



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

Notice of Decision

Decision Date: August 22, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017480

[REDACTED]

Dear [REDACTED],

On July 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 31, 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: August 22, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017480

[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 your eligibility for advance payments of the premium tax credit (APTC) ended effective July 1, 2017?

Procedural History

On March 29, 2017, NYSOH prepared a preliminary eligibility determination finding you eligible to enroll in the Essential Plan, effective May 1, 2017.

Also on March 29, 2017, you spoke to NYSOH's Account Review Unit and appealed that preliminary determination insofar as your Essential Plan began on May 1, 2017 and not on April 1, 2017.

On March 30, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in the Essential Plan, effective May 1, 2017.

On May 31, 2017, NYSOH issued an eligibility determination notice, based on your May 30, 2017 updated application, stating that you were eligible to purchase a qualified health plan at full cost, effective July 1, 2017. This was because APTC was paid to your health insurance company to reduce your premium costs in a prior year and NYSOH could not tell if a federal tax return was filed for that year.

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Also on May 31, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in a bronze-level qualified health plan with a premium of \$367.04 per month, effective July 1, 2017.

Also on May 31, 2017, you submitted your official 2016 IRS Wage and Income Transcript (see Document [REDACTED]).

On July 10, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Your request to amend the appeal to have your advance payment of the premium tax credit applied to your health insurance, effective July 1, 2017, was granted and testimony was received.

The record was developed during the hearing and held open to August 10, 2017, to allow you to submit a copy of your official 2015 IRS Account Record Transcript or official 2015 IRS Income Tax Return Transcript. As of August 10, 2017, the Appeals Unit did not receive any of these documents from you nor were any viewable in your NYSOH account. Therefore, the record was closed that day and this decision is based on the record as developed at the time of hearing.

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 that return.
- 2) According to your NYSOH account, and your testimony, your annual household income is listed as \$26,800.00 in employment income. You stated this amount was correct.
- 3) Your NYSOH account indicates that, on May 30, 2017, you renewed your application for financial assistance and were found not eligible for APTC as of July 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) On May 31, 2017, you submitted your official 2016 IRS Wage and Income Transcript. This document shows that you received \$32,367.00 in gross household income in 2016 (see Document [REDACTED]). It does not show whether you filed an income tax return for 2015
- 5) Your NYSOH account shows that APTC in the amount of \$279.00 monthly from February 2015 through December 2015 was paid on your behalf in

2015, as stated in the Forms 1095-A for 2015 (see Document [REDACTED]).

- 6) You testified that you are seeking to have APTC applied as of July 1, 2017.
- 7) You testified that your accountant filed an extension regarding your 2015 federal tax return, but probably not before the tax filing deadline in April 2016. You further testified that you did file your 2015 federal income tax return, but were unsure when.
- 8) You failed to submit your official 2015 IRS Account Record Transcript or official 2015 IRS Income Tax Return Transcript.
- 9) According to your NYSOH account, you reside 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

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)).

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).

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 you were ineligible for APTC, effective July 1, 2017.

The record reflects that you were enrolled in a silver-level plan beginning February 1, 2015 and received \$279.00 per month in APTC through December 2015.

On May 31, 2017, NYSOH issued an eligibility determination notice, based on your May 30, 2017 application, stating that you were eligible to purchase a full cost qualified health plan through NYSOH, effective July 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 May 30, 2017, NYSOH received information that you had not filed a tax return for 2015.

You testified that this information was erroneous, but were unsure as to when your 2015 federal tax return was filed. Although you submitted your official 2015 IRS Wage and Income Transcript, this document is insufficient because it does not show whether or when you filed your 2015 federal income tax return. It only shows the amount of income you earned in the 2015 tax year.

The record was kept open to August 10, 2017, to allow you time to submit an official IRS Account Record Transcript or official IRS Tax Return Transcript for tax year ending December 2015. As of August 10, 2017, NYSOH Appeals Unit had not received any further documentation and, therefore, could not assess whether you had filed your 2015 federal tax return based on the documentation you submitted.

When 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. Since the data sources reflected that a 2015 tax return was not filed as of the May 30, 2017 application, the May 31, 2017 eligibility determination notice is deemed correct and must be AFFIRMED.

Decision

The May 31, 2017 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: August 22, 2017

How this Decision Affects Your Eligibility

You remain ineligible for APTC in 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.

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).

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

Summary

The May 31, 2017 eligibility determination notice is AFFIRMED.

You remain ineligible for APTC in 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)

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 b etumi ama wo obi a okyer e kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu)

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.