



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

## Notice of Decision

Decision Date: April 28, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013006

[REDACTED]

Dear [REDACTED]

On April 7, 2017, you, your spouse, and authorized representative appeared by telephone at a hearing on your appeal of NY State of Health's September 18, 2016 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 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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## Decision

Decision Date: April 28, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013006



## 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 payments of the premium tax credit (APTC) effective October 1, 2016?

## Procedural History

On January 15, 2016, NYSOH issued a notice of eligibility determination stating that you and your spouse were conditionally eligible to receive up to \$631.00 per month in APTC, effective February 1, 2016. The notice further directed you to provide documentation confirming your household's income before April 13, 2016.

Also on January 15, 2016, NYSOH issued an enrollment notice confirming that as of January 14, 2016, you and your spouse were enrolled in a qualified health plan (QHP), with a monthly premium of \$319.22, with an enrollment start date of January 1, 2016.

On April 13, 2016, you uploaded additional income documentation to your NYSOH account [REDACTED]

On April 18, 2016, NYSOH issued a notice stating that you were notified that additional information was required your eligibility. You had submitted documentation to resolve the inconsistency; however, the documentation appears to be insufficient to resolve the request.

On September 17, 2016, your NYSOH account was systematically updated.

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On September 18, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to purchase a QHP at full cost through NYSOH, effective as of November 1, 2016. The notice stated that you and your spouse were not eligible to receive APTC or cost-sharing reductions because NYSOH did not receive the income documentation needed to verify the income listed in your application.

Also on September 18, 2016, NYSOH issued an enrollment notice confirming that as of September 17, 2016, you and your spouse were enrolled in a QHP, with a monthly premium of \$950.22, with an enrollment start date of January 1, 2016.

On October 6, 2016, you updated your NYSOH account.

On October 7, 2016, NYSOH issued an enrollment notice confirming that as of October 6, 2016, you and your spouse were enrolled in a QHP, with a monthly premium of \$270.22, with an enrollment start date of January 1, 2016.

On October 10, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for up to \$680.00 per monthly of APTC and cost-sharing reductions for a limited time, effective November 1, 2016. The notice directed you to submit additional proof of income by January 4, 2017, to confirm your eligibility.

On November 1, 2016, you spoke to NYSOH's Account Review Unit and appealed the termination of your household's APTC for the month of October 2016.

On April 7, 2017, you, your spouse, and authorized representative, had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the hearing was closed at the end of the proceeding.

## **Findings of Fact**

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

- 1) Your spouse testified that you were aware that your and your spouse's eligibility was only conditional and that you needed to provide documentation of your household's income.
- 2) According to your January 14, 2016 application, you attested to an expected household income of \$43,366.19.
- 3) On April 13, 2016, you uploaded your and your spouse's signed 2015 Form 1040 U.S. Individual Income Tax Return to your account

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██████████ According to Line 37 of your tax return, your household's adjusted gross income was \$41,061.03.

- 4) On April 18, 2016, NYSOH issued a notice stating that the documentation submitted was not sufficient to resolve the request ██████████. The notice includes a list of acceptable income documentation which includes: "Most recent signed and filed taxes if representative of expected income."
- 5) Your spouse testified that you became aware of the discontinuance of your household's financial assistance when you received the monthly premium bill in October 2016. The bill stated that your household owed \$1,581.22 for the November 2016 premium.
- 6) You testified that you are seeking reinstatement of your APTC for October 2016 and want the \$631.00 tax credit to be applied to your health insurance premium.
- 7) According to the "Account Notes" in your NYSOH account, requests have been made by NYSOH to apply the \$631.00 of APTC toward your October 2016 health insurance premium.

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

## **Applicable Law and Regulations**

### Verification of Eligibility for 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)).

An applicant is required to attest to their household's projected annual income for purposes of determining their eligibility for APTC (45 CFR § 155.320(c)(3)(ii)(B)). For all individuals whose household income is needed, NYSOH must request tax return data from the Secretary of the Treasury and data regarding Social Security benefits from the Commissioner of Social Security in order to confirm that the information the applicant is attesting to is accurate (45 CFR § 155.320(c)(1)(i); 45 CFR § 155.320(c)(3)(ii)(A)).

If income data is unavailable, or if an applicant's attestation is not reasonably compatible with the income data NYSOH obtains, NYSOH must request additional information from the applicant in order to resolve the inconsistency (45 CFR § 155.320 (c)(3)(iii), (iv)).

NYSOH must provide the applicant with notice of the inconsistency in their account and 90 days to provide satisfactory documentary evidence to resolve the inconsistency (45 CFR § 155.315 (f)(2)). If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine the applicant's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation (45 CFR § 155.315(f)(2), (g)).

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)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your household's eligibility for APTC ended effective October 1, 2016.

An individual requesting financial assistance to help pay for the cost of coverage provided through NYSOH is required to attest to their household's projected annual income. For individuals seeking APTC, NYSOH must request income data from federal data sources in order to verify an individual's income attestation.

If NYSOH cannot verify an individual's attestation, it must provide the individual with notice of the inconsistency and provide a period of 90 days from the date notice is received to resolve the inconsistency.

In the eligibility determination issued on January 14, 2016, you were advised that your and your spouse's eligibility for APTC was only conditional, and that you needed to confirm your household's income before April 13, 2016.

On April 13, 2016, you uploaded your household's signed 2015 Form 1040 U.S. Individual Income Tax Return to your account (see [REDACTED]). On April 18, 2016, NYSOH issued a notice stating that the documentation submitted was not sufficient to resolve the request (see [REDACTED]). However, that notice states that the most recent signed and filed taxes, if representative of expected income, is acceptable documentation.

If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine an individual's eligibility based on the information available from the

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data sources unless the applicant demonstrates that they are unable to provide the required documentation.

The record reflects that sufficient income documentation was submitted to NYSOH by April 13, 2016. Therefore, NYSOH improperly redetermined your household's eligibility on September 17, 2016, and discontinued your financial assistance on October 1, 2016.

The September 19, 2016 eligibility determination notice, insofar as stating that you and your spouse were not eligible to receive APTC because NYSOH did not receive the income documentation needed to verify the income listed in your application, is RESCINDED.

The record reflects that NYSOH has made requests to have the \$631.00 of APTC applied toward your October 2016 health insurance premium. Your case is RETURNED to NYSOH to ensure that your APTC has been applied to your October 2016 health insurance premium.

## **Decision**

The September 19, 2016 eligibility determination notice, insofar as stating that you and your spouse were not eligible to receive APTC because NYSOH did not receive the income documentation needed to verify the income listed in your application, is RESCINDED.

Your case is RETURNED to NYSOH to ensure that your APTC has been applied to your October 2016 health insurance premium.

**Effective Date of this Decision:** April 28, 2017

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

NYSOH improperly found you and your spouse not eligible to receive APTC effective October 1, 2016 because you did not provide documentation of your household's income.

You and your spouse were eligible to receive \$631.00 of APTC applied toward your household's October 2016 health insurance premium.

## **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.

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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**

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The September 19, 2016 eligibility determination notice, insofar as stating that you and your spouse were not eligible to receive APTC because NYSOH did not receive the income documentation needed to verify the income listed in your application, is RESCINDED.

Your case is RETURNED to NYSOH to ensure that your APTC has been applied to your October 2016 health insurance premium.

NYSOH improperly found you and your spouse not eligible to receive APTC effective October 1, 2016 because you did not provide documentation of your household's income.

You and your spouse were eligible to receive \$631.00 of APTC applied toward your household's October 2016 health insurance premium.

### **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।

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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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