



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

Notice of Decision

Decision Date: July 5, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016652

[REDACTED]

Dear [REDACTED],

On June 21, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 31, 2017 eligibility determination notice, January 31, 2017 enrollment confirmation notice, February 4, 2017 eligibility determination notice, and February 4, 2017 enrollment confirmation 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).

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DEPARTMENT OF HEALTH
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Albany, NY 12211

Decision

Decision Date: July 5, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016652



Issues

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

Did NY State of Health properly determine that you and your spouse were eligible to receive up to \$267.00 per month in advance payments of the premium tax credit, effective February 1, 2017?

Did NY State of Health properly determine that you and your spouse were eligible to receive up to \$357.00 per month in advance payments of the premium tax credit, effective March 1, 2017?

Procedural History

On November 16, 2016, you submitted an application for financial assistance.

On November 17, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you and your spouse were eligible to receive up to \$434.00 per month in advance payments of the premium tax credit (APTC) and eligible to receive cost-sharing reductions if you enrolled in a silver level qualified health plan, effective January 1, 2017.

Also on November 17, 2016, NYSOH issued a notice of enrollment confirmation 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 \$434.00 would be applied to your monthly premium effective January 1, 2017.

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On January 30, 2017, you submitted an updated application for financial assistance.

On January 31, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to receive up to \$267.00 per month in APTC, effective March 1, 2017. That notice also stated that you and your spouse were not eligible for cost-sharing reductions because your household income was over the allowable income limit for that program.

Also on January 31, 2017, NYSOH issued a notice of enrollment confirmation stating that you and your spouse's enrollment in your qualified health plan was effective January 1, 2017 and that your APTC of up to \$267.00 would be applied to your monthly premium effective February 1, 2017.

On February 3, 2017, you submitted an updated application for financial assistance.

On February 4, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to receive up to \$357.00 per month in APTC, effective March 1, 2017. That notice also stated that you and your spouse were not eligible for cost-sharing reductions because your household income was over the allowable income limit for that program.

Also on February 4, 2017, NYSOH issued a notice of enrollment confirmation stating that you and your spouse's enrollment in your qualified health plan was effective January 1, 2017 and that your APTC of up to \$357.00 would be applied to your monthly premium effective March 1, 2017.

On March 7, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your APTC of up to \$357.00 per month was effective March 1, 2017 and not January 1, 2017.

On June 21, 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 married filing jointly. You will claim two dependents on that tax return.
- 2) You are seeking insurance for yourself and your spouse.

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- 3) On January 30, 2017 user [REDACTED] updated the household income in your account to be \$68,800.00 and submitted an application.
- 4) You testified that you did not intend to submit an application on January 30, 2017, and that you had signed in to your on-line account in order to see how potential changes in your spouse's income would affect your and your spouse's eligibility for financial assistance.
- 5) You explained that your spouse works as an [REDACTED] and that therefore, [REDACTED] income is subject to change based on how many jobs [REDACTED] takes on. You further testified that your spouse also works a job where [REDACTED] sometimes receives bonuses, but that these bonuses are not guaranteed and the amounts of the bonuses vary.
- 6) On February 3, 2017, you contacted NYSOH and updated your household's application. That application listed annual household income of \$62,400.00. You testified that this amount was correct.
- 7) Your application states, and you testified, that you will not be taking any deductions on your 2017 tax return.
- 8) Your application states, and you confirmed, that you live in [REDACTED].

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

Advance payments of the premium tax credit (APTC) are generally available to a person who is eligible to enroll in a qualified health plan (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

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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 \$24,300.00 for a four-person household (81 Federal Register 4036).

For annual household income in the range of at least 250% but less than 300% of the 2016 FPL, the expected contribution is between 8.21% and 9.69% 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).

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)).

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

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).

The first issue is whether NYSOH properly determined that you and your spouse were eligible to receive up to \$267.00 per month in advance payments of the premium tax credit, effective February 1, 2017.

You and your spouse expect to file your 2017 tax return as married filing jointly and will claim two dependents on that tax return, therefore, you and your spouse are in a four-person household.

The application that was submitted on January 30, 2017 listed an annual household income of \$68,800.00 and the eligibility determination relied upon that information.

