



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

### Notice of Decision

Decision Date: April 06, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013330

[REDACTED]

Dear [REDACTED]

On February 16, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 11, 2016 eligibility redetermination 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).

This page intentionally left blank.



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

### Decision

Decision Date: April 06, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013330

[REDACTED]

### Issues

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

Did NY State of Health (NYSOH) properly redetermine your eligibility on February 26, 2016, and find that you were not eligible to receive APTC in the month of March 2016?

Did NYSOH properly determine that your APTC would next be applied effective April 1, 2016?

### Procedural History

On December 9, 2015, NYSOH issued an eligibility determination notice, based on the information contained in your December 8, 2015 application, stating that you were conditionally eligible to receive APTC in the amount of \$215.00 per month, effective January 1, 2016. That notice stated your conditionally eligibility related to your attested household income and that you must provide proof of income before March 7, 2016 to confirm your eligibility.

On December 10, 2015, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a platinum level qualified health plan (QHP) with a monthly premium of \$346.00 after your APTC of \$215.00 was applied, effective January 1, 2016.

On February 16, 2016, you uploaded your proof of income, which was validated by NYSOH on February 25, 2016 (see Documents [REDACTED],

[REDACTED], [REDACTED], and [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).

On February 26, 2016, NYSOH issued an eligibility redetermination notice, based on the information contained in your NYSOH account as of February 25, 2016, stating that you were newly eligible to purchase a QHP at full cost, effective April 1, 2016, and qualified to select a health plan outside the open enrollment period for 2016. The reason stated for your new eligibility was because the income in your application is over \$47,080.00, which is above the allowable income limits to qualify for Medicaid, Child Health Plus, the Essential Plan or to receive APTC to help pay for the cost of coverage.

Also on February 26, 2016, NYSOH issued an enrollment confirmation notice stating that you were enrolled in your platinum-level QHP with a full cost monthly premium of \$561.00, effective January 1, 2016.

On March 1, 2016, NYSOH issued an eligibility redetermination notice based on the information contained in the February 29, 2016 application, stating that you were conditionally eligible to receive APTC in the amount of \$215.00 per month, effective April 1, 2016. That notice stated you must provide proof of income before May 29, 2016 to confirm your eligibility.

Also on March 1, 2016, NYSOH issued an enrollment confirmation notice stating that you were enrolled in your platinum-level QHP with a full cost monthly premium of \$561.00, effective January 1, 2016.

On March 2, 2016, you uploaded additional proof of income, which was validated by NYSOH on March 10, 2016 (see Documents [REDACTED], [REDACTED], [REDACTED], and [REDACTED]).

On March 3, 2016, NYSOH issued another eligibility redetermination notice, based on the information contained in the March 2, 2016 application, stating that you were conditionally eligible to receive APTC in the amount of \$215.00 per month, effective April 1, 2016. That notice stated you must provide proof of income before May 29, 2016 to confirm your eligibility.

Also on March 3, 2016, NYSOH issued an enrollment confirmation notice stating that you were enrolled in your platinum-level QHP with a monthly premium of \$346.00 after your APTC of \$215.00 was applied, effective April 1, 2016.

On March 11, 2016, NYSOH issued an eligibility redetermination notice, based on the information contained in the March 10, 2016 updated application, stating that you were eligible to receive APTC in the amount of \$215.00 per month, effective April 1, 2016.

On March 23, 2016, you called NYSOH Account Review Unit and requested that your APTC be reinstated for the month of March 2016. On March 26, 2016 NYSOH filed an incident on your behalf to review your request.

On November 17, 2016, you contacted NYSOH's Account Review Unit and formally requested an appeal to reinstate your APTC for the month of March 2016, as the incident had been closed as a health plan billing issue.

On February 16, 2017, 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 expect to file your 2016 taxes with a tax filing status of single. You will claim no dependents on that tax return.
- 2) The application that was submitted on December 8, 2015 listed annual household income of \$25,876.11, consisting of \$25,876.11 in earnings from your employment. You testified that this was correct.
- 3) On February 16, 2016, you submitted documentation that your year-to-date income as of 12/11/15 was \$9,781.36 from your first employer, your year-to-date income from your second employer was \$7,494.62, and your unemployment benefits were \$8,600.00 for 2016. These earnings and benefits total \$25,875.98 (see Documents [REDACTED], [REDACTED], [REDACTED], and [REDACTED]).
- 4) On February 26, 2016, NYSOH redetermined your eligibility based on the proof of income you submitted on February 16, 2016 and increased your income from \$25,876.11 to \$51,730.66. As a result, you were found ineligible for financial assistance because your income was "over \$47,080.00."
- 5) You updated your account on February 29, 2016 and were found conditionally eligible for APTC, effective April 1, 2016. This resulted in a gap in financial assistance for the month of March 2016.
- 6) On March 2, 2016, you submitted additional proof of income, which was verified by NYSOH on March 10, 2016, and you were found fully eligible for APTC.

