



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

## Notice of Decision

Decision Date: November 6, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000021496

[REDACTED]

Dear [REDACTED],

On October 26, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 22, 2017 and July 11, 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 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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## Decision

Decision Date: November 6, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000021496

[REDACTED]

## Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly end your financial assistance effective July 1, 2017?

Did NYSOH properly redetermine you eligible for tax credits and cost-sharing reductions, effective August 1, 2017?

## Procedural History

On March 18, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to \$305.00 per month in advance payments of premium tax credit (APTC) and cost-sharing reductions (CSR), effective May 1, 2017, for a limited time. The notice directed you to provide proof of income by June 15, 2017, to confirm your eligibility.

Also on March 18, 2017, NYSOH issued a plan enrollment notice confirming that as of March 17, 2017, you were enrolled in a qualified health plan (QHP), with an enrollment start date of April 1, 2017. The notice further directed you to provide proof of income by June 15, 2017, to confirm your eligibility.

On June 21, 2017, your account was systematically updated.

On June 22, 2017, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a qualified health plan (QHP) at full cost, effective as of August 1, 2017.

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Also on June 22, 2017, NYSOH issued a plan enrollment notice confirming that you were enrolled in a QHP with an enrollment start date of April 1, 2017.

On July 10, 2017, your account was updated.

On July 11, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for a tax credit up to \$314.00 per month and CSR, effective as of August 1, 2017.

On July 11, 2017, NYSOH issued a plan enrollment notice confirming that as of July 10, 2017, you were enrolled in a QHP with an enrollment start date of April 1, 2017.

On August 16, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as your financial assistance through NYSOH was discontinued.

On October 26, 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 proceeding.

## **Findings of Fact**

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

- 1) According to your NYSOH account and testimony, you receive notices from NYSOH by U.S. mail.
- 2) You testified that you did receive notices from NYSOH directing you to submit additional income documentation.
- 3) You testified that you mailed a year-to-date profit-loss statement at the end of April 2017.
- 4) You testified that you did not contact NYSOH to ensure that the income documentation was received.
- 5) According to your NYSOH account, no documentation was received by NYSOH after the March 18, 2017 eligibility and enrollment notices were issued.
- 6) You testified that, in June 2017, you were informed by [REDACTED] that financial assistance would no longer be applied to your health insurance premium.

- 7) You testified that financial assistance was not applied to your July 2017 health insurance premium.

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 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 CFR § 155.310(f), 45 CFR § 155.330(e), (f)(1)(i)).

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## Legal Analysis

The first issue under review is whether NYSOH properly determined that your financial assistance ended effective July 1, 2017.

An individual requesting financial assistance to help pay for the cost of coverage provided through NYSOH is required to attest to their household's projected annual income. For individuals seeking APTC, NYSOH must request income data from federal data sources to verify an individual's income attestation.

If NYSOH cannot verify an individual's attestation, it must provide the individual with notice of the inconsistency and provide a period of 90 days from the date notice is received to resolve the inconsistency.

The notices issued on March 18, 2017, advised you that your eligibility for financial assistance was only conditional, and that you needed to confirm your household's income before June 15, 2017.

The record reflects that you receive notices from NYSOH by U.S. mail. Further, you testified that you did receive notices from NYSOH requesting additional income documentation. Therefore, it is concluded that NYSOH did provide you with proper notice that you needed to submit documentation of your income to confirm your eligibility for financial assistance.

You testified that you mailed a year-to-date profit-loss statement at the end of April 2017; however, you testified that you did not contact NYSOH to ensure that the income documentation had been received. Further, no documentation was received by NYSOH after the March 18, 2017 notices were issued. Therefore, the credible record reflects that NYSOH did not receive the requested income documentation by June 15, 2017.

If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine an individual's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation. Any changes in APTC are to be made effective the date following the eligibility redetermination notice.

Accordingly, your eligibility for APTC should have ended as of July 1, 2017, the month following the June 22, 2017 eligibility redetermination notice.

Therefore, the June 22, 2017 eligibility determination notice is MODIFIED to state that you were ineligible for financial assistance, effective July 1, 2017, because NYSOH did not receive the income documentation needed to verify the income listed in your application.

The second issue under review is whether NYSOH properly redetermined that your eligibility for APTC and CSR was effective August 1, 2017.

On July 10, 2017, you updated the income information in your NYSOH account, and on July 11, 2017, NYSOH issued a notice stating that you were eligible to receive tax credits and CSR, effective August 1, 2017.

As stated above, any changes in APTC are to be made effective the date following the eligibility redetermination notice. Since you updated your application on July 10, 2017, any changes in APTC should have been made effective as of August 1, 2017.

Therefore, the July 11, 2017, eligibility determination notice is AFFIRMED.

## **Decision**

The June 22, 2017 eligibility determination notice is MODIFIED to state that you were ineligible for financial assistance, effective July 1, 2017, because NYSOH did not receive the income documentation needed to verify the income listed in your application.

The July 11, 2017, eligibility determination notice is AFFIRMED.

**Effective Date of this Decision:** November 6, 2017

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

You were ineligible to receive APTC and CSR effective July 1, 2017, because NYSOH did not receive the income documentation within the time provided.

NYSOH properly redetermined you eligible for APTC and CSR, effective August 1, 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.

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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  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The June 22, 2017 eligibility determination notice is MODIFIED to state that you were ineligible for financial assistance, effective July 1, 2017, because NYSOH

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did not receive the income documentation needed to verify the income listed in your application.

The July 11, 2017, eligibility determination notice is AFFIRMED.

You were ineligible to receive APTC and CSR effective July 1, 2017, because NYSOH did not receive the income documentation within the time provided.

NYSOH properly redetermined you eligible for APTC and CSR, effective August 1, 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.

### বাংলা (Bengali)

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এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

### **Français (French)**

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

### **हिंदी (Hindi)**

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

### **日本語 (Japanese)**

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

### **नेपाली (Nepali)**

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

### **Polski (Polish)**

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

### **Twi (Twi)**

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye bɛtumi ama wo obi a okyerɛ kasa a woka no ase ama wo kwa a wontua hwee.

### **(Urdu) اردو**

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

### **Tiếng Việt (Vietnamese)**

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

### **אידיש (Yiddish)**

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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