



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

## Notice of Decision

Decision Date: August 17, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017300



Dear [REDACTED]

On July 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 2, 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.

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: August 17, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017300



## 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 your eligibility for advance payments of the premium tax credit ended effective March 31, 2017?

## Procedural History

On November 26, 2016, NYSOH issued a notice of eligibility determination stating that you were conditionally eligible to receive an advance premium tax credit (APTC) of up to \$379.00 per month and, if you enrolled in a silver-level plan, conditionally eligible to receive cost-sharing reductions (CSR), effective January 1, 2017. The notice further directed you to provide documentation confirming your income by February 23, 2017.

Also on November 26, 2016, NYSOH issued a notice confirming your enrollment in qualified health plan (QHP) with APTC and cost-sharing reductions was effective January 1, 2017.

On January 18, 2017, NYSOH received an updated to your application for health insurance.

On January 19, 2017, NYSOH issued a notice of eligibility determination stating that you were conditionally eligible to receive an APTC of up to \$379.00 per month and, if you enrolled in a silver-level plan, conditionally eligible to receive

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CSR, effective February 1, 2017. The notice further directed you to provide documentation confirming your income by February 23, 2017.

Also on January 19, 2017, NYSOH issued a notice confirming your enrollment in qualified health plan (QHP) with APTC and cost-sharing reductions, effective January 1, 2017.

Finally, on January 19, 2017, NYSOH issued a notice confirming your request to change your mailing address to: [REDACTED].”

On February 9, 2017, NYSOH received the first page of your U.S. Individual Income Tax Return for 2015, which was neither signed nor dated. This document was not uploaded to your NYSOH account until March 2, 2017.

On March 1, 2017, NYSOH redetermined your eligibility for health insurance.

On March 2, 2017, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a QHP at full cost. The notice stated 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. This eligibility was effective April 1, 2017.

Also on March 2, 2017, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a qualified health plan with \$0.00 of APTC applied to your premium.

On March 13, 2017, NYSOH issued a notice stating that the documentation you had provided to resolve the inconsistency was not sufficient to resolve the request. You were requested to provide additional income documentation to confirm your eligibility.

On March 25, 2017, you spoke to NYSOH’s Account Review Unit and appealed the termination of your APTC as of March 31, 2017.

On July 6, 2017, you had a telephone hearing with a Hearing Officer from NYSOH’s Appeals Unit. The record was developed during the hearing and remained open for the sole purpose of providing you an opportunity to submit as additional evidence: a copy of your signed and dated 2016 tax return. The record was to be closed five days after the hearing date, or upon the receipt of the above referenced documents, whichever occurred earlier.

On July 7, 2017, you provided the above referenced documents to the Appeals Unit through facsimile.

Accordingly, the record was closed on July 7, 2017.

## Findings of Fact

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

- 1) You testified, and your account indicates, that you receive your notices from NYSOH by regular mail.
- 2) You testified that you received the notices stating that your eligibility was only conditional and that you needed to provide documentation of your household's income.
- 3) You testified that after speaking with a representative from NYSOH, you were told to provide a copy of your 2015 tax return since at that time you had not filed a copy of your 2016 tax return.
- 4) Your NYSOH account indicates that on March 1, 2017 your application was run and you were found no longer eligible for APTC as of March 31, 2017.
- 5) On February 9, 2017, NYSOH received a copy of the first page of your 2015 tax return, which was neither signed nor dated. This document was not uploaded to your NYSOH account until March 2, 2017, and not reviewed by NYSOH for its sufficiency until March 13, 2017.
- 6) You testified that you are seeking reinstatement of your APTC as of April 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)).

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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 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)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your eligibility for APTC ended effective March 31, 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.

In the eligibility determination issued on November 26, 2016, you were advised that your eligibility for APTC was only conditional, and that you needed to confirm your household's income before February 23, 2017.

You testified that you received the notices stating that your eligibility was only conditional and that you needed to provide documentation of your household's income. You further testified that after speaking with a representative from

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NYSOH, you were told to provide a copy of your 2015 tax return since at that time you had not filed a copy of your 2016 tax return.

Therefore, NYSOH properly notified you of an inconsistency in your account and that documentation was needed to confirm the income you listed in the account.

On February 9, 2017, NYSOH received a copy of the first page of your 2015 tax return, which was neither signed nor dated. This document was not uploaded to your NYSOH account until March 2, 2017, and not reviewed by NYSOH for its sufficiency until March 13, 2017.

We note that while there was a delay in reviewing the documentation you provided on February 9, 2017, it was ultimately determined by NYSOH to be insufficient for purposes for confirming your eligibility for APTC since the 1st page of your 2015 tax return was neither signed nor dated.

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 April 2017, the month following the March 1, 2017 eligibility redetermination.

Therefore, the March 2, 2017 eligibility determination notice is **AFFIRMED**.

At the request of the Hearing Officer, you provided shortly after the hearing a copy of your 2016 tax return reflecting an adjusted gross income of \$29,525.00.

Therefore, your case is **RETURNED** to redetermine your eligibility for financial assistance based on a one-person household in Broome County with an annual household income of \$29,525.00.

## **Decision**

The March 2, 2017 eligibility determination notice is **AFFIRMED**.

Your case is **RETURNED** to redetermine your eligibility for financial assistance based on a one-person household in Broome County with an annual household income of \$29,525.00.

**Effective Date of this Decision:** August 17, 2017

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

NYSOH properly found you not eligible to receive APTC effective April 1, 2017 because you did not provide sufficient documentation of your household's income.

Your case is being sent back to NYSOH redetermine your eligibility for financial assistance based on a one-person household in Broome County with an annual household income of \$29,525.00.

## **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 March 2, 2017 eligibility determination notice is AFFIRMED.

NYSOH properly found you not eligible to receive APTC effective April 1, 2017 because you did not provide sufficient documentation of your household's income.

Your case is being sent back to NYSOH redetermine your eligibility for financial assistance based on a one-person household in Broome County with an annual household income of \$29,525.00.

## **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 مجاناً.

### 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 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 okyer& 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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