



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

Notice of Decision

Decision Date: March 20, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026841

[REDACTED]

Dear [REDACTED],

On March 14, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 17, 2017 and January 4, 2018 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 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: March 20, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026841

[REDACTED]

Issues

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

Did NY State of Health properly apply your advanced payment of the premium tax credit in the amount of \$134.00 to your health insurance premium, effective January 1, 2018?

Did NY State of Health properly apply your advanced payment of the premium tax credit in the amount of \$371.67 to your health insurance premium responsibility, effective February 1, 2018?

Procedural History

According to your NY State of Health (NYSOH) account, in December 2016, you were determined eligible to receive up to \$134.00 per month in advance payment of the premium tax credit (APTC) and you were enrolled into a gold-level qualified health plan with the maximum amount of APTC applied to your monthly premium, effective January 1, 2018.

On October 28, 2017, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. This notice stated that based on federal and state data sources, NYSOH redetermined your eligibility for the upcoming coverage year. This notice further stated that, effective January 1, 2018, you were eligible for up to \$371.67 per month in APTC and cost-sharing reductions if you enrolled into a silver-level qualified health plan. This notice further indicated that you were enrolled into the same health insurance coverage as you had been in 2017 and confirmed that you were enrolled in a gold-level

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).

qualified health plan with application of APTC and cost-sharing reductions, effective January 1, 2018. This notice stated that you could confirm or change the amount of APTC applied to your monthly cost of health insurance coverage by logging onto your online account and updating your tax credit after November 15, 2017.

On November 17, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in a gold-level qualified health plan with \$134.00 in APTC applied to your monthly premium, effective January 1, 2018.

On January 4, 2018, NYSOH issued a plan enrollment notice confirming your enrollment in a gold-level qualified health plan with \$371.67 applied to your monthly premium, effective February 1, 2018.

On January 5, 2018, you spoke to NYSOH's Account Review Unit and appealed the plan enrollment notice insofar as the maximum amount of APTC you were found eligible for was not applied to your January 2018 health insurance premium.

On March 14, 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) According to your NYSOH account, on October 30, 2017, NYSOH issued a renewal notice stating that, based on state and federal data sources, NYSOH determined that you were eligible for up to \$371.67 per month in APTC, effective January 1, 2018.
- 2) You testified that you did not receive any notices from NYSOH telling you that your coverage had been renewed based on federal and state data sources and that your eligibility had been redetermined for the upcoming coverage year, or that you could confirm or change the amount of APTC applied to your monthly cost of health insurance after November 15, 2017.
- 3) You testified that you also did not receive the November 17, 2017 plan enrollment notice confirming your re-enrollment in a gold-level qualified health plan with \$134.00 per month in APTC applied to your monthly premium, both effective January 1, 2018.

- 4) According to your NYSOH account and your testimony, during the timeframe relevant to this appeal, you received notices from NYSOH by regular mail.
- 5) You testified that you did not know you needed to confirm or change the APTC amount that was being applied to your monthly premium responsibility until January 2018 after you reviewed your mail.
- 6) You testified that you are in [REDACTED] intermittently throughout the year due to the nature of your employment and, as a result, you do not always receive and review your mail in a timely fashion.
- 7) You confirmed that the mailing address listed in your NYSOH account was correct.
- 8) No notices sent to you at the address listed on your NYSOH account have been returned to NYSOH as undeliverable.
- 9) Your NYSOH account indicates that you contacted NYSOH on January 3, 2018, and increased the amount of APTC that was being applied to your monthly premium responsibility from \$134.00 to \$371.67, which would be applied as of February 1, 2018.
- 10) You testified that you would like the maximum amount of APTC that you were found eligible for (\$372.67) to be applied to your monthly premium as of January 1, 2018.
- 11) You testified that you have already paid the premium responsibility of \$567.17 to your qualified health plan for January 2018, which was your portion of the monthly premium after an APTC amount of \$134.00 was applied.

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

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).

for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

NYSOH must send an annual renewal notice that contains the information by which NYSOH will use to redetermine a qualified individual's projected eligibility for that year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the information and projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). 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.

Annual Re-enrollment into a Qualified Health Plan

If an enrollee remains eligible for enrollment in a qualified health plan as part of the annual eligibility redetermination and the plan in which they are enrolled remains available through NYSOH for renewal, such enrollee will have his or her enrollment through the qualified health plan renewed, unless an enrollee voluntarily terminates coverage (45 CFR § 155.335(j)(1)).

Effective Date of Advanced Payments of the Premium Tax Credit

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

End of Tax Year Reconciliation

At the end of a tax year, a person who elects to take APTC to help pay for the cost of an insurance premium must file a tax return to reconcile any differences between the amount of income the person reported to NYSOH and their actual gross income for that year. A person who received less tax credit than her maximum entitlement, based on gross income, may receive an income tax refund, or owe less in taxes. A person who received more tax credit than his maximum entitlement, based on gross income, will owe the excess as an additional income tax liability (26 CFR § 1.36B-4).

Legal Analysis

The issue under review is whether NYSOH properly applied your APTC in the amount of \$134.00 to your health insurance premium responsibility as of January 1, 2018.

