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

Notice of Decision

Decision Date: November 22, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000021331

[redacted]

Dear [redacted],

On October 27, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 21, 2017 eligibility redetermination 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
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Decision

Decision Date: November 22, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000021331

[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 were eligible to receive up to $266.00 per month in advance payments of the premium tax credit (APTC) and eligible for cost-sharing reductions, as of August 1, 2017?

Procedural History

According to your NYSOH account, on March 16, 2017, NYSOH found you conditionally eligible to enroll in the Essential Plan with a $20.00 monthly premium, effective May 1, 2017. You were required to submit proof of your income by June 14, 2017.

You did not provide any proof of income by that date, so the system redetermined your eligibility based on federal and state data sources on June 20, 2017.

On June 21, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to $266.00 per month in APTC and eligible for cost-sharing reductions if you enrolled in a silver-level qualified health plan, effective August 1, 2017. This was because federal and state data sources showed that your gross annual household income was between $16,395.00 and $47,520.00.

On August 9, 2017, you contacted NYSOH's Account Review Unit and requested an appeal of that eligibility determination insofar as your eligibility for additional financial assistance.

On October 27, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was held open to November 11, 2017 for you to submit proof of your current income for the 2017 tax year.

As of November 11, 2017, the Appeals Unit did not receive any of these documents from you nor were they 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 NYSOH account and your testimony, you expect to file your 2017 taxes with a tax filing status of single. You will claim no dependents on that tax return.

2) You are seeking health insurance for yourself.

3) The application that was submitted on March 15, 2017, listed annual household income of $21,182.00 in earnings from your employment. Because this income did not match income information from state and federal data sources, you were required to submit proof of income by June 14, 2017.

4) You testified that $21,182.00 is the amount you received after your taxes are deducted each week. You expect your gross income to be closer to last year's income of $27,365.00, but you were not exactly sure of that amount. You further testified that you are now self-employed and no longer work for the employer listed on that application.

5) You further testified that, although you are paid $960.00 per week, you have business expenses that are going to be deducted from your income at the end of the year.

6) According to your NYSOH account, you will not be taking any deductions on your 2017 tax return.

7) You did not submit proof of your current income for the 2017 tax year.

8) According to your NYSOH account and your testimony, you live in Kings County, New York.

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

Applicable Law and Regulations

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR § 155.320(c)(1)(i)). If NYSOH cannot verify the income information required to determine eligibility through data sources, they must also attempt to resolve the inconsistency by giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR § 155.315(f)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were eligible to receive up to $266.00 per month in APTC and eligible for cost-sharing reductions, as of August 1, 2017.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, that the income provided in the application is accurate.

If NYSOH cannot verify an individual's income, it must provide the individual with notice of the inconsistency. NYSOH must then provide the individual with a period of 90 days from the date notice is received to resolve the inconsistency. For purposes of verifying income, notice is considered received 5 days after the date on the notice.

In the eligibility determination issued on March 16, 2017, you were advised that your eligibility was only conditional, and that you needed to confirm your income before June 14, 2017.

The record reflects that NYSOH did not receive the income documentation before the June 14, 2017 deadline.

If NYSOH remains unable to verify the inconsistency after the 90-day period ends, then it must determine the applicant's eligibility based on the information available in the data sources.

As such, NYSOH redetermined your eligibility for financial assistance based on federal and state data sources on June 20, 2017, which showed that your gross annual household income was between $16,395.00 and $47,520.00. On June 21, 2017, issued an eligibility determination notice stating that you were eligible to receive up to $266.00 per month in APTC and eligible for cost-sharing reductions if you enrolled in a silver-level qualified health plan, as of August 1, 2017.

However, during the hearing you testified that although your gross annual household income is higher than the $21,282.00 as attested to in the March 15, 2017 application, you are now self-employed and expect to take business deductions. Consequently, the record was kept open to November 11, 2017, to allow you time to submit proof of your current income. You did not submit this proof and, therefore, the merits of this matter cannot be reached.

Since the requested income documentation was not received within the 90-day period, NYSOH was required to redetermine your eligibility based on federal and state data sources. As a result, NYSOH properly redetermined your eligibility for financial assistance based on federal and state data sources because you did not provide the income information requested by NYSOH.

Therefore, NYSOH's June 20, 2017 eligibility redetermination notice stating that you were eligible for $266.00 per month in APTC and eligible for cost-sharing reductions as of August 1, 2017 remains in full force and effect.

Decision

The June 20, 2017 eligibility determination notice remains in full force and effect.

Effective Date of this Decision: November 22, 2017

How this Decision Affects Your Eligibility

This Decision does not change your eligibility.

NYSOH properly redetermined your eligibility based on federal and state data sources on June 20, 2017.

You were properly redetermined eligible for $266.00 per month in APTC and eligible for cost-sharing reductions as of August 1, 2017.

No further action is required of NYSOH.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:

  Health Insurance Marketplace
  Attn: Appeals
  465 Industrial Blvd.
  London, KY 40750-0061

- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:

  NY State of Health Appeals
  P.O. Box 11729

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).

Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The June 20, 2017 eligibility determination notice remains in full force and effect. This Decision does not change your eligibility.

NYSOH properly redetermined your eligibility based on federal and state data sources on June 20, 2017.

You were properly redetermined eligible for $266.00 per month in APTC and eligible for cost-sharing reductions as of August 1, 2017.

No further action is required of NYSOH.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

[redacted]

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).

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 महत्त्वपूर्ण 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ 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 کرم1-855-355-5777 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.

(Yiddish)אידיש

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).