



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

## Notice of Decision

Decision Date: July 27, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017796

[REDACTED]

Dear [REDACTED]

On July 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 15, 2017 and March 12, 2017 eligibility determination notices.

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 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: July 27, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017796

[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 you and your spouse were ineligible for advance payments of the premium tax credit (APTC), effective March 1, 2017 and April 1, 2017?

## Procedural History

According to your NYSOH account, in 2015, you and your spouse were eligible to share up to \$482.00 per month in APTC and were enrolled in a silver-level health plan with a monthly premium of \$375.26 after APTC was applied. Your and your spouse's eligibility and enrollment was effective as of January 1, 2015.

On February 15, 2017, NYSOH issued an eligibility determination notice, based on your February 14, 2017 updated application, stating that you and your spouse were newly eligible to purchase a qualified health plan at full cost. This notice further stated that you and your spouse were not eligible to receive APTC or cost-sharing reductions because APTC was paid to your health insurance company to reduce your premium costs in a prior year and NYSOH were unable to tell if a federal tax return was filed for that year. This eligibility was effective March 1, 2017.

On February 16, 2017, NYSOH issued a plan enrollment notice stating in part that you and your spouse needed to pick a plan for your health coverage to start.

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).

On February 17, 2017, you submitted your 2015 IRS Account Transcript (see Document [REDACTED])

On March 12, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to purchase a qualified health plan at full cost. This notice further stated that you and your spouse were not eligible to receive APTC or cost-sharing reductions because APTC was paid to your health insurance company to reduce your premium costs in a prior year and NYSOH were unable to tell if a federal tax return was filed for that year. This eligibility was effective April 1, 2017.

Also on March 12, 2017, NYSOH issued a plan enrollment notice stating in part that you and your spouse needed to pick a plan for your health coverage to start.

On April 6, 2017, you spoke to NYSOH's Account Review Unit and appealed the February 15, 2017 and March 12, 2017 eligibility determination notices insofar as you and your spouse were no longer eligible for financial assistance, effective March 1, 2017 and April 1, 2017.

Eligibility and enrollment notices similar to those issued on February 15, 2017 and March 12, 2017, were issued on April 11, 2017, effective May 1, 2017.

On July 20, 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) According to your NYSOH account, and submitted documentation, you expect to file your taxes using a tax filing status of married filing jointly and will claim no dependents on that return.
- 2) According to your NYSOH account and your testimony, your annual household income is \$60,800.00 in earnings from your employment. You testified you and your spouse have no other sources of income.
- 3) Your NYSOH account indicates that, on February 14, 2017, you renewed your application for financial assistance, and were found not eligible for APTC as of March 1, 2017. This was because APTC was paid to your health insurance company to reduce your and your spouse's premium costs in a prior year and NYSOH was unable to tell if a federal tax return had been filed for that year.

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).

- 4) Your NYSOH account reflects that APTC of \$482.00 was paid on your and your spouse's behalf monthly from January 2015 through December 2015, as stated in the Forms 1095-A for 2015 (see Documents [REDACTED]).
- 5) You testified that you and your spouse are seeking APTC from March, 2017 through May 2017 because you and your spouse became covered by employer-sponsored health insurance as of June 1, 2017.
- 6) You testified that you filed your joint 2015 income tax return in February 2016 online through Turbo Tax and, for some unknown reason and unbeknownst to you, your return was not received by the IRS at that time.
- 7) On February 17, 2017, you submitted to NYSOH a copy of your 2015 IRS Account Transcript which reflects that the IRS received your joint 2015 income tax return on January 30, 2017 (see Document [REDACTED]).
- 8) According to the IRS Account Transcript, the IRS "filed" your 2015 income tax return on February 20, 2017 (see Document [REDACTED]).
- 9) According to your NYSOH account and your testimony, you and your spouse reside in [REDACTED], New York.

Conflicting evidence, if any, were 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 200% 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 individual's 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 to confirm that the information

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 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)).

### Special Enrollment Periods

After each open enrollment period ends, NYSOH provides special enrollment periods to qualified individuals. During a special enrollment period, a qualified individual may enroll in a qualified health plan, and an enrollee may change their enrollment to another plan. This is generally permitted when the enrollee or enrollee's dependent is newly eligible or ineligible for advance payments of the premium tax credit, or change in eligibility for cost-sharing reductions (45 CFR § 155.420(d)(6)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that you and your spouse were ineligible for APTC, effective from March 1, 2017 through May 31, 2017.

The record reflects that you and your spouse were enrolled in a silver-level plan beginning January 1, 2015 and received \$482.00 per month in APTC through December 31, 2015.

On February 15, 2017, NYSOH issued an eligibility determination notice, based on your February 14, 2017 application, stating that you and your spouse were eligible to purchase a full cost qualified health plan through NYSOH, effective

March 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, on February 14, 2017, NYSOH received information that you and your spouse had not filed a tax return for 2015. Although the IRS Account Transcript you provided reflects that you did not file a timely extension, you credibly testified that you filed your 2015 income tax return on time but unbeknownst to you it was never received by the IRS.

