



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

Notice of Decision

Decision Date: March 01, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013447

[REDACTED]

Dear [REDACTED],

On February 24, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 22, 2016 eligibility determination.

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

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).

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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Issues

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

Did NY State of Health (NYSOH) properly determine you were eligible to receive up to \$192.00 per month in advance payments of the premium tax credit (APTC), effective January 1, 2017?

Did NYSOH properly determine that you were eligible for cost-sharing reductions?

Did NYSOH properly determine that you were not eligible for the Essential Plan?

Procedural History

On November 21, 2016, you updated your application for financial assistance. That day, a preliminary eligibility determination was prepared stating that you were eligible to receive up to \$192.00 in APTC, and eligible to receive cost-sharing reductions if you enrolled in a silver level qualified health plan (QHP), effective January 1, 2017.

Also on November 22, 2016, you spoke to NYSOH's Account Review Unit and appealed the preliminary eligibility determination, insofar as you were not eligible for coverage in the Essential Plan. You also requested Aid to Continue pending the outcome of your appeal.

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On November 22, 2016, NYSOH issued a notice of eligibility determination, based on the November 21, 2016 application, stating that you were eligible to receive up to \$192.00 in APTC, and eligible to receive cost-sharing reductions if you enrolled in a silver level QHP, effective January 1, 2017. That notice also stated that you were not eligible for the Essential Plan because your income was over the allowable income limit for that program.

On December 2, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan for a limited time, effective January 1, 2017, because you had been granted Aid to Continue pending the outcome of your appeal. You were subsequently re-enrolled into your Essential Plan coverage, effective January 1, 2017.

On February 24, 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 2017 taxes with a tax filing status of single. You will claim one dependent on that tax return.
- 2) Your NYSOH account reflects that you live with your two minor children.
- 3) You testified that you and the children's father each claim one child as a dependent, but that they both live with you.
- 4) You are seeking insurance for yourself only.
- 5) The application that was submitted on November 21, 2016 listed annual household income of \$34,840.00, consisting of money you earn from your employment. You testified that this amount was correct.
- 6) Your application states that you will not be taking any deductions on your 2017 tax return, and you confirmed this in your testimony.
- 7) Your application states that you live in ██████ County.
- 8) You testified that you filed this appeal because you do not understand why you were eligible for the Essential Plan in 2016, but are not eligible in 2017, when your income was generally the same.

9) Your NYSOH account reflects that the expected annual income listed in the November 24, 2015 application was \$31,200.00. You were found eligible for the Essential Plan as of January 1, 2016 based on that income, with a household of two.

10) NYSOH's system indicates that the income you attested to in your November 24, 2015 application was 195.86% of the federal poverty level for your household size.

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 QHP 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 QHP, 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)).

The maximum amount of APTC that can be authorized equals:

- 1) the cost of the health insurance premium for the taxpayer's coverage family in the second lowest cost silver plan offered through NY State of Health in the county where the taxpayer resides

minus

- 2) the taxpayer's expected contribution amount

(see 26 USC § 36B, 26 CFR § 1.36B-3).

The taxpayer's expected contribution amount is the amount that the taxpayer is expected to spend on health insurance premiums. The expected contribution for 2017 is set by federal law at 2.04% to 9.69% of household income (26 USC § 36B(b)(3)(A), 26 CFR § 1.36B-3T(g)(1), IRS Rev. Proc.2016-24).

In an analysis of APTC eligibility, the determination is based on the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested (45 CFR §§ 155.300(a), 155.305(f)(1)(i)). On the date of your

application, that was the 2016 FPL, which is \$16,020.00 for a two-person household (81 Fed. Reg. 4036.).

For annual household income in the range of at least 200% but less than 250% of the 2016 FPL, the expected contribution is between 6.43% and 8.21% of the household income (26 CFR § 1.36B-3T(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc.2016-24).

