



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

Notice of Decision

Decision Date: February 16, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024023

[REDACTED]

On January 2, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's June 30, 2017 enrollment confirmation 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 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: February 16, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024023



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 not eligible to receive advance payments of the premium tax credit for the month of July 2017?

Procedural History

On June 10, 2017, NYSOH issued a notice of eligibility determination stating you and your spouse were eligible to receive up to \$439.00 of monthly advance payments of the premium tax credit (APTC), effective July 1, 2017.

On June 15, 2017, NYSOH issued an enrollment notice confirming you and your spouse were enrolled in a qualified health plan (QHP) with APTC applied, effective June 1, 2017. The effective date of that enrollment was later amended to July 1, 2017.

On June 29, 2017, NYSOH systematically redetermined the eligibility of you and your spouse.

On June 30, 2017, NYSOH issued an eligibility determination notice stating you and your spouse were newly eligible to purchase a QHP at full cost, effective August 1, 2017. The notice stated that "any advance payments of the premium tax credit with your current plan will no longer be available after July 31, 2017."

Also on June 30, 2017, NYSOH issued an enrollment notice confirming the enrollment of you and your spouse in a full cost QHP.

On July 5, 2017, NYSOH received an updated application for financial assistance with health insurance submitted on behalf of you and your spouse.

On July 6, 2017, NYSOH issued an eligibility determination notice stating you and your spouse were eligible to receive APTC of up to \$439.00 monthly, effective August 1, 2017.

On July 6, 2017, July 15, 2017, September 12, 2017, and October 22, 2017, NYSOH issued enrollment notices confirming you and your spouse were enrolled in a QHP, effective July 1, 2017 and that your APTC would be applied, effective August 1, 2017.

On November 3, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as you and your spouse were not eligible to receive APTC for the month of July 2017.

On January 2, 2018, 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 testified you are only appealing the eligibility of you and your spouse for APTC in the month of July 2017. You testified that this appeal does not involve your children's coverage.
- 2) You and your spouse selected a QHP for enrollment on June 14, 2017. Initially, you and your spouse were enrolled in the plan effective June 1, 2017, but you requested to amend the enrollment start date and it was subsequently changed to July 1, 2017.
- 3) According to your account, the June 10, 2017 eligibility determination notice issued to you by NYSOH was returned as undeliverable.
- 4) On June 29, 2017, NYSOH systematically redetermined the eligibility of you and your family.
- 5) Your children were determined ineligible for health insurance through NYSOH and disenrolled from their plan due to NYSOH being unable to verify your mailing address.

- 6) You and your spouse were determined ineligible for financial assistance, purportedly due to the same mailing address issue.
- 7) The eligibility determination notice issued by NYSOH on June 30, 2017, finding you and your spouse ineligible for financial assistance, stated that your APTC would end on July 31, 2017.
- 8) An updated application for financial assistance with health insurance was submitted on behalf of your family on July 5, 2017 and you and your spouse were determined eligible to receive APTC, effective August 1, 2017.
- 9) The subsequent enrollment confirmation notices all indicated that the APTC for you and your spouse would be reinstated, effective August 1, 2017.
- 10) You testified that your health plan billed you and your spouse for the full monthly premium for the month of July 2017.
- 11) You testified that you only paid your “portion” of the premium payment for the month of July 2017, but that the health plan is billing you for the difference.
- 12) According to notes in your account dated August 21, 2017, NYSOH concluded that “member did not have aptc for july [2017].”
- 13) You testified, and your account confirms, your APTC was reinstated, effective August 1, 2017.
- 14) You testified you are seeking reinstatement of your APTC for the month of July 2017.

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

Applicable Law and Regulations

Effective Dates of Eligibility Redeterminations for Advance Payments of the Premium Tax Credit

Upon making an eligibility redetermination, NYSOH must notify the applicant, and it must implement any decreases in eligibility to receive APTC effective as of the first day of the month following the date of the notice if the change occurs on or before the 15th of the month; otherwise, the change becomes effective the first day of the second following month (45 CFR § 155.310(f), 45 CFR §

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155.330(f)(1)(i) and (f)(3)). Increases become effective the first day of the following month, regardless of when during the month the change occurs (*id.*).

Legal Analysis

The issue under review is whether NYSOH properly determined you and your spouse were not eligible to receive APTC for the month of July 2017.

According to your account, you and your spouse were enrolled in a QHP with APTC applied, effective July 1, 2017. On June 29, 2017, NYSOH systematically redetermined the eligibility of you and your spouse and found you both ineligible for financial assistance purportedly due to an issue with your mailing address. Although the eligibility determination notice issued on June 30, 2017 stated that your APTC would end on July 31, 2017, you testified, and notes in your account indicate, that your APTC was revoked, effective July 1, 2017.

Pursuant to the above cited regulations, upon a redetermination of eligibility for APTC, any decrease in APTC is to be made effective the first day of the month following the eligibility redetermination notice only if the change in eligibility occurs on or before the 15th of the month. Otherwise, the decrease is to be applied on the first day of the second following month.

Since the June 30, 2017 eligibility redetermination notice, indicating you and your spouse were no longer eligible to receive APTC, was issued after the fifteenth day of the month, it properly found that the decrease in your APTC should not have gone into effect until the first day of the second following month; that is, on August 1, 2017.

Therefore, the June 30, 2017 enrollment confirmation notice is MODIFIED, for clarity, to reflect that any revocation of your APTC was effective no earlier than August 1, 2017, as confirmed by the eligibility determination notice.

Since your account confirms that you updated your application on July 5, 2017 and you and your spouse were determined eligible to receive APTC, effective August 1, 2017 and the subsequent enrollment notices confirm your APTC was reinstated, effective August 1, 2017, you should not have experienced a gap in your APTC.

Therefore, your case is RETURNED to NYSOH to reinstate APTC for you and your spouse for the month of July 2017.

Decision

The June 30, 2017 enrollment confirmation notice is MODIFIED, for clarity, to reflect that any revocation of your APTC was effective no earlier than August 1, 2017.

Your case is RETURNED to NYSOH to reinstate APTC for you and your spouse for the month of July 2017.

Effective Date of this Decision: February 16, 2018

How this Decision Affects Your Eligibility

Your APTC should not have been revoked for the month of July 2017.

Your case will be returned to NYSOH to ensure that you and your spouse receive APTC for July 2017.

PLEASE NOTE: Any APTC you receive for 2017 must be reconciled on your 2017 federal income tax return. Therefore, filing your income tax return before the resolution of this appeal is implemented could have consequences on any income tax liability or refund.

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:

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).

- 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

Summary

The June 30, 2017 enrollment confirmation notice is MODIFIED to reflect that any revocation of your APTC was effective no earlier than August 1, 2017.

Your APTC should not have been revoked for the month of July 2017, and your case is RETURNED to NYSOH to reinstate APTC for you and your spouse for the month of July 2017.

PLEASE NOTE: Any APTC you receive for 2017 must be reconciled on your 2017 federal income tax return. Therefore, filing your income tax return before the resolution of this appeal is implemented could have consequences on any income tax liability or refund.

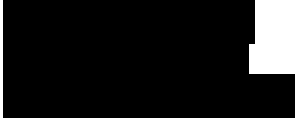
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Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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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. ye&btumi ama wo obi a okyerε 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.

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