Your submitted documentation that shows the IRS received your 2015 joint income tax return on January 30, 2017, fifteen days before you re-applied for health coverage for 2017 on February 14, 2017. The date on which the tax return is considered received by the IRS is the date it is filed by the IRS. In your case, the Account Transcript reflects that the IRS filed your 2015 joint income tax return on February 20, 2017.

Since the February 15, 2017 eligibility determination notice finding you and your spouse not eligible to receive APTC as of March 1, 2017, was issued prior to your 2015 income tax return being filed by the IRS, it is correct and must be **AFFIRMED**.

However, your 2015 joint income tax return was filed by the IRS on February 20, 2017, which is 19 days before you re-applied for health insurance for yourself and your spouse on March 11, 2017. As such, the March 12, 2017 eligibility determination finding you and your spouse not eligible to receive APTC as of April 1, 2017, is not supported by the record. Therefore, it must be **RESCINDED** insofar as it concerns your and your spouse's eligibility for financial assistance as of April 1, 2017.

The same finding applies to the April 11, 2017 eligibility determination finding you and your spouse not eligible for APTC, effective May 1, 2017.

Since the March 12, 2017 and April 11, 2017 eligibility determination notices are no longer supported by the record as developed during and after the hearing, your case is **RETURNED** to NYSOH to rerun your and your spouse's application to ascertain your eligibility for financial assistance with health insurance as of March 11, 2017, for a two-person household with an expected annual income of \$60,800.00, for a couple living in [REDACTED], New York.

By this Decision, your application is being returned to NYSOH to have your and your spouse's eligibility rerun for financial assistance, including APTC. If you and your spouse are found eligible for APTC, which is considered a triggering life event, you and your spouse are to be granted a special enrollment period of up to 60 days from that redetermination to choose a new health plan for yourselves, or at your option, since you credibly testified that you have employer-sponsored health coverage as of June 1, 2017, your financial assistance and health plan

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).

may be made effective beginning April 1, 2017 through May 2017. If applicable, NYSOH is directed to assist you in doing so.

If applicable, you will be responsible for any premium payments for the months you and your spouse are reinstated into coverage.

## **Decision**

The February 15, 2017 eligibility determination notice is **AFFIRMED**.

The March 12, 2017 and April 11, 2017 eligibility determination notices are **RESCINDED** insofar as it concerns your and your spouse's eligibility for financial assistance.

Your case is **RETURNED** to NYSOH to rerun your and your spouse's application to ascertain your and your spouse's eligibility for financial assistance with health insurance as of March 11, 2017, using a two-person household with an expected annual income of \$60,800.00 for a couple living in [REDACTED], New York. NYSOH is directed to notify you of its redetermination.

If you are found eligible for APTC, which is considered a triggering life event, you and your spouse are to be granted a special enrollment period of up to 60 days from NYSOH's redetermination to choose a new health plan for yourselves or at your option, since you have employer-sponsored health coverage as of June 1, 2017, you may choose to have your and your spouse's financial assistance and health plan enrollment be made effective beginning April 1, 2017 through May 2017. If applicable, NYSOH is directed to assist you in doing so.

**Effective Date of this Decision:** July 27, 2017

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

Your case is being sent back to NYSOH to redetermine your and your spouse's eligibility for financial assistance with health insurance based on the household size and income information noted above. NYSOH will notify you once this has been completed.

If you are found eligible for APTC, you and your spouse will have 60 days from NYSOH's redetermination to select a new health plan. If that is the case, NYSOH will assist you and your spouse in choosing a new health plan going forward or, at your option, your financial assistance and health plan enrollment may be made effective beginning April 1, 2017 through May 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).



## **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

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).

P.O. Box 11729  
Albany, NY 12211

- By fax: 1-855-900-5557

## **Summary**

The February 15, 2017 eligibility determination notice is AFFIRMED.

The March 12, 2017 and April 11, 2017 eligibility determination notices are RESCINDED insofar as it concerns your and your spouse's eligibility for financial assistance.

Your case is RETURNED to NYSOH to rerun your and your spouse's application to ascertain your and your spouse's eligibility for financial assistance with health insurance as of March 11, 2017, using a two-person household with an expected annual income of \$60,800.00 for a couple living in [REDACTED], New York. NYSOH is directed to notify you of its redetermination.

If you are found eligible for APTC, which is considered a triggering life event, you and your spouse are to be granted a special enrollment period of up to 60 days from NYSOH's redetermination to choose a new health plan for yourselves or at your option, since you have employer-sponsored health coverage as of June 1, 2017, you may choose to have your and your spouse's financial assistance and health plan enrollment be made effective beginning April 1, 2017 through May 2017. If applicable, NYSOH is directed to assist you in doing so.

Your case is being sent back to NYSOH to redetermine your and your spouse's eligibility for financial assistance with health insurance based on the household size and income information noted above. NYSOH will notify you once this has been completed.

If you are found eligible for APTC, you and your spouse will have 60 days from NYSOH's redetermination to select a new health plan. If that is the case, NYSOH will assist you and your spouse in choosing a new health plan going forward or, at your option, your financial assistance and health plan enrollment may be made effective beginning April 1, 2017 through May 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.

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).

## **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 bεtumi ama wo obi a okyerε 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)**

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).