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

Notice of Decision

Decision Date: February 2, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000024407

On January 24, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 8, 2017 eligibility determination and plan enrollment 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.

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

Decision

Decision Date: February 2, 2018

NY State of Health Account ID:
Appeal Identification Number: AP000000024407

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

> Did NY State of Health properly determine that you were not eligible for advance payments of the premium tax credit, effective December 1, 2017?

Procedural History

On October 21, 2016, NY State of Health (NYSOH) issued an eligibility determination stating that you were eligible to receive up to $190.44 per month in advanced premium tax credit (APTC), effective January 1, 2017.

On November 18, 2016, NYSOH issued a plan enrollment notice confirming your enrollment in a qualified health plan with the application of your APTC in the amount of $163.00 per month applied to your monthly premium, both effective January 1, 2017.

On October 28, 2017, NYSOH issued a renewal notice stating that it was time for you to renew your health insurance through NYSOH. This notice stated that you qualified to receive APTC in the amount of $147.09 per month, effective January 1, 2018. This notice further stated that if you want to make a change to your NYSOH account, you must do so between November 16, 2017 and December 15, 2017 in order for that change to affect your eligibility as of January 1, 2018.

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On November 7, 2017, NYSOH received your updated application for financial assistance with health insurance, which included an updated expected annual income amount.

On November 8, 2017, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a qualified health plan at full cost through NYSOH, effective December 1, 2017. That notice also stated that you no longer qualified to receive APTC, effective November 30, 2017.

Also on November 8, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in your qualified health plan with $0.00 in APTC applied to your premium, effective December 1, 2017.

On November 17, 2017, you spoke to NYSOH's Account Review Unit and appealed the termination of your APTC for the month of December 2017.

On January 24, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and the record was 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, you submitted an updated application for financial assistance with health insurance on November 7, 2017.

2) The November 7, 2017 application listed an annual household income of $49,600.00. You testified that this amount was incorrect.

3) According to your NYSOH account, you were found no longer eligible for APTC, effective November 30, 2017.

4) According to your NYSOH account, you remained enrolled in your qualified health plan with no APTC applied to your monthly premium, effective December 1, 2017.

5) You testified that you updated your NYSOH account on November 7, 2017, because you thought that you were making changes to your application for the 2018 coverage year.

6) You testified that you were not aware that making changes to your account early would affect your APTC for the 2017 coverage year.

7) The November 7, 2017 application indicates that you plan on filing your 2017 tax return as single, and will claim no dependents on that tax return.

8) You are seeking health insurance for yourself.

9) Your application states that you live in Kings County, New York.

10) You testified that you were made aware that your APTC had been removed when you received a premium bill from your qualified health plan in mid-November 2017.

11) You testified that you have paid your qualified health plan the full premium amount that was due for the month of December 2017.

12) You testified that you are only appealing your APTC being removed for the month of December 2017.

13) You testified that you have not filed your 2017 federal tax return as of the date of the hearing.

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

Applicable Law and Regulations

Redetermination During a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that its policy will be that any change made after the 15th of any month will not be effective until the first of the second following month (45 CFR § 155.330(f)(2)).

When an eligibility redetermination results in a change in the amount of advance payments of the premium tax credit (APTC) for the benefit year, NYSOH must recalculate the amount of APTC in such a manner as to account for any advance payments already made on behalf of the tax filer, such that the recalculated advance payment amount is projected to result in total advance payments for the benefit year that correspond to the tax filer's total projected premium tax credit for that benefit year (45 CFR § 155.330(g)).

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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)).

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).

Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i)). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

End of Tax Year Reconciliation

At the end of a tax year, a person who elects to take the advance premium tax credit to help pay for the cost of an insurance premium must file a tax return to reconcile any differences between the amount of income the person reported to NYSOH and their actual gross income for that year. A person who received less tax credit than her maximum entitlement, based on gross income, may receive an income tax refund, or owe less in taxes. A person who received more tax credit than his maximum entitlement, based on gross income, will owe the excess as an additional income tax liability (26 CFR § 1.36B-4).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were eligible to enroll in a full pay qualified health plan through NYSOH, effective December 1, 2017.

