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

Notice of Decision

Decision Date: April 25, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000013850

[redacted]

Dear [redacted]

On March 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 3, 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 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: April 25, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000013850

[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 were eligible to purchase a qualified health plan at full cost through NYSOH and ineligible for advanced payments of the premium tax credit (APTC) or cost-sharing reductions, effective January 1, 2017?

Procedural History

On December 2, 2016, you updated your household's application for financial assistance with health insurance for 2017.

On December 3, 2016, NYSOH issued an eligibility determination stating that you and your spouse were eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2017. The notice stated that you and your spouse were not eligible to receive APTC or cost-sharing reductions because APTC was paid to your health insurance company to reduce your premium costs in a prior year and NYSOH could not ascertain if a federal tax return was filed for that year.

On December 6, 2016, you uploaded a letter to your NYSOH account and spoke to a representative from NYSOH Account Review Unit to request an appeal of this determination insofar as you and your spouse were found ineligible for APTC.

On December 14, 2016, NYSOH issued a notice of enrollment confirmation, based on your plan selection on December 13, 2016, stating that you and your spouse were enrolled in a qualified health plan at full cost with a plan enrollment start date of January 1, 2017.

On January 7, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for APTC and cost-sharing reductions for a limited time, as you had been granted aid to continue until a decision was made on your appeal, effective January 1, 2017.

Also on January 7, 2017, NYSOH issued a notice confirming your and your spouse's enrollment in a qualified health plan with a monthly premium responsibility of $999.00 per month, after your APTC of $689.00 was applied, effective January 1, 2017.

On March 20, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, [redacted] your [redacted], acted as your authorized representative and assisted you with your testimony. The record was developed during the hearing and left open for thirty days to allow you time to submit supporting documentation, specifically, the Hearing Officer requested that you submit your IRS tax transcript for your 2015 tax return. No documentation was received within the allotted time. The record is now closed.

On March 28, 2017, NYSOH redetermined your and your spouse's eligibility for financial assistance with health insurance.

On April 1, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for APTC of up to $734.00 per month and cost-sharing reductions if you selected a silver level plan, effective May 1, 2017.

Also on April 1, 2017, NYSOH issued a notice confirming your and your spouse's enrollment in a qualified health plan with a monthly premium responsibility of $954.00 per month, after APTC of $734.00 was applied. The notice stated that your and your spouse's enrollment start date for your qualified health plan was January 1, 2017, and that your APTC would be applied to your monthly premium starting on January 1, 2017.

Findings of Fact

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

1) Your NYSOH account reflects that APTC was paid on your behalf in 2015.

2) Your [redacted] testified that you file your tax returns with a tax filing status of [redacted] and you claim no dependents.

3) Your spouse testified that your and your spouse's 2015 tax return was filed on October 3, 2016.

4) Your [redacted] further testified that you and your spouse were granted an extension to file your 2015 tax return, however, your spouse could not recall if the extension was granted until October 31, 2016 or November 15, 2016.

5) You have not submitted a copy of your IRS tax transcript for your 2015 tax return.

6) On March 28, 2017, your NYSOH account was updated by an NYSOH representative. You and your spouse were determined eligible for $734.00 in APTC. NYSOH backdated this eligibility to begin as of January 1, 2017.

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

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)).

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)).

People who use 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).

NYSOH may not determine a tax filer eligible for APTC if APTC was paid on the tax filer's behalf in a previous year, and a tax return was not filed for that previous year (45 CFR §155.305(f)(4)).

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)).

Cost-Sharing Reductions

Cost-sharing reductions (CSR) 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)).

Legal Analysis

The issue is whether NYSOH properly determined that you and your spouse were eligible to purchase a qualified health plan at full cost through NYSOH and ineligible for APTC or cost-sharing reductions, effective January 1, 2017.

On December 3, 2016, NYSOH issued a notice of eligibility determination, based on your December 2, 2016 application, stating that you and your spouse were eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2017. This was because APTC was paid to your health insurance company on your behalf in a prior year and NYSOH could not ascertain if a federal tax return was filed for that year or if your previous APTC had been reconciled for that prior year.

On December 6, 2016, you requested an appeal as you and your spouse had been found ineligible for APTC.

You then enrolled yourself and your spouse in a full cost qualified health plan with a start date of January 1, 2017.

According to your NYSOH account, on March 28, 2017, NYSOH redetermined your eligibility for financial assistance, and found you eligible for up to $734.00 per month in APTC as well as cost-sharing reductions if you and your spouse

enrolled into a silver level qualified health plan, with the APTC of $734.00 to be applied to your premiums as of January 1, 2017.

On April 1, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for up to $734.00 per month in APTC as well as cost-sharing reductions if you and your spouse selected a silver level qualified health plan, effective May 1, 2017.

Also on April 1, 2017, NYSOH issued an enrollment notice stating that your and your spouse's enrollment in your qualified health plan was effective January 1, 2017, and that your APTC of up to $734.00 per month would be applied to your monthly premium as of January 1, 2017.

Since NYSOH conceded that you and your spouse were eligible for APTC and cost-sharing reductions, and that your APTC of up to $734.00 per month would be applied to your monthly premium as of January 1, 2017, a discussion of the merits of your case is not necessary.

Therefore, the December 3, 2016 eligibility determination notice is MODIFIED to reflect that you and your spouse are eligible for up to $734.00 per month in APTC as well as cost-sharing reductions if you selected a silver level qualified health plan as of January 1, 2017, and the December 14, 2016 enrollment confirmation notice is MODIFIED to reflect that up to $734.00 per month in APTC is to be applied to your monthly premiums as of January 1, 2017.

Decision

The December 3, 2016 eligibility determination notice is MODIFIED to find you and your spouse eligible for up to $734.00 per month in APTC as well as cost-sharing reductions if you selected a silver level qualified health plan, effective January 1, 2017.

The December 14, 2016 enrollment confirmation notice is MODIFIED to reflect that up to $734.00 per month in APTC is to be applied to your monthly premiums as of January 1, 2017.

Effective Date of this Decision: April 25, 2017

How this Decision Affects Your Eligibility

You and your spouse are eligible for up to $734.00 per month in APTC and cost-sharing reductions as of January 1, 2017.

Your APTC of up to $734.00 per month is to be applied to your monthly premium as of January 1, 2017.

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

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 mail at:

  NY State of Health Appeals
  P.O. Box 11729
  Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The December 3, 2016 eligibility determination notice is MODIFIED to find you and your spouse eligible for up to $734.00 per month in APTC as well as cost-sharing reductions if you selected a silver level qualified health plan, effective January 1, 2017.

The December 14, 2016 enrollment confirmation notice is MODIFIED to reflect that up to $734.00 per month in APTC is to be applied to your monthly premiums as of January 1, 2017.

You and your spouse are eligible for up to $734.00 per month in APTC and cost-sharing reductions as of January 1, 2017.

Your APTC of up to $734.00 per month is to be applied to your monthly premium as of January 1, 2017.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

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).

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。我们可以为您免费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 महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई नि:शुल्क 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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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