Although you testified that you did not intend to submit an application on January 30, 2017, user [REDACTED] is shown as having updated the income information in your application and submitting a completed application to NYSOH. Therefore, NYSOH properly issued an eligibility determination based on the updated income information as of January 30, 2017.

You and your spouse reside in [REDACTED], where the second lowest cost silver plan available for couple through NYSOH costs \$793.96 per month.

An annual income of \$68,800.00 is 283.13% of the 2016 FPL for a four-person household. At 283.13% of the FPL, the expected contribution to the cost of the health insurance premium is 9.19% of income, or \$526.93 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 a couple in your county (\$793.96 per month) minus your expected contribution (\$526.93 per month), which equals \$267.03 per month. Therefore, rounding to the nearest dollar, NYSOH correctly determined you and your spouse to be eligible for up to \$267.00 per month in APTC.

Any changes in APTC are to be made effective the date following the eligibility redetermination notice.

Since you updated your application on January 30, 2017, any changes in APTC should have been made effective as of February 1, 2017.

Therefore, NYSOH's January 31, 2017 eligibility determination is **AFFIRMED** insofar as it found you and your spouse eligible for up to \$267.00 per month in APTC and **MODIFIED** to state you and your spouse were eligible for up to \$267.00 per month in APTC effective February 1, 2017.

The January 31, 2017 enrollment confirmation notice stating that your and your spouse's APTC of up to \$267.00 per month would be applied to your monthly premium effective February 1, 2017 is AFFIRMED.

The second issue is whether NYSOH properly determined that you and your spouse were eligible to receive up to \$357.00 per month in advance payments of the premium tax credit, effective March 1, 2017.

The application that was submitted on February 3, 2017 listed an annual household income of \$62,400.00 and the eligibility determination relied upon that information.

An annual income of \$62,400.00 is 256.79% of the 2016 FPL for a four-person household. At 256.79% of the FPL, the expected contribution to the cost of the health insurance premium is 8.41% of income, or \$477.91 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 a couple in your county (\$793.96 per month) minus your expected contribution (\$437.37 per month), which equals \$356.59 per month. Therefore, rounding to the nearest dollar, NYSOH correctly determined you and your spouse to be eligible for up to \$357.00 per month in APTC.

Any changes in APTC are to be made effective the date following the eligibility redetermination notice.

Since you updated your application on February 3, 2017, any changes in APTC should have been made effective as of March 1, 2017.

Therefore, NYSOH's March 1, 2017 eligibility determination is AFFIRMED.

The February 4, 2017 enrollment confirmation notice stating that your and your spouse's APTC of up to \$357.00 per month would be applied to your monthly premium effective March 1, 2017 is AFFIRMED.

Decision

The January 31, 2017 eligibility determination notice is AFFIRMED insofar as it found you and your spouse eligible for up to \$267.00 per month in APTC and MODIFIED to state you and your spouse were eligible for up to \$267.00 per month in APTC effective February 1, 2017.

The January 31, 2017 enrollment confirmation notice is AFFIRMED.

The February 4, 2017 eligibility determination notice is AFFIRMED.

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).

The February 4, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: July 5, 2017

How this Decision Affects Your Eligibility

You and your spouse remain eligible for up to \$434.00 in APTC from January 1, 2017 through January 31, 2017.

You and your spouse remain eligible for up to \$267.00 in APTC from February 1, 2017 through February 28, 2017.

You and your spouse remain eligible for up to \$357.00 in APTC as of 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 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

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: 1-877-369-0129

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

Summary

The January 31, 2017 eligibility determination notice is AFFIRMED insofar as it found you and your spouse eligible for up to \$267.00 per month in APTC and MODIFIED to state you and your spouse were eligible for up to \$267.00 per month in APTC effective February 1, 2017.

The January 31, 2017 enrollment confirmation notice is AFFIRMED.

You and your spouse remain eligible for up to \$434.00 in APTC from January 1, 2017 through January 31, 2017.

You and your spouse remain eligible for up to \$267.00 in APTC from February 1, 2017 through February 28, 2017.

The February 4, 2017 eligibility determination notice is AFFIRMED.

The February 4, 2017 enrollment confirmation notice is AFFIRMED.

You and your spouse remain eligible for up to \$357.00 in APTC as of March 1, 2017.

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).

Legal Authority

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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).

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)

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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 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.

שׂוֹדֵשׁ (Yiddish)

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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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