People who use the APTC to help pay health insurance premiums must file a federal tax return and reconcile their expected income (stated on NYSOH application) with their actual income (stated on their federal income tax return). Those who take less tax credit in advance than they claim on the tax return may get the rest of it as an income tax refund or have their tax bill reduced. Those who take more tax credit in advance than they can claim on their tax return will owe the difference as additional income taxes (26 CFR § 1.36B-4).

Cost-Sharing Reductions

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

Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

In an analysis of Essential Plan eligibility, the determination is based on the FPL in effect on the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). On the date of your application, that was the 2016 FPL, which is \$16,020.00 for a two-person household (81 Fed. Reg. 4036.).

A person who has a household income that is at or below 150% of the FPL has a \$0.00 premium contribution (New York's Basic Health Plan Blueprint, p. 21, as

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approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

A person who has a household income greater than 150% of the FPL or below 200% of the FPL has a \$20.00 per month premium contribution (New York's Basic Health Plan Blueprint, as approved January 2016).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you were eligible for an APTC of up to \$192.00 per month.

The application that was submitted on November 21, 2016 listed an annual household income of \$34,840.00 and the eligibility determination relied upon that information. You confirmed during the hearing that this amount was correct.

You are in a two-person household. You expect to file your 2017 income taxes as single, and will claim one dependent on that tax return.

You reside in █████ County, where the second lowest cost silver plan available for an individual through NYSOH costs \$396.98 per month.

An annual income of \$34,840.00 is 217.48% of the 2016 FPL for a two-person household. At 217.48% of the FPL, the expected contribution to the cost of the health insurance premium is 7.05% of income, or \$204.69 per month.

The maximum amount of APTC that can be approved equals the cost of the second lowest cost silver plan available through NYSOH for an individual in your county (\$396.98 per month) minus your expected contribution (\$204.69 per month), which equals \$192.29 per month. Therefore, rounding to the nearest dollar, NYSOH correctly determined you to be eligible for up to \$192.00 per month in APTC.

The second issue under review is whether you were properly found eligible for cost-sharing reductions. Cost-sharing reductions are available to a person who has a household income no greater than 250% of the FPL. Since a household income of \$34,840.00 is 217.48% of the applicable FPL, NYSOH correctly found you to be eligible for cost sharing reductions.

The third issue under review is whether NYSOH properly determined that you were not eligible for the Essential Plan as of your November 22, 2016 application.

The Essential Plan is provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income

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that is between 138% and 200% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$16,020.00 for a three-person household. Since an annual household income of \$34,840 is 217.48% of the 2016 FPL, NYSOH properly found you to be ineligible for the Essential Plan as of your November 22, 2016 application.

You testified that you do not understand why you were eligible for the Essential Plan in 2016, and are not eligible in 2017. The record reflects that your 2016 eligibility was based on an expected annual income of \$31,200.00, which you attested to in your November 24, 2015 application. That amount of income was equivalent to 195.86% of the 2015 FPL, based on a household of two. Since that income was less than 200% of the FPL, you were eligible for the Essential Plan as of January 1, 2016. Though the income you attested to this year is only \$3,640.00 more than your 2016 income, it nevertheless put your household income over 200% for the FPL, which resulted in the determination that you were not eligible for the Essential Plan as of January 1, 2017.

Since the November 22, 2016 eligibility determination properly stated that, based on the information you provided, you were eligible for up to \$192.00 per month in APTC, eligible for cost-sharing reductions, and ineligible for the Essential Plan, it is correct and is AFFIRMED.

Decision

The November 22, 2016 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: March 01, 2017

How this Decision Affects Your Eligibility

You remain eligible for up to \$192.00 in APTC.

You are eligible for cost-sharing reductions.

You are ineligible for the Essential Plan.

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.

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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 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:
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The November 22, 2016 eligibility determination notice is AFFIRMED.

You remain eligible for up to \$192.00 in APTC.

You are eligible for cost-sharing reductions.

You are ineligible for the Essential Plan.

Legal Authority

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A Copy of this Decision Has Been Provided To:

