



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

## Notice of Decision

Decision Date: May 26, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015326

[REDACTED]

Dear [REDACTED]

On May 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 29, 2017 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 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: May 26, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015326

[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 were ineligible for advance payments of the premium tax credit (APTC) effective March 1, 2017?

## Procedural History

According to your NYSOH account, effective January 1, 2015, you were enrolled in a silver-level health plan with a monthly premium of \$309.57 after APTC of \$73.00 was applied, also effective January 1, 2015.

On January 29, 2017, NYSOH issued an eligibility determination notice, based on your January 28, 2017 updated application, stating that you were newly eligible to purchase a qualified health plan at full cost, effective March 1, 2017. This notice further stated that you 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 was unable to tell if a federal tax return was filed for that year.

On January 30, 2017, you spoke to NYSOH's Account Review Unit and appealed the January 29, 2017 eligibility determination insofar as you were no longer eligible for financial assistance, effective March 1, 2017.

On May 8, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open to June 8, 2017, to allow you to submit supporting documents. On May 22, 2017, you submitted a copy of your IRS transcripts for 2015. This document was made part of the record as "Appellant's Exhibit A". The record is now closed.

## Findings of Fact

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

- 1) According to your testimony, and submitted documentation, you expect to file your taxes using a tax filing status of single, and will claim no dependents on your tax return.
- 2) According to your NYSOH account and your testimony, your annual household income is listed as \$28,401.00, consisting of your self-employment income. You testified you have no other source of income.
- 3) Your NYSOH account indicates that, on January 28, 2017, you renewed your application for financial assistance, and were found not eligible for APTC as of March 1, 2017. This was because APTC was paid to your health insurance company to reduce your premium costs in a prior year and NYSOH was unable to tell if a federal tax return had been filed for that year.
- 4) Your NYSOH account reflects that APTC in the amount of \$73.00 monthly in January 2015 through March 2015 was paid on your behalf in 2015, as stated in the Forms 1095-A for 2015 (see Documents [REDACTED] and [REDACTED]).
- 5) You testified that you are seeking reinstatement of your APTC.
- 6) You testified that your accountant filed an extension for your 2015 taxes before the tax filing deadline in April 2016.
- 7) On May 22, 2017, you submitted to NYSOH a copy of your 2015 IRS Transcript which reflects that the IRS received your 2015 income tax return on October 12, 2016 (see Appellant's Exhibit A, p. 1).
- 8) According to your NYSOH account and your testimony, you reside in Kings County, New York.

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

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## **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 200% 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 individual's 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 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 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)).

### Special Enrollment Periods

After each open enrollment period ends, NYSOH provides special enrollment periods to qualified individuals. During a special enrollment period, a qualified

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individual may enroll in a qualified health plan, and an enrollee may change their enrollment to another plan. This is generally permitted when the enrollee or enrollee's dependent is newly eligible or ineligible for advance payments of the premium tax credit, or change in eligibility for cost-sharing reductions (45 CFR § 155.420(d)(6)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that you were ineligible for APTC, effective March 1, 2017.

The record reflects that you were enrolled in a silver-level plan beginning January 1, 2015 and received \$73.00 per month in APTC through March 2015.

On January 29, 2017, NYSOH issued an eligibility determination notice, based on your January 28, 2017 application, stating that you were eligible to purchase a full cost qualified health plan through NYSOH, effective March 1, 2017, as NYSOH had received information that APTC had been paid on your behalf for a year in which you did not file a tax return.

This was because, also on January 28, 2017, NYSOH received information that you had not filed a tax return for 2015. However, this information was erroneous. Although the IRS Transcript you provided does not appear to reflect whether you filed a timely extension, you credibly testified that your accountant did so on your behalf before the tax filing deadline in April 2016. Additionally, you submitted documentation that reflects that the IRS received your 2015 income tax return on October 12, 2016, fifteen weeks before the January 29, 2016 eligibility determination notice was issued (see Appellant's Exhibit A, p. 1).

Since the January 29, 2017 eligibility determination and determination notice is not supported by the record, it must be RESCINDED.

Since the January 29, 2017 eligibility determination notice is no longer supported by the record as developed during and after the hearing, your case is RETURNED to NYSOH to rerun your application to ascertain your eligibility for financial assistance with health insurance as of January 28, 2017 for a one-person household with an expected annual income of \$28,104.00, for an individual living in Kings County.

By this Decision, your application is being returned to NYSOH to have your eligibility rerun for financial assistance, including APTC. If you are found eligible for APTC, which is considered a triggering life event, you are to be granted a special enrollment period of up to 60 days from that redetermination to choose a new health plan for yourself, or at your option, your financial assistance and health plan may be reinstated as of March 1, 2017.

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## **Decision**

The January 29, 2017, eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to rerun your application to ascertain your eligibility for financial assistance with health insurance as of January 28, 2017, using a one-person household with an expected annual income of \$28,104.00 for an individual living in Kings County, New York. NYSOH is directed to notify you of its redetermination.

If you are found eligible for APTC, which is considered a triggering life event, you are to be granted a special enrollment period of up to 60 days from NYSOH's redetermination to choose a new health plan for yourself or at your option, you may choose to have your financial assistance and health plan be REINSTATED as of March 1, 2017. If applicable, NYSOH is directed to assist you in doing so.

**Effective Date of this Decision:** May 26, 2017

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

Your case is being sent back to NYSOH to redetermine your eligibility for financial assistance with health insurance based on the household size and income information noted above. NYSOH will notify you once this has been completed.

If you are found eligible for APTC, you will have 60 days from NYSOH's redetermination to select a new health plan. If that is the case, NYSOH will assist you in choosing a new health plan going forward or, at your option, your eligibility for financial assistance and health plan enrollment may be reinstated effective March 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

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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

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## **Summary**

The January 29, 2017, eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to rerun your application to ascertain your eligibility for financial assistance with health insurance as of January 28, 2017 and to apply if effective March 1, 2017, using a one-person household with an expected annual income of \$28,104.00 for an individual living in Kings County, New York. NYSOH is directed to notify you of its redetermination.

If you are found eligible for APTC, which is considered a triggering life event, you are to be granted a special enrollment period of up to 60 days from NYSOH's redetermination to choose a new health plan for yourself or at your option, you may choose to have your financial assistance and health plan be REINSTATED as of March 1, 2017. If applicable, NYSOH is directed to assist you in doing so.

Your case is being sent back to NYSOH to redetermine your eligibility for financial assistance with health insurance based on the household size and income information noted above. NYSOH will notify you once this has been completed.

If you are found eligible for APTC, you will have 60 days from NYSOH's redetermination to select a new health plan. If that is the case, NYSOH will assist you in choosing a new health plan going forward or, at your option, your eligibility for financial assistance and health plan enrollment may be reinstated effective March 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:**



## **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 مجانًا.

### **বাংলা (Bengali)**

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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।

### **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 चाहन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोलने 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.

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**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.