



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

## Notice of Decision

Decision Date: June 07, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000016078

[REDACTED]

Dear [REDACTED],

On May 30, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 21, 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 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: June 07, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000016078

[REDACTED]

## 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 financial assistance effective April 1, 2017?

## Procedural History

On November 17, 2016, NYSOH issued an eligibility determination notice stating that you were conditionally eligible to receive up to \$277.00 per month in advance payments of premium tax credit (APTC) and cost-sharing reductions (CSR), effective January 1, 2017. The notice also directed you to provide documentation confirming your household's income before February 14, 2017.

Also on November 17, 2016, NYSOH issued a plan enrollment notice confirming that, as of November 16, 2016, you were enrolled in a qualified health plan (QHP), with an enrollment start date of January 1, 2017. The notice also directed you to provide documentation confirming your household's income before February 14, 2017.

On February 20, 2017, your NYSOH account was systemically updated.

On February 21, 2017, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a QHP at full cost, effective as of April 1, 2017. The reason stated was because NYSOH did not receive the income

documentation needed to verify the income listed in your application and the date to send in this information has passed. Without this information, NYSOH could not determine if you are eligible for help paying for health coverage.

Also on February 21, 2017, NYSOH issued a plan enrollment notice confirming that you were enrolled in a QHP with an enrollment start date of January 1, 2017.

On February 22, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as your financial assistance through NYSOH was being discontinued as of April 1, 2017.

On April 6, 2017, your NYSOH account was updated.

On April 7, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to \$277.00 per month in APTC and CSR, effective May 1, 2017.

On April 7, 2017, NYSOH issued an enrollment notice confirming that you were enrolled in a QHP with an enrollment start date of January 1, 2017.

On May 30, 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 proceeding.

## **Findings of Fact**

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

- 1) According to your NYSOH account and testimony, you receive all notices from NYSOH electronically.
- 2) You testified that you did receive an email in November 2016 stating that notices had been uploaded to your NYSOH account inbox. However, you were unable to locate the notices when you accessed your NYSOH account.
- 3) You testified that you did not contact NYSOH to assist you in locating the notices in your NYSOH account because you assumed the notices were only to confirm your enrollment.
- 4) You testified that on February 21, 2017, you accessed your Healthfirst online account to pay your health insurance premium and discovered that your premium had increased.

- 5) You testified that you contacted NYSOH on February 21, 2017, and were informed that your financial assistance was discontinued because income documentation had not been submitted to confirm your eligibility.
- 6) You testified that you are seeking reinstatement of your APTC.
- 7) You testified that you have not received financial assistance since February 2017, and owe approximately \$1,300.00 in health insurance premiums.
- 8) According to your NYSOH account, your financial assistance may have been retroactively terminated back to 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

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

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).

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)).

### Electronic Notices

Applicants may choose to receive notices and information from NYSOH by either electronic or regular mail. If the individual elects electronic communications, NYSOH must send an email or other electronic communication alerting the individual when a notice has been posted to his or her account and send a notice by regular mail within three business days if the electronic communication cannot be delivered (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4), (5)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your financial assistance ended effective April 1, 2017.

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 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.

The notices issued on November 17, 2016, advised you that your eligibility for financial assistance was only conditional, and that you needed to confirm your household's income before February 14, 2017.

The record reflects that NYSOH did not receive the requested income documentation before the February 14, 2017 deadline.

The record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You testified that you did receive an email in November 2016 stating that notices had been uploaded to your NYSOH account inbox.

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).

However, you were unable to locate the notices when you accessed your NYSOH account. Furthermore, you testified that you did not contact NYSOH to assist you in locating the notices in your NYSOH account because you assumed the notices were only to confirm your enrollment.

Therefore, it is concluded that NYSOH did provide you with proper notice that you needed to submit documentation of your income to confirm your eligibility for financial assistance.

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 data sources unless the applicant demonstrates that they are unable to provide the required documentation. Any changes in APTC are to be made effective the date following the eligibility redetermination notice.

Accordingly, your eligibility for APTC should have ended as of March 1, 2017, the month following the February 21, 2017, eligibility determination.

Therefore, the February 21, 2017, eligibility determination notice is MODIFIED to state that you were not eligible to receive APTC or CSR because NYSOH did not receive the income documentation needed to verify the income listed in your application, effective March 1, 2017.

You testified that you have not received financial assistance since February 2017, and owe approximately \$1,300.00 in health insurance premiums. Your NYSOH account reflects that your financial assistance may have been retroactively terminated back to January 1, 2017. NYSOH Appeals Unit does not have authority to hear issues involving qualified health plan billing and payments. Therefore, your case is RETURNED to NYSOH's Plan Management Unit to investigate whether or not your plan is correctly applying APTC and CSR for the months you should have been receiving financial assistance.

## **Decision**

The February 21, 2017, notice of eligibility determination is MODIFIED to state that you were not eligible to receive APTC or CSR because NYSOH did not receive the income documentation needed to verify the income listed in your application, effective March 1, 2017.

Your case is RETURNED to NYSOH's Plan Management Unit to investigate whether or not your plan is correctly applying APTC and CSR for the months you should have been receiving financial assistance.

**Effective Date of this Decision:** June 07, 2017

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

You were not eligible to receive APTC and CSR effective March 1, 2017, because you did not provide documentation of your income within the time period provided.

Your case has been returned to NYSOH's Plan Management to investigate whether APTC and CSR has been correctly applied to your health plan.

## **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 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 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**

The February 21, 2017, notice of eligibility determination is MODIFIED to state that you were not eligible to receive APTC or CSR because NYSOH did not receive the income documentation needed to verify the income listed in your application, effective March 1, 2017.

You were not eligible to receive APTC and CSR effective March 1, 2017, because you did not provide documentation of your income within the time period provided.

Your case has been returned to NYSOH's Plan Management Unit to investigate whether or not your plan is correctly applying APTC and CSR for the months you should have been receiving financial assistance.

## **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)

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).

000 00 000000000000 0000 000 00000 00000 000 000000000 00000000 00 00000,  
0000000 000 1-855-355-5777 000000 00 00000 0000 00 000000 000 0000  
0000000000 0000 000000 0000 000000 0000 000000

## **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&btumi 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.

## **שׂוּדִישׁ (Yiddish)**

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).

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).