



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

Notice of Decision

Decision Date: July 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016786

[REDACTED]

Dear [REDACTED],

On June 23, 2017, your spouse appeared on your behalf by telephone at a hearing on your appeal of NY State of Health's March 5, 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).

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NY State of Health Account ID: [REDACTED]
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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 properly determine that you and your spouse were eligible to receive up to \$646.00 per month in advance payments of the premium tax credit, effective April 1, 2017?

Did NY State of Health properly determine that you and your spouse were eligible for cost-sharing reductions?

Did NY State of Health properly determine that you and your spouse were ineligible for the Essential Plan?

Procedural History

On March 5, 2017, NY State of Health (NYSOH) issued an eligibility determination notice stating that you and your spouse were eligible to receive up to \$646.00 in advance payments of the premium tax credit (APTC) and cost-sharing reductions if you enrolled in a silver-level qualified health plan, effective April 1, 2017. That notice also stated that you and your spouse were not eligible for the Essential Plan because your income was over the allowable income limits for that programs.

Also on February 28, 2017, you spoke to NYSOH's Account Review Unit and appealed your financial assistance insofar as you and your spouse were no longer eligible for the Essential Plan.

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On March 11, 2017, NYSOH issued a notice of appeal which identified you and your spouse as the appellants and the issue on appeal as an eligibility determination.

On June 23, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit and your spouse appeared on your behalf. The record was developed during the hearing and held open to July 8, 2017, to allow you and/or your spouse to submit supporting documents.

On June 29, 2017, you submitted four monthly payment stubs from a single job, your 2016 income tax return and a 2016 profit and loss statement that included your 2017 six-month expense statement, which were made part of the record collectively as "Appellant's [REDACTED]." As of July 8, 2017, no further documentation was received and the record closed on that day.

Findings of Fact

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

- 1) Your spouse testified that you expect to file your 2017 taxes with a tax filing status of married filing jointly. Your adult child resides with you but your spouse testified that you will claim no dependents on your tax return.
- 2) Your spouse testified during the hearing that you are appealing your and your spouse's eligibility and NYSOH's appeal notice states the same.
- 3) During your spouse's closing statement, he testified that he wants insurance for your adult child, as well.
- 4) The application that was submitted on March 4, 2017, listed annual household income of \$39,541.00, consisting of \$30,221.00 you earn from your employment and \$9,320.00 your spouse earns from self-employment. Your spouse testified that this amount was correct.
- 5) Your application states that you and your spouse will not be taking any deductions on your 2017 tax return. Your spouse testified that he had business expenses that are deducted from your taxes.
- 6) On June 29, 2017, you submitted your 2016 income tax return which shows that, in 2016, you and your spouse had a modified adjusted gross household income of \$38,174.00. This includes \$30,783.00 you received in employment income and \$7,953.00 of your spouse's self-employment income calculated as follows:

2016 gross self-employment income: \$11,570.00

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Less business expense deductions: (\$ 3,617.00)
\$ 7,953.00

(see Appellant's [REDACTED]).

- 7) This documents shows that your spouse had two job contracts in 2016 (see Appellant's [REDACTED]).
- 8) On June 29, 2017, you also submitted four monthly payment stubs from a single job and a 2016 profit and loss statement that included your 2017 six-month expense statement. These documents show the breakdown of your 2016 gross income and business expenses. The expense statement for tax year 2017 does not include your gross income for 2017 (see Appellant's [REDACTED]).
- 9) Your spouse testified that he expects your modified adjusted gross income for 2017 to be the same as your modified adjusted gross income for 2016.
- 10) According to your NYSOH account and your testimony, you and your spouse live in [REDACTED] New York.

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

Applicable Law and Regulations

Household Composition

For purposes of advance premium tax credit (APTC) and cost-sharing reductions (CSR), the household size equals the number of individuals for whom the taxpayer is allowed a deduction under 26 USC § 151 for the taxable year, which typically includes: (1) the taxpayer, (2) his or her spouse, and (3) any claimed dependents (26 USC § 36B(d)(1)).

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

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 Federal Register 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 (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)).

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).

The Essential Plan is considered minimum essential coverage therefore, a person who is eligible for the Essential Plan is not eligible for any premium tax credit because they are eligible for minimum essential coverage through the individual market (see 26 CFR § 1.36B-2(c)(1), 26 USC § 5000A(f)(1)(C)).

