



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

## Notice of Decision

Decision Date: January 11, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000024388

[REDACTED]

On January 4, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's October 22, 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 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: January 11, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000024388

[REDACTED]

## Issue

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

Did NY State of Health (NYSOH) properly end your advance premium tax credit (APTC) and cost-sharing reductions (CSR) as of September 30, 2017?

## Procedural History

On April 2, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for APTC of up to \$206.00 per month, effective May 1, 2017.

On April 13, 2017, NYSOH issued a plan enrollment notice confirming that as of April 12, 2017, you were enrolled in a qualified health plan (QHP) with a \$350.68 monthly premium after your monthly APTC of \$206.00 was applied, effective May 1, 2017.

On September 13, 2017, your NYSOH account was updated.

On September 14, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for APTC of up to \$280.00 per month and CSR, effective October 1, 2017.

On September 15, 2017, NYSOH issued a plan enrollment notice confirming that as of September 14, 2017, you were enrolled in a QHP with a \$276.68 monthly premium after your monthly APTC of \$280.00 was applied, effective October 1, 2017.

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On October 21, 2017, your NYSOH account was updated.

On October 22, 2017, NYSOH issued three notices:

- (1) An eligibility determination notice stating that you were eligible for Medicaid, effective as of October 1, 2017. Further, you were no longer eligible for APTC and CSR as of September 30, 2017;
- (2) A disenrollment notice stating that your QHP coverage would end on October 31, 2017;
- (3) An enrollment notice confirming that as of October 21, 2017, you were enrolled in a Medicaid Managed Care (MMC) plan with an enrollment start date of December 1, 2017.

On November 15, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as APTC was not applied to your QHP premium for the month of October 2017.

On January 4, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken and the record was fully developed during the hearing. The record was closed at the end of the proceeding.

## **Findings of Fact**

A review of the record supports the following findings of fact:

- 1) According to your NYSOH account, you were enrolled in a QHP with an enrollment start date of May 1, 2017.
- 2) According to your NYSOH account, on October 21, 2017, you updated the income in your account and were determined eligible for Medicaid.
- 3) On October 22, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that you were no longer eligible for APTC and CSR as of September 30, 2017 ( [REDACTED] ).
- 4) According to the enrollment history in your NYSOH account, you were eligible to have APTC applied to your QHP from May 1, 2017, through October 31, 2017.
- 5) You testified that you want the APTC applied to your QHP premium for the month of October 2017.

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

## **Applicable Law and Regulations**

### Advance Payments of the Premium Tax Credit

APTC are generally available to a person who is eligible to enroll in a qualified health plan and (1) expects to have a household income between 138% and 400% of the applicable 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 qualified health plan, 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)).

### Cost-Sharing Reductions

Cost-sharing reductions (CSR) are available to a person who (1) is eligible to enroll in a QHP through NYSOH, (2) meets the requirements to receive APTC, (3) is expected to have an annual household income that does not exceed 250% of the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested, and (4) is enrolled in a silver-level QHP (45 CFR § 155.300(a), 45 CFR § 155.305(g)(1)).

### Redetermination During a Benefit Year

Upon making an eligibility redetermination to APTC or CSR, NYSOH must notify the applicant and implement any changes in eligibility effective as of the first day of the month following the date of the notice (45 CFR § 155.310(f), 45 CFR § 155.330(e), (f)(1)(i)).

## **Legal Analysis**

The issue under review is whether NYSOH properly ended your APTC and CSR as of September 30, 2017.

The record reflects that you were determined eligible for up to \$206.00 of APTC per month and enrolled in a QHP, effective May 1, 2017. On September 13, 2017, you updated your NYSOH account and was determined eligible for up to \$280.00 of APTC per month and CSR, effective October 1, 2017.

On October 21, 2017, you accessed your NYSOH account and changed your household income. Based on that update, you were determined eligible for

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Medicaid, effective October 1, 2017. On October 22, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, you were no longer eligible for APTC and CSR as of September 30, 2017 (see Document [REDACTED]).

When an individual's APTC and CSR eligibility is redetermined during the benefit year, NYSOH must notify the applicant and implement any changes in eligibility effective as of the first day of the month following the date of the notice.

NYSOH issued you a notice on October 21, 2017, notifying you that you were no longer eligible for APTC or CSR. Therefore, your financial assistance in the forms of APTC and CSR should have ended the first day of the following month; that is, on November 1, 2017.

Therefore, the October 22, 2017, eligibility determination notice is MODIFIED to state that you were no longer eligible for APTC and CSR as of October 31, 2017.

The enrollment history in your NYSOH account reflects that you were eligible to have APTC applied to your QHP from May 1, 2017, through October 31, 2017. Your case is RETURNED to Plan Management Unit to ensure that the APTC was or is applied to your October 2017 monthly premium.

## **Decision**

The October 22, 2017, eligibility determination notice is MODIFIED to state that you were no longer eligible for APTC and CSR as of October 31, 2017.

Your case is RETURNED to Plan Management Unit to ensure that the APTC was or is applied to your October 2017 monthly premium, and to notify you accordingly.

**Effective Date of this Decision:** January 11, 2018

## **How this Decision Affects Your Eligibility**

You were no longer eligible for APTC and CSR as of October 31, 2017.

Your case is being sent back to Plan Management to ensure your APTC either was or will be applied to October 2017 premium. You will be notified of the outcome.

## **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

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Albany, NY 12211

- By fax: 1-855-900-5557

## **Summary**

The October 22, 2017, eligibility determination notice is MODIFIED to state that you were no longer eligible for APTC and CSR as of October 31, 2017.

Your case is RETURNED to Plan Management Unit to ensure that the APTC was or is applied to your October 2017 monthly premium, and to notify you accordingly.

You were no longer eligible for APTC and CSR as of October 31, 2017.

Your case is being sent back to Plan Management to ensure your APTC either was or will be applied to October 2017 premium. You will be notified of the outcome.

## **Legal Authority**

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



**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 srε wo, frε 1-855-355-5777. ye&εtumi 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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