



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

Notice of Decision

Decision Date: October 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020434

[REDACTED]

Dear [REDACTED],

On October 2, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 22, 2017 eligibility determination notice and June 28, 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).

This page intentionally left blank.



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

Decision

Decision Date: October 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020434

[REDACTED]

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 were eligible to purchase a qualified health plan at full cost through NYSOH and ineligible for advance payments of the premium tax credit or cost-sharing reductions, effective August 1, 2017?

Procedural History

On November 30, 2016, you submitted an application for financial assistance.

On December 1, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to receive up to \$261.00 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 for a limited time, effective January 1, 2017. This notice directed you to submit proof of your income by February 28, 2017 in order to confirm your eligibility for financial assistance.

On December 2, 2016, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a qualified health plan with application of your APTC, effective January 1, 2017.

On January 10, 2017, you uploaded income documentation to your NYSOH account.

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 January 20, 2017, NYSOH reviewed the income documentation you submitted, updated your application to include the ordinary dividends and qualified dividends listed in your documentation, and submitted an application on your behalf.

On January 21, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to receive up to \$223.00 per month in APTC for a limited time, effective March 1, 2017. This notice directed you to submit proof of your income by February 28, 2017 in order to confirm your eligibility for financial assistance.

Also on January 21, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a qualified health plan as of January 1, 2017 and that your new APTC amount would be applied to your monthly premium as of February 1, 2017.

On January 24, 2017, you uploaded income documentation to your NYSOH account.

On January 25, 2017, NYSOH issued a notice advising you that the documentation you submitted did not confirm the information in your application and that additional proof of income was due by February 28, 2017.

On February 2, 2017, NYSOH issued a notice advising you that the documentation you submitted did not confirm the information in your application and that additional proof of income was due by February 28, 2017.

On February 13, 2017, you uploaded income documentation to your NYSOH account.

On February 24, 2017, NYSOH issued a notice advising you that the documentation you submitted did not confirm the information in your application and that additional proof of income was due by March 15, 2017.

On February 27, 2017, you uploaded income documentation to your NYSOH account.

On March 7, 2017, NYSOH reviewed the income documentation you submitted, recalculated your income based on this documentation, updated the income information in your application, and submitted an application on your behalf.

On March 8, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective April 1, 2017. The notice stated that you were not eligible for advance premium tax credits or cost sharing reductions because your income was over the allowable income limits for those programs.

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 March 10, 2017, you updated your application for financial assistance.

On March 11, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to receive up to \$266.00 per month in APTC and eligible to receive cost-sharing reductions if you enrolled in a silver level qualified health plan for a limited time, effective April 1, 2017. This notice directed you to submit proof of your income by June 8, 2017 in order to confirm your eligibility for financial assistance.

Also on March 11, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a qualified health plan as of January 1, 2017 and that your new APTC amount would be applied to your monthly premium as of April 1, 2017.

On June 12, 2017, you uploaded income documentation to your NYSOH account. Additionally, on June 12, 2017 you updated your application for financial assistance.

On June 13, 2017, NYSOH issued a notice advising you that the documentation you submitted did not confirm the information in your application and that additional proof of income was due by July 8, 2017.

On June 13, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to receive up to \$283.00 in APTC and eligible to receive cost-sharing reductions if you enrolled in a silver level qualified health plan for a limited time, effective July 1, 2017.

Also on June 13, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a qualified health plan as of January 1, 2017 and that your new APTC amount would be applied to your monthly premium as of July 1, 2017.

On June 21, 2017, you uploaded income documentation to your NYSOH account.

Also on June 21, 2017, NYSOH reviewed the income documentation you submitted, recalculated your income based on this documentation, updated the income information in your application, and submitted an application on your behalf.

On June 22, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective August 1, 2017. This notice also stated that you were ineligible to receive a tax credit or cost-sharing reductions because your income was over the allowable income limits for those programs

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 June 27, 2017, you uploaded income documentation to your NYSOH account.

Also on June 27, 2017, NYSOH reviewed the income documentation you submitted, recalculated your income based on this documentation, updated the income information in your application, and submitted an application on your behalf.

On June 28, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective August 1, 2017. This notice also stated that you were ineligible to receive a tax credit or cost-sharing reductions because your income was over the allowable income limits for those programs.

On July 11, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as you were found ineligible for APTC.