- 7) You testified that, when you spoke to the health plan, they stated you were initially credited APTC for March 2016, but then it was rescinded. This left you with a balance due to the health plan.
- 8) Your application states that you will not be taking any deductions on your 2016 tax return.
- 9) Your application states that you live in [REDACTED] [REDACTED] New York.
- 10) You testified that you want your APTC to be applied to March 2016, because the health plan never reimbursed you for the full premium for that month.

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 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 projected eligibility determination for the following 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 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.

### Redetermination During a Benefit Year

When an eligibility redetermination results in a change in the amount of APTC (APTC) for the benefit year, NYSOH must recalculate the amount of APTC in such a manner as to account for any advance payments already made (or not

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 the benefit year (45 CFR § 155.330(g)).

### End of Tax Year Reconciliation

At the end of a tax year, a person who elects to take the 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**

Initially, it is noted that you were found eligible to receive up to \$215.00 per month in APTC as of January 1, 2016, based on your December 8, 2015 application. The January 1, 2016 start date and amount of APTC are not in dispute.

The issue under review is whether NY State of Health properly redetermined that you were no longer eligible for APTC as of March 1, 2016, as stated in the February 26, 2016 eligibility redetermination notice.

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 eligibility. If an individual does not respond to this notice, NYSOH must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On December 9, 2015, NYSOH issued an eligibility determination notice based on the information contained in the December 8, 2015 application, stating that you were conditionally eligible to receive APTC in the amount of \$215.00 per month, effective January 1, 2016. That notice stated you must provide proof of income before March 7, 2016 to confirm your eligibility.

The record reflects that, on February 16, 2016, you submitted proof of income, which was validated by NYSOH on February 25, 2017. However, on February 26, 2016, NYSOH redetermined your eligibility based on the amount it recalculated your annual income to be, which amount was an increase of your attested income of \$25,876.11 to \$51,730.66. This increase in income put you at

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).

439.51% of the applicable FPL of \$11,770.00 for a one-person household and resulted in you begin redetermined ineligible for APTC as of March 1, 2016, as stated in the February 26, 2016 eligibility redetermination notice.

However, upon review of your income documentation that you submitted on February 16, 2016, your income totals \$25,875.98 for 2016. It is unclear how NYSOH recalculated your annual income to be \$51,730.66, and the record is devoid of any explanation. Nonetheless, on March 10, 2016, you were redetermined to be fully eligible for APTC in an amount of up to \$215.00 per month, effective April 1, 2016, based on an annual household income of \$25,875.98 for a one-person household, as stated in the March 11, 2016 eligibility redetermination notice. This correction rectified the amount of APTC to which you were entitled, but did not resolve the gap in your eligibility for APTC for the month of March 2016.

Since NYSOH incorrectly increased your income, which resulted in you being redetermined ineligible for financial assistance, it is reasonable to conclude that NYSOH erred in terminating your APTC effective March 1, 2016. Therefore, the February 26, 2016 eligibility redetermination and enrollment notices were based on incorrectly calculated income by NYSOH and you were improperly redetermined ineligible for APTC for the month of March 2016.

However, because it is past the end of the 2016 policy year, no further action by NYSOH is required as of this Decision. Instead, at the end of a tax year, a person who elects to take the 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, which may also result in a tax credit or reduction in tax liability if the full amount of APTC to which a person is entitled is not taken throughout the year, as in your case. Conversely, if a person received more APTC than their maximum entitlement, based on gross income, they might owe the excess as an additional income tax liability. The amount of APTC to which you were entitled can be reconciled at the time you file your 2016 federal tax return.

## **Decision**

The February 26, 2016 eligibility redetermination and enrollment confirmation notices were based on incorrectly calculated income by NYSOH.

Although you were improperly redetermined ineligible for APTC for the month of March 2016 and because of the passage of time, your APTC for the month of March 2016 will be reconciled when you file your federal income tax return for 2016.

**Effective Date of this Decision:** April 06, 2017

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

This decision does not change your eligibility for APTC.

The amount of APTC to which you should have been entitled to receive in March 2016 will be reconciled when you file your federal income tax return for 2016.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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, APTCs, and cost-sharing reductions may be appealed to the U.S. Department of Health and Human Services. 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 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

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).

- By fax: 1-855-900-5557

## **Summary**

The February 26, 2016 eligibility redetermination and enrollment confirmation notices were based on incorrectly calculated income by NYSOH.

Although you were improperly redetermined ineligible for APTC for the month of March 2016 and because of the passage of time, your APTC for the month of March 2016 will be reconciled when you file your federal income tax return for 2016.

This decision does not change your eligibility for APTC.

The amount of APTC to which you should have been entitled to receive in March 2016 will be reconciled when you file your federal income tax return for 2016.

## **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 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).

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).