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

Notice of Decision

Decision Date: May 15, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000028118

[redacted]

Dear [redacted]

On April 3, 2018, you and your spouse, [redacted] appeared by telephone at a hearing on your appeal of NY State of Health's December 15, 2017 enrollment notice, December 30, 2017 eligibility determination notice, and December 30, 2017 disenrollment 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: May 15, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000028118

[redacted]

Issues

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

> Did NY State of Health (NYSOH) properly enroll you, your spouse, and child in a qualified health plan (QHP), without the application of advance payments of the premium tax credit (APTC), during the month of January 2018?
>
> Did NYSOH properly determine that your child was eligible for Medicaid and properly end their QHP coverage as of January 1, 2018?

Procedural History

On December 15, 2017, NYSOH issued an eligibility determination notice stating that you, your spouse, and child were eligible for up to $932.00 monthly in APTC, effective January 1, 2018.

Also on December 15, 2017, NYSOH issued a plan enrollment notice stating that as of December 14, 2017, you, your spouse, and child were enrolled in a QHP with an enrollment start date of January 1, 2018. Further, that a tax credit of $0.00 would be applied to your monthly health insurance premium.

On December 27, 2017, you faxed income documentation to NYSOH (*see* Documents [redacted] uploaded 12/28/2017).

On December 29, 2017, your NYSOH account was updated.

On December 30, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were newly eligible to purchase a QHP at full cost and no longer qualified for APTC as of January 31, 2018. Further, your child was determined eligible for Medicaid, effective as of December 1, 2017.

Also on December 30, 2017, NYSOH issued a disenrollment notice stating that your child's QHP would end as of January 1, 2018, because they were no longer eligible to enroll in that health plan.

On January 8, 2018, your NYSOH account was updated.

On January 9, 2018, NYSOH issued an eligibility determination notice stating that you, your spouse, and child were eligible for up to $920.00 monthly in APTC, effective February 1, 2018.

Also on January 9, 2018, NYSOH issued a plan enrollment notice stating that as of January 8, 2018, you, your spouse, and child were enrolled in a QHP with an enrollment start date of January 1, 2018. The notice also stated that a tax credit of $920.00 would be applied to your monthly health insurance premium as of February 1, 2018.

On January 31, 2018, you spoke with NYSOH's Account Review Unit and requested an appeal relative to your household's health insurance coverage and lack of financial assistance during the month of January 2018.

On April 3, 2018, you and your spouse, [redacted] had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was 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, you are applying for health insurance for yourself, your spouse, and child (household).

2) You testified that you want APTC applied to your household's January 2018 health insurance premium.

3) According to your NYSOH account, your child was born on [redacted]

4) According to your NYSOH account, your household was enrolled in a gold-level BlueCross BlueShield of Western New York QHP, with the application of APTC, from April 1, 2017 through December 31, 2017.

5) According to your NYSOH account and testimony, on December 14, 2017, your spouse accessed your NYSOH account and applied for health insurance for the upcoming policy year. Based on that application, your household was determined eligible to enroll in a QHP with up to $932.00 monthly of tax credit, effective January 1, 2018.

6) According to your NYSOH account, on December 14, 2017, your household was enrolled in a gold-level BlueCross BlueShield of Western New York QHP (Plan Code: [redacted]

7) Your spouse testified that it was their intent to have the entire APTC amount applied to your household's January 2018 health insurance premium.

8) According to your December 14, 2017 application and testimony, you expect to file a 2018 federal income tax return with the tax status of married filing jointly, and expect to claim your child as a dependent on that tax return.

9) According to your NYSOH account, on December 29, 2017, your application was updated by a NYSOH representative. Your child was no longer listed as your dependent; however, your child's tax filing status was listed as "…dependent and will be filing taxes."

10) You testified that the NYSOH representative stated you were unable to claim your child as a dependent if they were expecting to file a 2018 federal income tax return. You further testified that you explained to the representative that your child would be filing a tax return in 2018 to recover any withheld income taxes.

11) According to your December 29, 2017 application, your child's yearly income was listed as $9,016.49.

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

Applicable Law and Regulations

APTC – Enrollee Option

NYSOH must permit an enrollee to accept less than the full amount of APTC for which he or she is determined eligible to receive (45 CFR §155.310(d)(2)(i)).

QHP/APTC - Effective Date

Upon making an initial eligibility determination, NYSOH must implement the eligibility determination for enrollment in a QHP, APTC, and CSR, in accordance with 45 CFR §155.410(c), (f) and §155.420(b), as applicable (45 CFR § 155.310(f)(1)).

For benefit years beginning on or after January 1, 2016, NYSOH must ensure that coverage is effective:

(1) January 1, for QHP selections received by NYSOH on or before December 15 of the calendar year preceding the benefit year;

(2) February 1, for QHP selections received by NYSOH from December 16 of the calendar year preceding the benefit year through January 15 of the benefit year;

(3) March 1, for QHP selections received by NYSOH from January 16 through January 31 of the benefit year

(45 CFR §155.410(f)(2)).

Medicaid - Household Composition

For Medicaid, individuals who expect to be claimed as a tax dependent by another taxpayer for the taxable year in which an initial determination or renewal of eligibility is being made, the household is the household of the taxpayer claiming such individual as a tax dependent (42 CFR § 435.603(f)(2)).

Medicaid – Household Income

The household income is the sum of the MAGI-based income of every individual included in the individual's household (42 CFR § 435.603(d)(1)).

