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

Notice of Decision

Decision Date: September 29, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000020058

[redacted]

Dear [redacted],

On September 19, 2017, you both appeared by telephone at a hearing on your appeal of NY State of Health's May 24, 2017 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 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).

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DEPARTMENT OF HEALTH
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Decision

Decision Date: September 29, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000020058

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Issue

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

> Did NY State of Health (NYSOH) properly redetermine your eligibility on May 23, 2017, and find that you were not eligible to receive financial assistance, effective June 1, 2017?

Procedural History

On March 16, 2017, NYSOH issued an eligibility determination notice stating that you were to eligible to receive an advance payment of the premium tax credit (APTC) in an amount of up to $195.00 per month for a limited time, effective April 1, 2017. That notice directed you to provide proof of income before June 13, 2017, to confirm your eligibility.

Also on March 16, 2017, NYSOH issued a plan enrollment notice stating that you were enrolled in a platinum-level qualified health plan (QHP) with a monthly premium of $501.81 after your APTC of $195.00 was applied, effective April 1, 2017.

On May 10, 2017, you submitted documentary proof of income (see Documents [redacted]).

On May 24, 2017, NYSOH issued an eligibility determination notice stating that you were conditionally eligible to purchase a QHP at full cost, effective July 1, 2017. That notice stated that you do not qualify to receive premium tax credits or

cost sharing reductions because state and federal data sources show that you are receiving Medicare. That notice further directed you to provide proof of Termination of Medicare Part A or Part B by July 7, 2017.

Also on May 24, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in your platinum-level QHP with a full cost monthly premium of $696.81.

On June 10, 2017, NYSOH issued an eligibility determination notice stating that you do not qualify for Medicaid, the Essential Plan, or to receive premium tax credits or cost sharing reductions to assist in the cost of your QHP. The notice also stated you are not able to purchase a QHP at full cost. This was because you no longer wanted to received coverage through NYSOH. This eligibility was effective July 2, 2017.

Also on June 10, 2017, NYSOH issued a disenrollment notice stating that your platinum-level QHP would end June 30, 2017. This was because you were no longer eligible to enroll in health insurance through NYSOH.

On June 27, 2017, you contacted NYSOH's Account Review Unit and formally requested an appeal to reinstate your APTC for the month of June 2017.

On September 19, 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) As directed, on May 10, 2017, you submitted proof of income, including your and your spouse's 2017 Social Security Benefit Statement and your spouse's Unemployment Benefit Statement. Your benefit statement shows that your Medicare coverage did not begin until July 2017. According to your NYSOH account, these documents were not verified by NYSOH.

2) On May 23, 2017, NYSOH redetermined your eligibility based on information from state and federal data sources. You were found ineligible for financial assistance because these sources showed that you were enrolled in Medicare.

3) Your spouse testified that you were initially credited APTC for June 2017, but then it was rescinded. This left you with a balance of $195.00 due to the health plan. Your spouse paid this invoice because you had a visit to the hospital in that month and did not want to worry about that bill.

4) Your spouse testified that he would like to be reimbursed the $195.00 APTC he paid for the month of June 2017.

5) According to your NYSOH account, you updated your account on June 9, 2017, and terminated your coverage. Your spouse testified that you called and cancelled your coverage as of July 1, 2017 because that is when your Medicare was to begin.

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

Applicable Law and Regulations

Advanced Payment of the Premium Tax Credit

The advance premium tax credit is available to a person who is eligible to enroll in a QHP and (1) expects to have a household income between 138% and 400% of the 2013 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)).

Minimum Essential Coverage

Minimum essential coverage includes most government-sponsored insurance plans such as Medicaid, Medicare, CHIP, Tricare, Veterans' Health Coverage, and eligible employer-sponsored insurance (26 USC §§ 36B(c)(2)(B) and 5000A(f)).

According to 26 USC § 5000A, which is part of the Internal Revenue Code, various government-sponsored plans provide minimum essential coverage, including the Medicare program under part A of title XVIII of the Social Security Act (26 USC § 5000A(f)(1)(A)(i), 42 USCS §§ 1395c et seq.)).

Legal Analysis

Initially, it is noted that you were found eligible to receive up to $195.00 per month in APTC as of April 1, 2017, based on your March 15, 2017 application. The amount of APTC is not in dispute.

The issue under review is whether NY State of Health properly redetermined that you were no longer eligible for financial assistance as of June 1, 2017.

On May 24, 2017, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a QHP at full cost, effective July 1, 2017. That notice stated that you do not qualify to receive premium tax credits or cost sharing reductions because state and federal data sources show that you are receiving Medicare and directed you to provide proof of Termination of Medicare Part A or Part B by July 7, 2017.

To be eligible for APTC, a person must not be eligible for minimum essential coverage outside of NYSOH. Minimum essential coverage includes most government-sponsored insurance plans including Medicare Part A and Part B.

According to your testimony and documentation, your Medicare coverage was slated to being July 1, 2017. Therefore, at the time NYSOH issued the May 24, 2017 eligibility determination, you were not eligible for or enrolled in Medicare Parts A and B. Since the May 24, 2017 eligibility determination notice is not supported by the record, it must be RESCINDED.

Since the May 24, 2017 eligibility determination notice is not supported by the record, your case is RETURNED to NYSOH to apply your APTC of $195.00 in the month of June 2017, and to notify you accordingly.

Decision

The May 24, 2017, eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to apply your APTC of $195.00 in the month of June 2017, and to notify you accordingly.

Effective Date of this Decision: September 29, 2017

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to apply your monthly APTC of $195.00 toward the June 2017 monthly premium.

NYSOH will notify you once this has been completed.

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
  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

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).

Summary

The May 24, 2017, eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to apply your APTC of $195.00 in the month of June 2017, and to notify you accordingly.

Your case is being sent back to NYSOH to apply your monthly APTC of $195.00 toward the June 2017 monthly premium.

NYSOH will notify you once this has been completed.

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:

[redacted]

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).

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 مجانًا.

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).

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।

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 महत्त्वपूर्ण 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ 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 کرم1-855-355-5777 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.

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).

(Yiddish) אידיש

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).