



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

Notice of Decision

Decision Date: March 29, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027083

[REDACTED]

Dear [REDACTED]

On March 14, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 27, 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: March 29, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027083

[REDACTED]

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 would receive only \$308.00 per month in advance payments of the premium tax credit (APTC) for January 2018?

Procedural History

On December 14, 2017, you applied to NYSOH for financial assistance with health insurance.

On December 15, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to receive, for a limited time, up to \$773.00 per month in APTC and, if you selected a silver-level qualified health plan, cost-sharing reductions (CSR). This eligibility was effective January 1, 2018. The notice directed you to provide proof of income by March 14, 2018.

Also on December 15, 2017, NYSOH issued a letter confirming you and your spouse's enrollment in a qualified health plan with a monthly premium responsibility of \$274.92, after your APTC of \$773.00 was applied, both effective January 1, 2018.

On December 21, 2017 you uploaded a copy of your 2016 tax return to your NYSOH account. On that date, your tax return was deemed valid proof of income and you and your spouse's eligibility for financial assistance was redetermined.

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On December 27, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to receive up to \$308.00 per month in APTC, effective February 1, 2018.

Also on December 27, 2017, NYSOH issued a letter confirming you and your spouse's enrollment in a qualified health plan with a monthly premium responsibility of \$739.92, after APTC of \$308.00 was applied. However, the application of the change in APTC went into effect January 1, 2018.

On January 3, 2018, you updated your NYSOH account attesting to a household income of \$50,000.00.

On January 4, 2018, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to receive, on a limited basis, up to \$773.00 per month in APTC and, if you selected a silver-level qualified health plan, for CSR. This eligibility was effective February 1, 2018. The notice directed you to provide proof of income by April 3, 2018.

Also on January 4, 2018, NYSOH issued a letter confirming you and your spouse's enrollment in a qualified health plan with a monthly premium responsibility of \$274.92, after your APTC of \$773.00 was applied, effective February 1, 2018.

On January 10, 2018, you updated your NYSOH application.

On January 11, 2018, you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation notice insofar as you and your spouse only received \$308.00 in APTC for January 2018.

Also on January 11, 2018, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to receive, on a limited basis, up to \$773.00 per month in APTC. The notice also stated that your children were eligible for Child Health Plus for a limited time with a monthly premium of \$9.00 each. The eligibility was effective February 1, 2018. The notice directed you to provide proof of income for you and your spouse by April 3, 2018. The notice also directed you to provide proof of income for your children by March 11, 2018.

On January 19, 2018, NYSOH issued a letter confirming your children's enrollment in Child Health Plus, with a monthly premium of \$9.00 each, effective February 1, 2018.

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) You applied to NYSOH for financial assistance on December 14, 2017.
- 2) You and your spouse were determined eligible for APTC, for a limited time, in the amount of \$773.00 per month, effective January 1, 2018. You and your spouse subsequently enrolled in a qualified health plan.
- 3) On December 21, 2017 you uploaded your 2016 tax return to your NYSOH account. It was verified on that date.
- 4) Based on your 2016 tax return your household income was redetermined to be \$92,110.00.
- 5) You and your spouse were redetermined eligible for APTC, in the amount of \$308.00 per month, effective February 1, 2018. However, NYSOH issued an enrollment notice that effected the change in APTC as of January 1, 2018.
- 6) On January 3, 2018, you updated your NYSOH account, again, attesting to a household income of \$50,000.00.
- 7) You and your spouse were redetermined eligible for APTC, on a limited basis, in the amount of \$773.00 per month. You and your spouse subsequently enrolled in a plan, effective February 1, 2018. You were directed to provide proof of income by April 3, 2018.
- 8) You testified that you did not want to pay the higher premium amount for January 2018.

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 of APTC eligibility, 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 §

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155.310(f), 45 CFR § 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.*).

Redetermination of APTC During a Benefit Year

When an eligibility redetermination results in a change in the amount of APTC for the benefit year, NYSOH must also recalculate the amount of APTC in such a manner as to account for any advance payments already made on behalf of the tax filer, such that the recalculated advance payment amount is projected to result in total advance payments for the benefit year that correspond to the tax filer's total projected premium tax credit for that benefit year (45 CFR § 155.330(g)).

Legal Analysis

The only issue under review is whether NYSOH properly determined that you and your spouse received only \$308.00 in APTC for January 2018.

The record shows that on December 26, 2017, the information in your NYSOH account was updated based on your submission of a copy of your 2016 tax return. On December 27, 2017, NYSOH determined you and your spouse's eligibility for APTC was decreased to \$308.00 per month, effective February 1, 2018.

However, NYSOH issued an enrollment confirmation notice stating that the change in APTC to \$308.00 would begin January 1, 2018.

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 § 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.*).

As such, when you and your spouse's information changed on December 26, 2017, resulting in a decrease in your eligibility for APTC, NYSOH incorrectly applied the change on the first day of the next month; that is on January 1, 2018. Since the redetermination went into effect after the 15th of the month, the redetermination should have become effective the first day of the second following month; that is February 1, 2018, as noted in the December 27, 2017 eligibility determination notice.

Therefore, NYSOH's December 27, 2017 enrollment confirmation notice is MODIFIED to reflect that you and your spouse should have received \$773.00 in APTC for January 2018.

Your case is being RETURNED to NYSOH to effectuate that you and your spouse receive \$773.00 in APTC for January 2018.

Decision

The December 27, 2017 enrollment confirmation notice is MODIFIED to reflect that you and your spouse should have received \$773.00 in APTC for January 2018.

Your case is being RETURNED to NYSOH to effectuate that you and your spouse receive \$773.00 in APTC for January 2018.

Effective Date of this Decision: March 29, 2018

How this Decision Affects Your Eligibility

Your case is being RETURNED to NYSOH to effectuate that you and your spouse receive \$773.00 in APTC for January 2018.

You and your spouse's enrollment in your qualified health plan, and your eligibility for APTC in the amount of \$773.00 should have been effective January 1, 2018.

PLEASE NOTE: Any APTC you receive for 2018 must be reconciled on your 2018 federal income tax return. Be advised that enrollees who take more tax credit in advance than they eventually claim on their tax return for that year will owe the difference as additional income tax.

Please also be advised that, pursuant to the January 11, 2018 eligibility determination notice, your eligibility for APTC is still time-limited and you must still provide proof to support your claim of an annual household income of \$50,000.00 for 2018. You must provide proof of household income for your children by March 11, 2018 and by April 3, 2018 to provide proof of household income for you and your spouse.

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 December 27, 2017 enrollment confirmation notice is MODIFIED to reflect that you and your spouse should have received \$773.00 in APTC for January 2018.

Your case is being RETURNED to NYSOH to effectuate that you and your spouse receive \$773.00 in APTC for January 2018.

You and your spouse's enrollment in your qualified health plan, and your eligibility for APTC in the amount of \$773.00 should have been effective January 1, 2018.

PLEASE NOTE: Any APTC you receive for 2018 must be reconciled on your 2018 federal income tax return. Be advised that enrollees who take more tax credit in advance than they eventually claim on their tax return for that year will owe the difference as additional income tax.

Please also be advised that, pursuant to the January 11, 2018 eligibility determination notice, your eligibility for APTC is still time-limited and you must still provide proof to support your claim of an annual household income of \$50,000.00 for 2018. You must provide proof of household income for your children by March 11, 2018 and by April 3, 2018 to provide proof of household income for you and your spouse.

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 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.

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