



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

Notice of Decision

Decision Date: May 11, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030109



Dear [REDACTED],

On May 2, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 17, 2018 eligibility determination and 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 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: May 11, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030109



Issue

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

Did NY State of Health properly determine that you were eligible for a full pay qualified health plan and ineligible for advance payments of the premium tax credit, effective February 1, 2018?

Procedural History

On January 2, 2018, NY State of Health (NYSOH) received your updated application for financial assistance with health insurance through NYSOH.

On January 3, 2018, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to \$381.00 in advance payments of the premium tax credit (APTC) as well as cost-sharing reductions if you enrolled in a silver level qualified health plan, both effective February 1, 2018.

On January 9, 2018, NYSOH issued a plan enrollment notice confirming your enrollment in a silver-level qualified health plan, with the maximum amount of APTC applied to your monthly premium, both effective February 1, 2018.

On January 16, 2018, NYSOH received a non-financial application on your behalf.

On January 17, 2018, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a qualified health plan at full cost through NYSOH, effective March 1, 2018.

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).

Also on January 17, 2018, NYSOH issued a plan enrollment notice confirming your enrollment in a full pay qualified health plan, effective February 1, 2018.

On February 8, 2018, NYSOH received your updated application for financial assistance with health insurance through NYSOH.

On February 9, 2018, NYSOH issued an eligibility determination notice stating that you were eligible for up to \$382.00 per month in APTC as well as cost-sharing reductions if you enrolled into a silver-level qualified health plan, both effective March 1, 2018.

Also on February 9, 2018, NYSOH issued a plan enrollment notice confirming your enrollment in a silver-level qualified health plan, effective February 1, 2018, with the maximum amount of APTC applied to your monthly premium, effective March 1, 2018.

On March 13, 2018, you spoke to NYSOH's Account Review Unit and appealed that eligibility determination notice insofar as you were not found eligible for APTC in the month of February 2018.

On May 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 that you are only appealing your eligibility for the month of February 2018.
- 2) You testified, and your NYSOH account indicates, that you applied for health insurance for the 2018 coverage year over the phone on January 2, 2018.
- 3) You testified, and your NYSOH account indicates, that you were found eligible for up to \$381.00 in APTC and cost-sharing reductions, effective February 1, 2018.
- 4) You testified, and your NYSOH account indicates, that you were enrolled into a silver-level qualified health plan with the maximum amount of APTC applied to your monthly premium as of February 1, 2018.
- 5) Your NYSOH account indicates that, on January 16, 2018, a non-financial application was submitted on your behalf by username [REDACTED]

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- 6) You testified that you do not know who this username belongs to and that this username does not belong to you.
- 7) You testified that you did not access your NYSOH account on January 16, 2018 nor did you ask that anyone access your NYSOH account on your behalf.
- 8) Your NYSOH account indicates that you did not contact NYSOH on January 16, 2018.
- 9) You testified that you received a bill from your qualified health plan stating that you owed them more money for your February 2018 premium payment and you were confused as to why your APTC was not being applied, so you contacted NYSOH.
- 10) You testified that a NYSOH representative informed you that an application counselor accessed your account on January 16, 2018 and submitted a non-financial application, which caused you to lose your APTC for the month of February 2018.
- 11) You testified that you worked with an application counselor in the past when you were found eligible for Medicaid, but that you have not worked with an application counselor this year.
- 12) You testified that you did not contact nor did you give authorization for the application counselor to submit a non-financial application on your NYSOH account.
- 13) Your NYSOH account indicates that you have never submitted a non-financial application in the past and that the only time a non-financial application was submitted through your NYSOH account was on January 16, 2018, by an unknown person.
- 14) You testified that you would like to have your APTC applied for the month of February 2018, because you did not make any changes to your NYSOH account after enrolling into coverage on January 8, 2018.

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

Applicable Law and Regulations

Advance Payments of 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), 26 CFR § 1.36B-2, 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

Cost-Sharing Reductions

Cost-sharing reductions are available to a person who (1) is eligible to enroll in a qualified health plan 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 qualified health plan (45 CFR § 155.300(a), 45 CFR § 155.305(g)(1)).

Legal Analysis

The issue under review is whether NYSOH properly determine that you were eligible for a full pay qualified health plan and ineligible for APTC, effective February 1, 2018.

Your NYSOH account indicates that on January 16, 2018, a non-financial application was submitted on your behalf. Subsequently, on January 17, 2018, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a qualified health plan at full cost through NYSOH, effective March 1, 2018. NYSOH also issued a plan enrollment notice, dated January 17, 2018, confirming your enrollment in a qualified health plan with no APTC applied to your monthly premium, effective February 1, 2018.

Generally, an individual requesting financial assistance to help pay for the cost of coverage provided through NYSOH is required to attest to his or her household's projected annual income, and must submit a financial application to NYSOH.

However, your NYSOH account indicates that the non-financial application submitted on January 16, 2018 was completed by username '██████████'. You testified that this is not your username and that you are not aware of who this user name belongs to. You further testified that you were informed by NYSOH that an application counselor accessed your account on January 16, 2018, which

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caused you to lose your APTC for February 2018. You also testified that you did not access your NYSOH account on January 16, 2018, nor did you authorize anyone to access your NYSOH account. It is further noted that you have never submitted a non-financial application in the past and that the only time a non-financial application was submitted through your NYSOH account was on January 16, 2018.

Based on the credible evidence of record, it is reasonable to infer that you were not aware of the update made to your NYSOH account on January 16, 2018 and, had you been aware, you would not have authorized a non-financial application to be submitted through your NYSOH account that day. As a result, it is concluded that the application that was submitted on January 16, 2018 was done so in error.

Therefore, the January 17, 2018 eligibility determination and plan enrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to enroll you in your qualified health plan with \$381.00 in APTC applied to your monthly premium for the month of February 2018, and to notify you accordingly.

Decision

The January 17, 2018 eligibility determination and plan enrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to enroll you in your qualified health plan with \$381.00 in APTC applied to your monthly premium for the month of February 2018, and to notify you accordingly.

This Decision has no effect on any subsequent eligibility determination or plan enrollment notices issued by NYSOH.

Effective Date of this Decision: May 11, 2018

How this Decision Affects Your Eligibility

You should have remained eligible for APTC and cost-sharing reductions for the month of February 2018.

Your case is being sent back to NYSOH to reenroll you in your qualified health plan with \$381.00 in APTC applied to your monthly premium for the month of February 2018.

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NYSOH will notify you once this change has been made effective.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the 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.

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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 January 17, 2018 eligibility determination and plan enrollment notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to enroll you in your qualified health plan with \$381.00 in APTC applied to your monthly premium for the month of February 2018, and to notify you accordingly.

This Decision has no effect on any subsequent eligibility determination or plan enrollment notices issued by NYSOH.

You should have remained eligible for APTC and cost-sharing reductions for the month of February 2018.

Your case is being sent back to NYSOH to reenroll you in your qualified health plan with \$381.00 in APTC applied to your monthly premium for the month of February 2018.

NYSOH will notify you once this change has been made effective.

Legal Authority

We are sending you this notice 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 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 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. yeb&tumi ama wo obi a okyer& 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.