Medicaid for Adults between the Ages of 19 and 65

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your household was enrolled in a QHP, without the application of APTC, with an enrollment start date of January 1, 2018.

On December 14, 2017, your spouse accessed your NYSOH account and applied for health insurance. Based on that application, your household was determined eligible to enroll in a QHP with up to $932.00 monthly of APTC. On December 15, 2017, NYSOH issued a plan enrollment notice stating that as of December 14, 2017, your household was enrolled in a QHP with an enrollment start date of January 1, 2018. The notice further stated that a tax credit of $0.00 would be applied to your monthly health insurance premium.

NYSOH must permit an enrollee to accept less than the full amount of APTC for which they are determined eligible to receive.

The record reflects that your household was enrolled in a gold-level QHP, with the application of APTC, from April 1, 2017 through December 31, 2017. Your spouse testified that it was their intent to have the entire APTC amount applied to your household's health insurance premiums in 2018 as of January 1, 2018.

The date on which a QHP and APTC can take effect depends on the day a person selects the plan for enrollment. QHP selections received by NYSOH on or before December 15, 2017, is effectuated January 1, 2018.

The record reflects that on December 14, 2017, your household was enrolled in a gold-level QHP without the application of APTC toward your monthly health insurance premiums. The record does not contain any evidence that you did not select to apply the entire APTC amount toward your household's premium. The record does contain your credible testimony that you intended to have the full amount of financial assistance applied toward the premium.

Therefore, the December 15, 2017 plan enrollment notice is MODFIED to state that your household was enrolled in a QHP, with a monthly tax credit of $932.00, effective January 1, 2018.

The second issue under review is whether NYSOH properly determined that your child was eligible for Medicaid and properly ended their QHP coverage as of January 1, 2018.

Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138% of the FPL for the applicable family size.

On December 29, 2017, your application was updated by a NYSOH representative. The representative removed your child as a dependent; however, your child's tax filing status was still listed as "dependent and will be filing taxes." Further, your child's yearly income was listed as $9,016.49.

You credibly testified that the NYSOH representative stated that you were unable to claim your child as a dependent if they were expecting to file a 2018 federal income tax return. You testified that you attempted to explain to the representative that your child would be filing a tax return in 2018 to recover any withheld income taxes.

Using the updates made by the NYSOH representative, on December 29, 2017, your child's eligibility was redetermined based on a one-person household with an annual household income of $9,016.49.

For Medicaid, individuals who expect to be claimed as a tax dependent by another taxpayer for the taxable year in which an eligibility determination is being made, the household is the household of the taxpayer claiming such individual as a tax dependent. The household income is the sum of the MAGI-based income of every individual included in the individual's household.

The credible record reflects that you and your spouse expect to claim your child as a dependent on your 2018 federal income tax return. You and your spouse were not included in your child's household, and your income was not included when calculating your child's eligibility for financial assistance, when you both should have been included in their household along with your income. Therefore, your child was improperly determined eligible for Medicaid.

Therefore, the December 30, 2017 eligibility determination notice is RESCINDED.

The December 30, 2017 disenrollment notice is RESCINDED.

Your child's case is RETURNED to NYSOH to reinstate your child's QHP coverage as of January 1, 2018.

Your case is further RETURNED to NYSOH to coordinate with the health insurance company to apply a shared APTC of $932.00 to your, your spouse, and child's January 2018 health insurance premium.

Decision

The December 15, 2017 plan enrollment notice is MODIFIED to state that your household was enrolled in a QHP, with a monthly tax credit of $932.00, effective January 1, 2018.

The December 30, 2017 eligibility determination notice is RESCINDED.

The December 30, 2017 disenrollment notice is RESCINDED.

Your child's case is RETURNED to NYSOH to reinstate your child's QHP coverage as of January 1, 2018.

Your case is further RETURNED to NYSOH to coordinate with the health insurance company to apply a shared APTC of $932.00 to your, your spouse and child's January 2018 health insurance premium.

Effective Date of this Decision: May 15, 2018

How this Decision Affects Your Eligibility

You, your spouse, and child were enrolled in a gold-level BlueCross BlueShield of Western New York QHP (Plan Code: [redacted] with an enrollment start date of January 1, 2018.

You, your spouse and child were eligible to receive up $932.00 in APTC toward your January 2018 health insurance premium.

Your case is being sent back to NYSOH to effectuate these changes and to notify you once 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

Summary

The December 15, 2017 plan enrollment notice is MODFIED to state that your household was enrolled in a QHP, with a monthly tax credit of $932.00, effective January 1, 2018.

The December 30, 2017 eligibility determination notice is RESCINDED.

The December 30, 2017 disenrollment notice is RESCINDED.

Your child's case is RETURNED to NYSOH to reinstate your child's QHP coverage as of January 1, 2018.

Your case is further RETURNED to NYSOH to coordinate with the health insurance company to apply a shared APTC of $932.00 to your, your spouse and child's January 2018 health insurance premium.

You, your spouse, and child were enrolled in a gold-level BlueCross BlueShield of Western New York QHP (Plan Code: [redacted] with an enrollment start date of January 1, 2018.

You, your spouse and child were eligible to receive up $932.00 in APTC toward your January 2018 health insurance premium.

Your case is being sent back to NYSOH to effectuate these changes and to notify you once completed.

Legal Authority

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

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.

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 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.

اردو (Urdu)

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.

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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