Modified Adjusted Gross Income

NYSOH bases its eligibility determinations on modified adjusted gross income as defined in the federal tax code (45 CFR § 155.300(a)). The term “modified adjusted gross income” means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3) Social Security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

“Adjusted gross income” means, in the case of an individual taxpayer, gross federal taxable income minus certain specific deductions, such as expenses reimbursed by an employer, losses from sale or exchange of property, losses from premature withdrawal of funds from time savings accounts, deductions attributable to royalties, and certain retirement savings (26 USC § 62(a)). Living expenses, such as rent and utilities are not an allowable deduction in computing adjusted gross income.

Legal Analysis

The first issue under review is whether NYSOH properly determined that you and your spouse were eligible for an APTC of up to \$646.00 per month.

The application that was submitted on March 5, 2017 listed an annual household income of \$39,541.00 and the eligibility determination relied upon that information.

During the hearing, your spouse testified that the amount you provided in your application was correct. However, your spouse asked that your business expense deductions be considered when calculating your annual household income.

On June 29, 2017, you submitted your 2016 income tax return which shows that in 2016 you and your spouse had a modified adjusted gross household income of \$38,174.00. Since this amount is not substantially different than what you attested to in your application and you did not provide sufficient proof, such as a 2017 profit and loss statement or proof of 2017 gross income from your second job, to determine what your expected 2017 gross annual household income is expected to be, these documents are not considered in this decision.

Therefore, NYSOH correctly determined your household income to be \$39,541.00, based upon the information you provided at the time.

You reside with your spouse and one adult child. You expect to file your 2017 income taxes as married filing jointly and will claim no dependents on that tax return. Therefore, for purposes of these analyses, you are in a two-person household.

You and your spouse reside in [REDACTED] where the second lowest cost silver plan available for a couple through NYSOH costs \$912.21 per month.

An annual income of \$39,541.00 is 246.82% of the 2016 FPL for a two-person household. At 246.82% of the FPL, the expected contribution to the cost of the health insurance premium is 8.1% of income, or \$266.90 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 (\$912.21 per month) minus your expected contribution (\$266.90 per month), which equals \$645.31 per month. Therefore, rounding up to the nearest dollar, NYSOH correctly determined you to be eligible for up to \$646.00 per month in APTC.

The second issue under review is whether you and your spouse were properly found eligible for cost-sharing reductions. Cost-sharing reductions are available

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to persons who have a household income no greater than 250% of the FPL. Since a household income of \$39,541.00 is 246.82% of the applicable FPL, NYSOH correctly found you and your spouse to be eligible for cost sharing reductions.

The third issue under review is whether NYSOH properly determined that you and your spouse were ineligible for the Essential Plan.

The Essential Plan is provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income 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 two-person household. Since an annual household income of \$39,541.00 is 246.82% of the 2016 FPL, NYSOH properly found you and your spouse to be ineligible for the Essential Plan.

Since the March 5, 2017 eligibility determination notice properly stated that, based on the information you provided, you and your spouse were eligible for up to \$646.00 per month in APTC, eligible for cost-sharing reductions, and ineligible for the Essential Plan, it is correct and is AFFIRMED.

It is noted that you initially appealed your and your spouse's eligibility determination. During the closing statement, your spouse testified that he wanted insurance for your adult child also. No request was made to amend the hearing to include your child's eligibility determination and, as such, this Decision only addresses the eligibility of you and your spouse. Your adult child may contact NYSOH to create or update a NYSOH account.

Decision

The March 5, 2017 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: July 18, 2017

How this Decision Affects Your Eligibility

You and your spouse remain eligible for up to \$646.00 in APTC.

You and your spouse are eligible for cost-sharing reductions.

You and your spouse 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 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
- By mail at:
NY State of Health Appeals
P.O. Box 11729

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The March 5, 2017 eligibility determination notice is AFFIRMED.

You and your spouse remain eligible for up to \$646.00 in APTC.

You and your spouse are eligible for cost-sharing reductions.

You and your spouse are ineligible for the Essential Plan.

Legal Authority

We are sending you this notice 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 مجاناً.

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 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.

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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