On October 2, 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 are seeking to be found eligible for a tax credit for 2017.
- 2) You testified that you expect to file your 2017 tax return with a tax filing status of single and you will claim no dependents on that return.
- 3) You are seeking insurance for yourself.
- 4) You testified that you reside in [REDACTED].
- 5) On November 30, 2016, you updated your application. The application that was submitted that day listed annual household income of \$29,138.00.
- 6) On January 10, 2017, you uploaded income documentation to your NYSOH account consisting of:
 - a. A letter signed by yourself dated January 9, 2017 that states that your expected income for 2017 consists of \$17,375.00 in municipal

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).

bonds at [REDACTED], \$6,363.00 in zero coupon bonds at [REDACTED], approximately \$3,000.00 in interest from savings accounts at [REDACTED] and [REDACTED], as well as an anticipated \$2,400.00 from stock options which were in escrow.

- b. An estimated proceeds from sales of stock indicating that you sold stock in October 2015 and \$2,416.00 was still in escrow.
- c. A summary of proceeds from [REDACTED] exchange transactions involves the same stock as are noted in item b, and indicates that these were stock were sold on [REDACTED], 2015.
- d. An [REDACTED] statement dated December 25, 2016 and indicating that the interest paid year to date on your checking account was \$7.68 and the interest paid year to date on your savings account was \$2,531.22.
- e. A [REDACTED] statement dated January 5, 2017 and indicating that your interest paid for that period was \$63.81 and your interest paid year to date was \$88.62.
- f. Four statements from [REDACTED]. The first is for statement period October 1, 2015 through October 31, 2015 and lists taxable income for that period of \$0.63 and taxable income for the year of \$934.17; the second is for statement period February 1, 2016 to February 29, 2016 and lists taxable income for that period of \$0.14 and taxable income for the year of \$0.15 as well as tax-exempt income of \$0.00 for the period and tax-exempt income for the year of \$2,159.72; the third is for statement period October 1, 2016 to October 31, 2016 and lists taxable income for that period of \$0.00 and taxable income for the year of \$805.00 as well as tax-exempt income of \$1,312.50 for the period and tax-exempt income for the year of \$13,060.76; the fourth is for statement period December 1, 2016 to December 31, 2016 and lists taxable income for the period of \$0.00 and taxable income for the year of \$805.00 as well as tax-exempt income of \$625.00 for the period and tax-exempt income for the year of \$16,685.76.
- g. A 2015 annual account statement from [REDACTED] listing taxable income of \$1,403.45 and tax-exempt income of \$500.00.
- h. A transaction confirmation notice from [REDACTED] shows that you sold stocks on January 28, 2015 and October 30, 2015.
- i. A 2015 1099 form indicating that from one account you had tax-exempt interest of \$504.56, ordinary dividends of \$1,242.90, qualified dividends of \$1,242.90, and proceeds of \$31,778.53. A second 2015 1099 form shows that from another account you had interest income of \$5.25, tax-exempt interest of \$500.00, ordinary dividends of \$1,398.20, qualified dividends of \$1,398.20, and proceeds of \$216,845.20.

- 7) On January 20, 2017, NYSOH reviewed the documentation you uploaded on January 10, 2017 and updated your application to include the dividends listed in your 2015 1099s.
- 8) The application that was submitted on your behalf by NYSOH on January 20, 2017 listed annual expected income of \$31,934.40.
- 9) On January 24, 2017, NYSOH further reviewed the income documentation you submitted on January 10, 2017 and determined that this was insufficient proof of income as you needed to submit your 2015 1040 and a 1099 for all taxable interest, tax-exempt interest, stock options, ordinary dividends, and qualified dividends.
- 10) On January 24, 2017, you uploaded transaction confirmation notices from [REDACTED] showing that you sold stocks on [REDACTED], 2015, [REDACTED], 2016, and [REDACTED], 2016.
- 11) On February 1, 2017, NYSOH reviewed the income documentation you submitted on January 24, 2017 and determined that this was insufficient proof of income as you needed to submit a 2015 1040.
- 12) On February 13, 2017, you uploaded your 2016 1099 from [REDACTED] showing \$1.48 in interest income, \$16,685.76 in tax-exempt interest, \$5,581.33 on tax exempt bonds, \$803.52 in ordinary dividends, and \$803.52 in qualified dividends.
- 13) On February 23, 2017, NYSOH reviewed the income documentation submitted on February 13, 2017 and determined that this was insufficient proof of income as a previous year's tax return was required.
- 14) On February 27, 2017, you uploaded your 2015 tax return which includes your 2015 1040, which reports taxable interest of \$224.00, tax exempt interest of \$5,972.00, ordinary dividends of \$2,641.00, qualified dividends of \$2,641.00, capital gain of \$140,078.00, rollover from pensions and annuities of \$10,250.00, total income of \$142,943.00, and adjusted gross income of \$142,943.00; schedule B for interest and ordinary dividends; schedule D for capital gains and losses; and schedule K beneficiary's share of income, deductions, and credits.
- 15) On March 7, 2017, NYSOH reviewed the income documentation you submitted on February 27, 2017 and recalculated your income to be \$172,012.40, updated the income in your application based on this recalculation, and submitted an application on your behalf.