NYSOH must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. NYSOH must issue a renewal notice that contains the individual's projected eligibility.

On October 28, 2017, NYSOH issued an annual renewal notice in your case. That notice stated that based on information from federal and state sources, NYSOH determined that you were eligible for up to \$371.67 per month in APTC, effective January 1, 2018. This notice stated that your health insurance coverage had not changed, and that NYSOH re-enrolled you into the same product that you had in 2017. Further in the notice, NYSOH directed you to confirm or change the APTC amount that was applied to your monthly cost of health insurance coverage after November 15, 2017. On November 17, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in a gold-level qualified health plan with \$134.00 applied to your monthly premium, effective January 1, 2018.

During the hearing, you testified that you are appealing the amount of APTC that was applied to your monthly premium for January 2018, insofar as it was less than the maximum APTC amount that you were found eligible to receive. Based on the information in your NYSOH account, as of January 1, 2018, you were found eligible for a greater amount of APTC (\$371.67) than what was applied to your health insurance in the month of January 2018 (\$134.00). However, there is no indication in the record that you attempted to increase the amount of APTC that was applied to your premium for the month of January 2018.

You testified that you were unaware that you needed to request that the amount of APTC that was applied to your monthly premium be increased until January 2018, when you reviewed your mail. You further testified that you are in [REDACTED] intermittently throughout the year due to the nature of your employment and, as a result, you do not always receive and review your mail in a timely fashion. As a result, you did not receive the October 28, 2017 renewal notice, nor did you receive the November 17, 2017 plan enrollment notice confirming the amount of APTC that would be applied to your monthly premium as of January 1, 2018, until it was too late to change your APTC amount for January 2018.

You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. You also confirmed that the address on your NYSOH account was correct. There is no evidence in the record that any of the notices that were sent to the mailing address listed in your NYSOH were returned to NYSOH as undeliverable.

Therefore, the record reflects that NYSOH properly notified you of your annual renewal that contained your new eligibility for 2018, and properly informed you to contact NYSOH to confirm or change the amount of APTC that was being applied to your monthly premium. There is no indication in the record that you contacted NYSOH to change the amount of APTC that was going to be applied to your monthly premium for the month of January 2018, until January 3, 2018.

Therefore, there is no indication in the record that you affirmatively requested that the amount of APTC being applied to your monthly premium payment for the month of January 2018, be increased, at any point prior to January 1, 2018. As such, the November 17, 2017 plan enrollment notice stating \$134.00 in APTC would be applied as of January 1, 2018, is AFFIRMED.

The second issue under review is whether NYSOH properly applied your APTC in the amount of \$371.67 to your health insurance premium as of February 1, 2018.

The record shows that you contacted NYSOH to update the amount of APTC that would be applied to your monthly premium on January 3, 2018.

Any changes in APTC applied to monthly premium amounts are to be made effective the first of the month following the date of when the update is made. Therefore, since you contacted NYSOH on January 3, 2018 to change the amount of APTC that was applied to your monthly premium, these changes should have been made effective the first day of the month following January 2018; that is, as of February 1, 2018.

Therefore, NYSOH's January 4, 2018 plan enrollment notice is AFFIRMED because it properly applied your advance premium tax credits in the amount of \$371.67 to your monthly premium as of February 1, 2018.

However, at the end of a tax year, a person who elects to take APTC to help pay for the cost of an insurance premium must file a tax return to reconcile any differences between the amount of income the person reported to NYSOH and their actual gross income for that year. A person who received less tax credit than her maximum entitlement, based on gross income, may receive an income tax refund, or owe less in taxes. A person who received more tax credit than his maximum entitlement, based on gross income, will owe the excess as an additional income tax liability.

Since the record indicates that you were eligible for a greater amount of APTC than what was being applied to your month premium for the month of January 2018, any difference between the advance premium tax credit (based on your expected 2018 income) and the premium tax credit you can claim on your 2017 federal tax return (based on your actual 2018 income) can be reconciled on your

2018 federal tax return; especially as it relates to the APTC amount to which you were entitled to for the month of January 2018.

Decision

The November 17, 2017 plan enrollment notice is AFFIRMED.

The January 4, 2018 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: March 20, 2018

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The monthly premium amount owed in January 2018, only included \$134.00 in APTC.

NYSOH properly applied \$371.67 in APTC to your monthly premium effective February 1, 2018.

Any discrepancies in the amount of APTC you were entitled to and the amount of APTC applied to your premium that month will be adjusted when you file your 2018 federal tax return.

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 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 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

Summary

The November 17, 2017 plan enrollment notice is AFFIRMED.

The January 4, 2018 plan enrollment notice is AFFIRMED.

This decision does not change your eligibility.

The monthly premium amount owed in January 2018, only included \$134.00 in APTC.

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).

NYSOH properly applied \$371.67 in APTC to your monthly premium effective February 1, 2018.

Any discrepancies in the amount of APTC you were entitled to and the amount of APTC applied to your premium that month will be adjusted when you file your 2018 federal tax return.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[REDACTED]

[REDACTED]

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।

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).

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&etumi 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).