



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

Notice of Decision

Decision Date: March 31, 12017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013853

[REDACTED]

Dear [REDACTED]

On March 9, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 2, 2016 eligibility determination notice, December 26, 2016 eligibility determination notice and December 27, 2016 enrollment confirmation.

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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Decision

Decision Date: March 31, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013853



Issues

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

Did NY State of Health (NYSOH) properly determine that you were eligible for a qualified health plan at full cost, effective January 1, 2017?

Did NYSOH properly determine that your enrollment in a qualified health plan and the application of advance payments of the premium tax credit (APTC) were effective no earlier than February 1, 2017?

Procedural History

On December 1, 2016, NYSOH received your updated application for health insurance.

On December 2, 2016, NYSOH issued a notice of eligibility redetermination stating that you were newly eligible to purchase a qualified health plan at full cost. You were not eligible for a tax credit and cost-sharing reductions because APTC was paid to your health insurance company to reduce your premium costs in a prior year and NYSOH could not tell if a federal tax return was filed for that year. This eligibility was effective January 1, 2017. You were also advised to pick a health plan.

Also on December 2, 2016, your 2015 tax return was uploaded to your online account.

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On December 6, 2016, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as you were not eligible for financial assistance as of January 1, 2017.

On December 15, 2016, you updated your application for financial assistance.

On December 16, 2016, NYSOH issued a notice of eligibility redetermination stating that you were newly eligible to purchase a qualified health plan at full cost. You were not eligible for a tax credit and cost-sharing reductions because APTC was paid to your health insurance company to reduce your premium costs in a prior year and NYSOH could not tell if a federal tax return was filed for that year. This eligibility was effective January 1, 2017. You were also advised to pick a health plan.

On December 25, 2016, you updated your application for financial assistance.

On December 26, 2016, NYSOH issued a notice of eligibility redetermination stating that you were newly eligible to receive up to \$284.00 per month in APTC and, if you selected a silver-level qualified health plan, for cost-sharing reductions (CSR). This eligibility was effective February 1, 2017.

On December 27, 2016, NYSOH issued a letter confirming your enrollment in a qualified health plan with a monthly premium responsibility of \$199.44, after your APTC of \$284.00 was applied, both effective February 1, 2017.

On March 9, 2017, 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 testified that your accountant electronically filed a tax return on your behalf in 2014, but you are not sure when.
- 2) You testified that for your 2015 income tax return you requested, and were granted, an extension.
- 3) You testified that your accountant electronically filed a 2015 tax return on your behalf in October 2016.
- 4) You testified that you have previously reconciled APTC on your tax returns.

- 5) You testified that you were first aware that you were no longer eligible for APTC in late November 2016.
- 6) You submitted an application to NYSOH for financial assistance on December 1, 2016.
- 7) Your NYSOH account reflects that your 2015 tax return was uploaded to your account on December 2, 2016.
- 8) You updated your application to NYSOH for financial assistance on December 15, 2016, and on December 25, 2016.
- 9) You testified, and the record reflects, that you selected a qualified health plan on December 25, 2016. You did not select one on December 1, 2016 or December 15, 2016 despite the option to do so, because the plan you wanted had not been listed as available.
- 10) You testified that there were other plans available for you to enroll in at the time of the December 1, and December 15, 2016 applications.
- 11) Your enrollment in the qualified health plan and eligibility for APTC became effective February 1, 2017.
- 12) You testified that you are seeking your qualified health plan and eligibility for financial assistance to begin on January 1, 2017.

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)).

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.

Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i)). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

For coverage beginning January 1, 2017, NYSOH extended the deadline to enroll in coverage to December 17, 2016 (<http://info.nystateofhealth.ny.gov/news/press-release-ny-state-health-deadline-extended-new-yorkers-now-have-until-december-17-enroll>).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you were eligible to purchase a qualified health plan at full cost, effective January 1, 2017.

On December 1, 2016, NYSOH received an update to your application for health insurance. As a result of this application, you were no longer eligible to receive financial assistance. According to a December 2, 2016, eligibility determination, this was because NYSOH was missing information about your taxes.

You testified that you filed your 2015 tax return in October of 2016 after having filed for an extension. On December 2, 2016, you provided a copy of your 2015 tax return.

However, at the time of the December 1, 2016 application, NYSOH had not received information from IRS that your household's taxes had been properly filed. If NYSOH is unable to obtain information that a prior year's tax return had been filed, NYSOH may not determine a tax filer eligible for APTC if APTC was paid on the tax filer's behalf in a previous year, and a tax return was not filed for that previous year.

Therefore, NYSOH properly determined that you were eligible to purchase a qualified health plan at full cost based on the available information at the time of the application, and the December 2, 2016 eligibility determination is **AFFIRMED**.

The second issue under review is whether NYSOH properly determined that your enrollment in a qualified health plan, as well as the application of APTC, was effective no earlier than February 1, 2017.

The record reflects that on December 15, 2016, your account was updated following the submission of your 2015 tax return. That tax return was not verified, and NYSOH had not yet received information from IRS that your taxes had been properly paid as of the December 15, 2016 application. As a result of this, your application was not run with the correct tax information prior to the December 17, 2016 deadline for a January 1, 2017 start date.

However, you testified that you were provided with the option to select a plan prior to the December 17, 2016 deadline, which would have resulted in a January 1, 2017 start date for your qualified health plan. You testified that this was because the plan you wanted was not listed as an available option, so you did not select a plan.

The record and your testimony reflect that on December 25, 2016 you updated the information in your NYSOH account and submitted a request to enroll in a qualified health plan. On December 26, 2016, NYSOH issued a notice of eligibility redetermination stating that you were newly eligible to receive up to \$284.00 per month in APTC and, if you selected a silver-level qualified health plan, for CSR, effective February 1, 2017. On December 27, 2016 NYSOH issued an enrollment confirmation notice stating that your enrollment in your qualified health plan was effective February 1, 2017 and that APTC would be applied to your monthly premium effective February 1, 2017.

When an individual changes information in their application after the 15th of any month, NYSOH will make the redetermination that results from the change effective the first day of the second following month. Additionally, the date on which a qualified health plan can take effect depends on the day a person selects the plan for enrollment. A plan that is after the fifteenth day of a month goes into effect on the first day of the second following month. For coverage beginning January 1, 2017, the deadline was extended to December 17, 2016.

Because you did not select a qualified health plan until December 25, 2016, after the December 17, 2016 deadline had passed, NYSOH properly determined that your enrollment was effective on February 1, 2017. Without enrollment in a qualified health plan, you are not eligible to receive APTC, and NYSOH properly determined that your eligibility for APTC was also effective February 1, 2017.

Therefore, NYSOH's December 26, 2016 eligibility determination notice and December 27, 2016 enrollment confirmation notice are AFFIRMED because it properly began your enrollment in your qualified health plan as well as your advance premium tax credits on February 1, 2016.

Decision

The December 2, 2016 eligibility determination notice is AFFIRMED.

The December 26, 2016 eligibility determination notice is AFFIRMED.

The December 27, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: March 31, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

NYSOH properly determined that your enrollment in your qualified health plan, and your eligibility for advance payments of the premium tax credit properly began as of February 1, 2017.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:

Health Insurance Marketplace
Attn: Appeals

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).

465 Industrial Blvd.
London, KY 40750-0061

- By fax: 1-877-369-0129

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 December 2, 2016 eligibility determination notice is AFFIRMED.

The December 26, 2016 eligibility determination notice is AFFIRMED.

The December 27, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

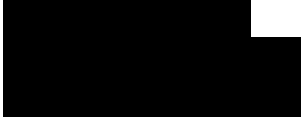
NYSOH properly determined that your enrollment in your qualified health plan, and your eligibility for advance payments of the premium tax credit properly began as of February 1, 2017.

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:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. y&b&tumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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).