- 16) On March 10, 2017, you updated your application. The application that was submitted that day listed annual household income of \$28,786.00.
- 17) On June 12, 2017, you uploaded income documentation consisting of a check from [REDACTED], three statements from [REDACTED], three statements from [REDACTED], and three statements from [REDACTED].
- The check from [REDACTED] is dated April 12, 2017 for \$2,264.12.
 - The first statement from [REDACTED] is dated March 25, 2017 and indicates that the interest paid year to date on your checking account is \$0.26; the second statement is dated April 25, 2017 and indicates that the interest paid year to date on your checking account is \$0.60; the third statement is dated May 25, 2017 and indicates that the interest paid year to date on your checking account is \$0.82.
 - The first [REDACTED] statement is dated March 5, 2017 and indicates that your interest paid for that period was \$80.35 and your interest paid year to date was \$257.85; the second is dated April 5, 2017 and indicates that your interest paid for that period was \$89.03 and your interest paid year to date was \$346.88; the third is dated May 7, 2017 and indicates that your interest paid for that period was \$91.99 and your interest paid year to date was \$438.87.
 - The first [REDACTED] statement is for statement period February 1, 2017 to March 31, 2017 and lists tax-exempt income for that period as \$1,250.00 and tax-exempt income for the year to date as \$3,750.00; the second is for period April 1, 2017 to April 30, 2017 and lists tax-exempt income as \$1,312.50 and tax-exempt income for the year to date as \$3,652.93; the third is for period May 1, 2017 to May 31, 2017 and lists tax-exempt income as \$3,000.00 and tax-exempt income for the year to date as \$8,062.50.
- 18) On June 12, 2017, you updated your application. The application that was submitted that day listed annual household income of \$27,514.12. This application listed your income as \$3,000.00 from taxable interest, \$2,264.12 from stock options, and \$22,250.00 from capital gain distributions.
- 19) On June 12, 2017, NYSOH reviewed the income documentation submitted on June 12, 2017 and determined that this was insufficient proof of income as a 1040A was required.
- 20) On June 21, 2017, you uploaded a letter dated June 18, 2017 and signed by yourself stating that you were currently unemployed and had been

unemployed since 2011. This letter explained that in July 2015 you were the beneficiary of a trust which included stock, which stock you sold in 2015 and 2016. The letter further stated that you have no earned income for 2017 and you will receive tax-exempt interest from municipal bonds, taxable interest from [REDACTED], and that in April 2017 you received a one-time lump sum from stock options in the amount of \$2,264.12 from [REDACTED]. You also uploaded a copy of your 2016 tax return which includes your 2016 1040, which reports taxable interest of \$2,643.00, tax-exempt interest of \$22,267.00.00, ordinary dividends of \$804.00, qualified dividends of \$804.00, capital gain of \$91,715.00.00, rollover from pensions and annuities of \$12,236.00, total income of \$95,162.00, and adjusted gross income of \$95,162.00; schedule B for interest and ordinary dividends; and schedule D for capital gains and losses.