The application that was submitted on November 7, 2017, listed an annual expected income of $49,600.00 and the eligibility determination relied upon that information.

You are in a one-person household for purposes of this analysis. This is because you expect to file your 2017 income taxes as single and will claim no dependents on that tax return.

APTC are generally available to an applicant who expects to have a household income between 138% to 400% of the applicable FPL. An annual income of $49,600.00 is 417.51% of the 2016 FPL for a one-person household. At 417.51% of the FPL, you were not considered eligible for APTC, based on the information you provided in your application. As a result, NYSOH issued an eligibility determination stating that you were newly eligible to purchase a qualified health plan at full cost through NYSOH, effective December 1, 2017.

When an individual changes information in their application on or before the 15th of any month, NYSOH must make the redetermination that results from the change effective the first day of the following month. Additionally, the date on which a qualified health plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected from the first day to and including fifteenth day of a month goes into effect on the first day of the following month.

Since you updated your application on November 7, 2017, NYSOH must make the changes from that redetermination effective the first day of the month following November 2017, that is, on December 1, 2017.

Therefore, NYSOH's November 8, 2017 eligibility determination and plan enrollment notices are AFFIRMED because as they collectively and properly began your enrollment in your qualified health plan with $0.00 APTC applied to your monthly premium, effective December 1, 2017.

Lastly, at the end of a tax year, a person who elects to take APTC to help pay for the cost of an insurance premium must file a tax return to reconcile any differences between the amount of income the person reported to NYSOH and their actual gross income for that year. A person who received less tax credit than her maximum entitlement, based on gross income, may receive an income tax refund, or owe less in taxes. A person who received more tax credit than his maximum entitlement, based on gross income, will owe the excess as an additional income tax liability.

Since the record indicates that you may have been eligible for a greater amount of APTC then the amount applied to your monthly premium for the month of December 2017, any difference between the advance premium tax credit (based on your expected 2017 income) and the premium tax credit you can claim on your 2017 federal tax return (based on your actual 2017 income) should be

reconciled on your 2017 federal tax return; especially, the APTC amount to which you were entitled, if any, for the month of December 2017.

Decision

The November 8, 2017 eligibility determination notice is AFFIRMED.

The November 8, 2017 plan enrollment notice is AFFIRMED.

This Decision has no effect on any subsequent eligibility determination or plan enrollment notices issued by NYSOH.

Effective Date of this Decision: February 2, 2018

How this Decision Affects Your Eligibility

This Decision does not affect your currently eligibility.

NYSOH properly determined that you were eligible to purchase qualified health plan at full cost, effective December 1, 2017, based on the information you provided in your application.

The monthly premium amount you were responsible for in December 2017 included $0.00 in APTC.

Any discrepancies in the amount of APTC you were entitled to and the amount of APTC not applied to your premium that month will be adjusted when you file your 2017 federal tax return.

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
  Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The November 8, 2017 eligibility determination notice is AFFIRMED.

The November 8, 2017 plan enrollment notice is AFFIRMED.

This Decision has no effect on any subsequent eligibility determination or plan enrollment notices issued by NYSOH.

This Decision does not affect your currently eligibility.

NYSOH properly determined that you were eligible to purchase qualified health plan at full cost, effective December 1, 2017, based on the information you provided in your application.

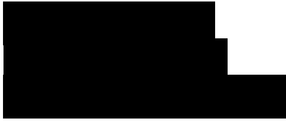
The monthly premium amount you were responsible for in December 2017 included $0.00 in APTC.

Any discrepancies in the amount of APTC you were entitled to and the amount of APTC not applied to your premium that month will be adjusted when you file your 2017 federal tax return.

Legal Authority

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

A Copy of this Decision Has Been Provided To:



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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)

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।

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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 नि:शुल्क 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.

אידיש (Yiddish)

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

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