested to end your insurance coverage with Oscar on October 14, 2016 and your coverage would end effective October 31, 2016.

On October 21, 2016, you spoke to NYSOH's Account Review and requested an appeal insofar as your eligibility for financial assistance for October 2016.

On December 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 supports the following findings of fact:

- 1) You were enrolled in an Oscar silver-level QHP effective January 1, 2016, with a monthly premium of \$212.68.
- 2) On December 5, 2015, NYSOH issued an eligibility determination notice stating that you only conditional eligible to receive up to \$254.00 of advance premium tax credit and cost-sharing reductions, effective as of January 1, 2016. You were directed to submit additional income documentation by March 3, 2016, to confirm your eligibility.
- 3) You testified that the notices did not clearly state what documentation was needed, and because of the nature of your income, you were unable to provide income documentation.
- 4) No income documentation was been submitted to NYSOH to verify your income.
- 5) According to your NYSOH account, NYSOH redetermined your eligibility for financial assistance on September 17, 2016.
- 6) On September 18, 2016, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a QHP at full cost through NYSOH effective November 1, 2016.

- 7) Also on September 18, 2016, NYSOH issued an enrollment notice confirming that as of September 17, 2016, you were enrolled in an Oscar QHP, with a monthly premium of \$466.68.
- 8) You testified that your tax subsidy was not applied to your October 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

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow the NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i)). If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f); 42 CFR §600.345 (a)).

NYSOH must provide the applicant with notice of the inconsistency. NYSOH must then provide the applicant with 90 days to provide satisfactory documentary evidence (45 CFR §155.315(f)(2)). If NYSOH remains unable to verify the information required to determine the applicant's eligibility after the 90 day period ends, it must determine the applicant's eligibility based on the information available (45 CFR § 155.315(f)(5)).

Redetermination During a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330(f)(1)(i)). However, NYSOH must implement any change, that will result in a decreased amount of advance premium tax credit or change in the level of cost-sharing reductions, that is made after the 15th of any month, to not be effective until the first day of the next following month (45 CFR § 155.330(f)(3)).

Legal Analysis

The issue is whether NYSOH determined you eligible to purchase a QHP at full cost effective November 1, 2016.

You initially enrolled in a QHP, with financial assistance, with an enrollment start date of January 1, 2016.

NYSOH issued an eligibility determination notice on December 5, 2015, finding you conditionally eligible to receive advance premium tax credit and cost-sharing reductions effective January 1, 2016. You were directed to provide income documentation by March 3, 2016, in order to confirm the information you had provided in your application.

When NYSOH cannot verify information that is required to make an eligibility determination, it must notify the applicant and allow the applicant time to submit satisfactory documentation. NYSOH had provided you 90 days to confirm your income.

You testified that you did receive notices informing you of the need to provide proof of your income, and the record supports that no additional income documentation was received within the allotted time.

NYSOH properly notified you of the need to provide income documentation or risk losing the financial assistance you were currently receiving. Since no documentation was received by NYSOH within 90 days, NYSOH redetermined your eligibility for financial assistance.

The record shows that on September 17, 2016, NYSOH redetermined your eligibility for financial assistance. When a redetermination results in a decreased amount of advance premium tax credit or change in the level of cost-sharing reductions, the effective date of that change depends on the date the redetermination occurred. A redetermination after the 15th of any month is not effective until the first day of the second month following the redetermination.

Since your eligibility was redetermined on September 17, 2016, NYSOH properly determined you eligible to purchase a QHP at full cost effective November 1, 2016. The September 18, 2016, eligibility determination is AFFIRMED.

However, you testified that your financial assistance was not applied to your October 2016 health insurance premium. Therefore, your case is RETURNED to NYSOH Plan Management Unit to ensure that your financial assistance was applied to your October 2016 health insurance premium.

Decision

The September 18, 2016, eligibility determination is AFFIRMED.

Your case is RETURNED to NYSOH Plan Management Unit to ensure that your financial assistance was applied to your October 2016 health insurance premium.

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Effective Date of this Decision: January 27, 2017

How this Decision Affects Your Eligibility

You were eligible to receive advance premium tax credit and cost-sharing reductions in October 2016.

Your case has been returned to NYSOH to ensure that your financial assistance was properly applied to your QHP in October 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 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 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 September 18, 2016, eligibility determination is AFFIRMED.

You were eligible to receive advance premium tax credit and cost-sharing reductions in October 2016.

Your case has been returned to NYSOH to ensure that your financial assistance was properly applied to your QHP in October 2016.

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:

