



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

Notice of Decision

Decision Date: September 5, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018885

[REDACTED]

Dear [REDACTED],

On August 29, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 7, 2017 eligibility determination and plan enrollment notices.

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.

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: September 5, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018885

[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 were newly eligible to purchase a qualified health plan (QHP) at full cost and no longer eligible for advance payments of the premium tax credit (APTC) effective March 1, 2017?

Procedural History

On December 2, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to receive a tax credit of up to \$504.00 per month, effective January 1, 2017.

On December 2, 2016, NYSOH issued a plan enrollment notice confirming that you and your spouse were enrolled in a QHP with an enrollment start date of January 1, 2017, and APTC would be applied to your monthly premium effective January 1, 2017.

On December 16, 2016, the December 2, 2016 notices were marked as "RETURN MAIL" by NYSOH, with no forwarding address (see Documents [REDACTED]).

On February 6, 2017, your NYSOH account was updated.

On February 7, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were newly eligible to purchase a QHP at full cost, effective March 1, 2017.

Also on February 7, 2017, NYSOH issued a plan enrollment notice confirming your and your spouse's enrollment in the same QHP, without the application of any APTC.

On February 15, 2017, your NYSOH account was updated.

On February 16, 2017, NYSOH issued three notices:

- (1) An eligibility determination notice stating that you and your spouse were eligible to receive a tax credit of up to \$504.00 per month, effective March 1, 2017;
- (2) An enrollment notice confirming your and your spouse's enrollment in the same QHP, without the application of any APTC;
- (3) A notice stating that you have changed your mailing address to: [REDACTED].

On March 17, 2017, NYSOH issued a plan enrollment notice confirming that you and your spouse were enrolled in a QHP with an enrollment start date of January 1, 2017, and APTC would be applied to your monthly premium effective April 1, 2017.

On May 11, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as you and your spouse were not receiving APTC from March 1, 2017 through March 31, 2017.

On August 29, 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 supports the following findings of fact:

- 1) According to your NYSOH account and testimony, on December 1, 2016, an application for financial assistance was submitted with the assistance from an [REDACTED].
- 2) According to the address history in your account, on December 1, 2016, your residential and legal addresses were changed to [REDACTED]. However, [REDACTED] was listed as your mailing address.

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).

- 3) According to your NYSOH account and testimony, you and your spouse were enrolled in a QHP through [REDACTED] with a monthly premium of \$967.82, effective January 1, 2017.
- 4) You testified that [REDACTED] is your current mailing address and has been your address since November 2014.
- 5) You testified that you discovered a change in your financial assistance when you received a premium invoice from [REDACTED] in February 2017.
- 6) You testified that in February 2017 you had a conference call with representatives from NYSOH and [REDACTED]. The purpose of the call was to determine the reason why your financial assistance with APTC was discontinued and to have it reinstated.
- 7) According to your NYSOH account, on February 15, 2017, your mailing address was changed to [REDACTED].
- 8) You testified that financial assistance was not applied to the March 2017 health insurance premium.
- 9) You testified that you paid the March 2017, without any financial assistance, and are seeking to be reimbursed for the amount of financial assistance you and your spouse were eligible to receive.

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

Applicable Law and Regulations

State Residency Requirement

To be eligible for enrollment in a qualified health plan (QHP) and eligible to receive an advance premium tax credit (APTC) through NYSOH, an applicant must be a resident of New York State (45 CFR § 155.305(a)(3), (f)(1)(ii)(A)).

For an individual who is aged 21 or older, not living in an institution, and able to indicate intent, that individual is deemed to be a resident of the Exchange service area in which or she lives and either intends to reside, even without a fixed address, or has entered with a job commitment or is seeking employment. (45 CFR § 155.305(a)(3)(i)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you and your spouse were eligible to purchase a QHP at full cost and no longer eligible for APTC effective March 1, 2017.

NYSOH is required to determine whether individuals are eligible to enroll in a QHP and to receive financial assistance, and must confirm, that an individual's residency status is satisfactory.

On December 1, 2016, an application for financial assistance was submitted with the assistance from an [REDACTED]. Based on that application, you and your spouse were enrolled in a QHP with financial assistance (APTC), effective January 1, 2017.

The record reflects that the December 2, 2016 eligibility determination and plan enrollment notices, addressed to [REDACTED] were returned to NYSOH as undeliverable (see Documents [REDACTED]; [REDACTED]). As a result, on February 7, 2017, NYSOH redetermined your household's eligibility and issued a notice stating that you and your spouse were newly eligible to enroll in a QHP at full cost.

You testified that your current mailing address is [REDACTED], and has been your address since November 2014. Further, the record supports that, on December 1, 2016 your residential and legal addresses were changed to [REDACTED].

The record also supports that [REDACTED] has been your mailing address since November 2014. There is sufficient evidence in the record to conclude that the broker failed to change your mailing address on December 1, 2016, when your residential and legal addresses were changed to [REDACTED].

Since you and your spouse have continuously retained New York State residency and no other issue regarding your eligibility existed, your financial assistance was improperly discontinued effective February 28, 2017.

Therefore, the February 7, 2017 eligibility determination and plan enrollment notices stating that you and your spouse were eligible to purchase a QHP at full cost through NYSOH, effective as of March 1, 2017, are RESCINDED.

Your case is RETURNED to NYSOH to facilitate reinstatement of the \$504.00 in APTC for the period of March 1, 2017 through March 31, 2017, and to notify you accordingly.

Decision

The February 7, 2017 eligibility determination and plan enrollment notices stating that you and your spouse were eligible to purchase a QHP at full cost through NYSOH, effective as of March 1, 2017, are **RESCINDED**.

Your case is **RETURNED** to NYSOH to facilitate reinstatement of the \$504.00 in APTC for the period of March 1, 2017 through March 31, 2017, and to notify you accordingly.

Effective Date of this Decision: September 5, 2017

How this Decision Affects Your Eligibility

NYSOH incorrectly terminated your and your spouse's financial assistance effective February 28, 2017.

Your case is being sent back to NYSOH to ensure that you and your spouse receive APTC of \$503.00 for the month of March 2017. NYSOH will notify you once this has been done.

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:

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).

Health Insurance Marketplace
Attn: Appeals
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 February 7, 2017 eligibility determination and plan enrollment notices stating that you and your spouse were eligible to purchase a QHP at full cost through NYSOH, effective as of March 1, 2017, are RESCINDED.

Your case is RETURNED to NYSOH to facilitate reinstatement of the \$504.00 in APTC for the period of March 1, 2017 through March 31, 2017, and to notify you accordingly.

NYSOH incorrectly terminated your and your spouse's financial assistance effective February 28, 2017.

Your case is being sent back to NYSOH to ensure that you and your spouse receive APTC of \$504.00 for the month of March 2017. NYSOH will notify you once this has been done.

.
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).

Legal Authority

We are sending you this notice 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。我们可以为您免费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)

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).

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।

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 नि:शुल्क 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 नि:शुल्क 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. ye&btumi 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 דאלמענטשער 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).

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).