- 21) On June 21, 2017, NYSOH reviewed the income documentation you submitted on June 21, 2017 and recalculated your income to be \$116,229.12, updated the income in your application based on this recalculation, and submitted an application on your behalf.
- 22) On June 27, 2017, you reuploaded your income document submission from June 21, 2017.
- 23) On June 27, 2017, NYSOH reviewed the income documentation you submitted on June 27, 2017 and recalculated your income to be \$132,733.12 based on this recalculation, and submitted an application on your behalf.
- 24) You testified that at this time, you believe that your annual expected income for 2017 will be approximately \$27,000.00.
- 25) You testified that your income for 2017 consists of approximately \$3,092.00 in taxable interest from a checking account and savings account with [REDACTED] and a savings account with [REDACTED], tax-free interest from municipal bonds managed by [REDACTED] in the amount of \$22,332.00, and one-time stock options of \$2,264.12 from [REDACTED] Incorporated.
- 26) You testified that in 2015 you were the beneficiary of a trust. Throughout 2015 and 2016 you sold off all the stocks in that trust and no longer have any stock to sell. You pointed out that these stocks, which were listed on the 2015 statements from [REDACTED] are no longer listed in the 2017 statements from [REDACTED].
- 27) You explained that on your 2016 tax return, the taxable interest of \$2,643.00 was from your accounts with [REDACTED] and [REDACTED].

and the tax-exempt interest was from municipal bonds through [REDACTED]. The dividends both ordinary and qualified as well as the capital gains were from assets that were sold off in 2015 and 2016 and which you no longer own, and the pension and annuities amount listed is from a 401(k) which you rolled over into an IRA vanguard account.

28) On October 1, 2017, you uploaded income documentation to your NYSOH account consisting of one statement from [REDACTED], one statement from [REDACTED], and two statements from [REDACTED].

- a. The statement from [REDACTED] is dated September 25, 2017 and indicates that the interest paid year to date on your checking account is \$6.75 and the interest paid year to date on your savings account is \$1,850.06.
- b. The [REDACTED] statement is dated September 5, 2017 and indicates that your interest paid for that period was \$98.85 and your interest paid year to date was \$820.79.
- c. The first [REDACTED] statement is for statement period June 1, 2017 to June 30, 2017 and lists taxable income for that period as \$0.20, taxable income for the year to date as \$0.20, tax-exempt income for that period as \$625.00, tax-exempt income for the year to date as \$8,687.50.00, and year to date estimated accrued interest as \$4,612.85; the second is for period August 1, 2017 to September 30, 2017 and lists taxable income for that period as \$0.18, taxable income for the year to date as \$0.40, tax-exempt income as \$1,250.00, tax-exempt income for the year to date as \$12,437.50 and year to date estimated accrued interest as \$5,628.74.

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)).

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 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 \$11,880.00 for a one-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; 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%; for annual household income in the range of at least 300% but less than 400% of the 2016 FPL, the expected contribution is 9.69% (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)).

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 tax 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 issue is whether NYSOH properly determined that you were eligible to enroll in a full cost-qualified health plan and ineligible for APTC and cost-sharing reductions, effective August 1, 2017.

The application that was submitted on March 10, 2017 listed annual household income of \$28,786.00 and the application that was submitted on June 12, 2017 listed annual household income of \$27,514.12. NYSOH requested income documentation in order to confirm your eligibility for financial assistance.

On June 12, 2017 income documentation was uploaded to your NYSOH account consisting of a check from [REDACTED], three statements from [REDACTED], three statements from [REDACTED], and three statements from [REDACTED].

Also on June 12, 2017, NYSOH determined that this information was insufficient proof of your income.

On June 21, 2017, you uploaded a letter dated June 18, 2017 and signed by yourself stating that you were currently unemployed and had been unemployed since 2011. This letter explained that in July 2015 you were the beneficiary of a trust which included stock, which stock you sold in 2015 and 2016. The letter further stated that you have no earned income for 2017 and you will receive tax-

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).

exempt interest from municipal bonds, taxable interest from [REDACTED] and [REDACTED], and that in April 2017 you received a one-time lump sum from stock options in the amount of \$2,264.12 from [REDACTED]. You also uploaded a copy of your 2016 tax return which includes your 2016 1040, which reports taxable interest of \$2,643.00, tax-exempt interest of \$22,267.00.00, ordinary dividends of \$804.00.00, qualified dividends of \$804.00, capital gain of \$91,715.00.00, rollover from pensions and annuities of \$12,236.00, total income of \$95,162.00.00, and adjusted gross income of \$95,162.00; schedule B for interest and ordinary dividends; and schedule D for capital gains and losses.

Based on this documentation, NYSOH recalculated your annual expected income to be \$116,229.12, consisting of \$2,643.00 in taxable interest, \$22,267.00 in tax-exempt interest, \$804.00 in ordinary dividends, \$804.00 in qualified dividends, and \$91,715.00 in capital gains. However, adding all these figures together using standard mathematics yields \$118,233.00. Additionally, based on the letter you submitted on June 21, 2017 as well as the income documents you submitted on June 12, 2017, although some of the information from your 2016 1040 is an appropriate representation of your 2017 annual expected income, your 2016 1040 is not a wholesale representation of your 2017 annual expected income.

On June 27, 2017, you reuploaded the June 21, 2017 income documentation submission to your NYSOH account.

Based on this documentation, NYSOH recalculated your annual expected to be \$132,733.12, consisting of taxable interest of \$2,643.00, tax-exempt interest of \$22,267.00, ordinary dividends of \$804.00, qualified dividends of \$804.00, pension of \$12,236.00, and capital gain of \$91,715.00. However, adding these figures together using standard mathematics yields \$130,469.00. As is noted above, your 2016 1040 is not wholly an accurate representation of your 2017 annual expected income.

Additionally, although IRS regulations require that tax-exempt interest be included when determining modified adjusted gross income, losses from premature withdrawal of funds from tax savings accounts, and certain retirement savings are excluded from the calculation of modified adjusted gross income.

Therefore, based on the income documentation that was uploaded to your NYSOH account at the time of the June 21, 2017 and June 27, 2017 eligibility redeterminations, NYSOH should have calculated your annual expected income to be \$27,174.12 (\$2,264.12 from Alacra Incorporated, \$2,643.00 in taxable interest, and \$22,267.00 in tax-exempt interest).

Therefore, the June 21, 2017 eligibility determination notice and the June 28, 2017 eligibility determination notice stating that you were eligible to enroll in a full cost qualified health plan through NYSOH are RESCINDED.

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).

You testified that you expect to file your 2017 tax return as single and will claim no dependents on that tax return. Therefore, you are in a one-person household.

You reside in [REDACTED].

In advance of the hearing you uploaded additional income documentation to your NYSOH account and during the hearing you provided testimony regarding your annual expected income for 2017.

Based on the documents and testimony you provided, the record indicates that your annual expected income is now \$29,923.11 consisting of \$2,264.12 from [REDACTED], \$9.00 in interest from your [REDACTED] checking account (\$6.75 over 9 months for a monthly average of \$0.75 multiplied by 12 months), \$2,466.74 in interest from your [REDACTED] savings account (\$1,850.06 over 9 months for a monthly average of \$205.56 multiplied by 12 months), \$1,094.40 in interest from your [REDACTED] savings account (\$820.79 over 9 months for a monthly average of \$91.20 multiplied by 12 months), \$0.53 in taxable income from your [REDACTED] account (\$0.40 over 9 months for a monthly average of \$0.04 multiplied by 12 months), \$16,583.33 in tax-exempt income from your [REDACTED] account (\$12,437.50 over 9 months for a monthly average of \$1,381.94 multiplied by 12 months), and \$7,504.99 in interest from your [REDACTED] account (\$5,628.74 over 9 months for a monthly average of \$625.42 multiplied by 12 months).

Therefore, your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance based on a one-person household, residing in [REDACTED], with an annual expected income of \$29,923.11.

Decision

The June 22, 2017 eligibility determination notice is RESCINDED.

The June 28, 2017 eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance based on a one-person household, residing in [REDACTED], with an annual expected income of \$29,923.11.

Effective Date of this Decision: October 11, 2017

How this Decision Affects Your Eligibility

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 is not a final determination of your eligibility.

Your case is being sent back to NYSOH to redetermine your eligibility based on your testimony and income documentation you uploaded in advance of your hearing.

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):

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).

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 June 22, 2017 eligibility determination notice is RESCINDED.

The June 28, 2017 eligibility determination notice is RESCINDED.

This is not a final determination of your eligibility.

Your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance based on a one-person household, residing in [REDACTED], with an annual expected income of \$29,923.11.

Your case is being sent back to NYSOH to redetermine your eligibility based on your testimony and income documentation you uploaded in advance of your hearing.

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)

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).

000 00 00000000000000 0000 000 00000 00000 000 0000000000 000000000 00 000000,
00000000 000 1-855-355-5777 0000000 00 000000 00000 00 0000000 0000 00000 00000000000 0000
0000000 00000 00000000 00000 000000

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. y&b&tumi 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.

שׂוֹדֵיִשׁ (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).