



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

Notice of Decision

Decision Date: April 25, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024881

[REDACTED]

[REDACTED]

On January 22, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 22, 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 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: April 25, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024881



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 purchase a qualified health plan at full cost through NYSOH and ineligible for advance payments of the premium tax credit (APTC) or cost-sharing reductions, effective January 1, 2018.?

Procedural History

On November 21, 2017, you updated your application for financial assistance with health insurance through NYSOH.

On November 22, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2018. The notice stated that you 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 could not ascertain if a federal tax return was filed for that year.

On November 27, 2017, you spoke to NYSOH's Account Review Unit and appealed this determination insofar as you were found ineligible for APTC.

On December 2, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a qualified health plan with a plan enrollment start date of January 1, 2018.

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On January 22, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Your spouse was also present and provided sworn testimony. The record was developed during the hearing and left open until February 21, 2018 to allow you time to submit supporting documentation, specifically, the Hearing Officer requested that you submit the Internal Revenue Service (IRS) transcript for your 2016 amended tax return.

On February 13, 2018, the NYSOH Appeals Unit received via fax a letter stating that you needed additional time to produce the requested documentation. In response to your request, the Hearing Officer granted an extension to March 23, 2018.

On March 15, 2018, the NYSOH Appeals Unit received via fax a letter stating that you needed additional time to produce the requested documentation. In response to your request, the Hearing Officer granted an extension to April 20, 2018.

On April 2, 2018, the NYSOH Appeals Unit received via fax your IRS account transcript for the tax period ending December 31, 2016 and your IRS tax return transcript for the tax period ending December 31, 2016. This documentation was marked as Appellant's Exhibit #1 and incorporated into the record. The record is now closed.

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 APTC, you are the only one on your account seeking coverage.
- 2) Your spouse testified that you received APTC in 2016 and 2017.
- 3) Your spouse testified that you and your spouse intend to file a tax return for 2017 and 2018 and that you will file as married filing jointly. You will not claim any dependents on those tax returns.
- 4) Your spouse testified that your 2016 tax return was filed on April 15, 2017.
- 5) Your spouse testified that he believes that your APTC was reconciled on your 2016 tax return. Your spouse testified that you may have filed an amended tax return for 2016 wherein your APTC was reconciled. Your spouse testified that he believes you filed a form 8962 with your 2016 tax return.
- 6) On June 21, 2017, you uploaded your 2016 1040 to your NYSOH account. This document, which was signed by your tax preparer on March 2, 2017

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does not include form 8962 reconciling your APTC for 2016. Additionally, line 46 regarding excess advance premium tax credit repayment and line 69 regarding net premium tax credit are blank.

- 7) On December 18, 2017, your IRS tax return transcript for the tax period ending December 31, 2016 was uploaded to your NYSOH account. This indicates that your 2016 tax return was received on April 15, 2017. The transcript does not indicate that you reconciled your 2016 APTC nor does it indicate that you filed form 8962.
- 8) On April 2, 2018, you submitted a copy of your IRS account transcript for the tax period ending December 31, 2016. This indicates that you initially filed your 2016 tax return on April 15, 2017 and your return was processed on June 5, 2017. Thereafter, on February 12, 2018 you filed an amended tax return and on March 16, 2018 you were issued a refund. You also submitted a copy of your IRS tax return transcript for the tax period ending December 31, 2016 which indicates that your 2016 tax return was received on April 15, 2017. The transcript does not indicate that you reconciled your 2016 APTC nor does it indicate that you filed form 8962.

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

Generally, NYSOH must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

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)).

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People who use 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).

NYSOH may not determine a tax filer eligible for APTC if APTC was paid on the tax filer's behalf in a previous year, and a tax return was not filed for that previous year (45 CFR §155.305(f)(4)).

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)).

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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were eligible to purchase a qualified health plan at full cost through NYSOH and not eligible for advanced payments of the premium tax credit (APTC) or cost-sharing reductions, effective January 1, 2018.

On November 21, 2017, NYSOH received your application for financial assistance for 2018. On November 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 January 1, 2018, and ineligible to receive APTC or cost-sharing reductions. This was because APTC was paid to your health insurance company on your behalf in a prior year and NYSOH could not ascertain if a federal tax return was filed for that year.

You submitted your IRS tax return transcript for your 2016 tax return. This indicates that your 2016 tax return was initially filed on April 15, 2017. However, the transcript indicates that at the time of your initial filing, you had not reconciled your 2016 APTC, which is reconciled on form 8962.

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Your spouse testified that you may have filed an amended tax return for 2016 wherein your APTC was reconciled, however, your spouse was not sure when this was filed.

You submitted your IRS account transcript for your 2016 tax return. This indicates that an amended return was filed on February 12, 2018.

Applicants who use APTC to help pay health insurance premiums must file a federal tax return and reconcile their expected income as stated on their NYSOH application, with their actual income as stated on their federal income tax return.

As you received APTC in 2016, you were required to file a tax return for 2016 and reconcile the APTC you received in 2016. As your 2016 APTC was not reconciled on your 2016 tax return at the time of your November 21, 2017 application or the November 22, 2017 eligibility determination, NYSOH properly determined that you were eligible to purchase a qualified health plan at full cost through NYSOH, and ineligible to receive APTC or cost-sharing reductions.

Therefore, the November 22, 2017 eligibility determination notice is **AFFIRMED**.

However, as the record reflects that you have filed an amended tax return for 2016 wherein you reconciled your APTC for 2016, the IRS may have since updated its electronic data sources. Therefore, your case is **RETURNED** to NYSOH to rerun your application in order to ascertain whether the IRS data sources now reflect that you have reconciled your 2016 APTC, and to determine if you are now eligible for financial assistance with health insurance.

Decision

The November 22, 2017 eligibility determination notice is **AFFIRMED**.

Your case is **RETURNED** to NYSOH to rerun your application in order to ascertain whether the IRS data sources now reflect that you have reconciled your 2016 APTC, and to determine if you are now eligible for financial assistance with health insurance.

Effective Date of this Decision: April 25, 2018

How this Decision Affects Your Eligibility

You remain eligible to purchase a qualified health plan at full cost through NYSOH.

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).

Your case is being sent back to NYSOH to determine if the IRS data sources now reflect that you filed a tax return for 2016 reconciling your APTC, and if so, to redetermine your eligibility for financial assistance with health insurance.

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:

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).

- 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 22, 2017 eligibility determination notice is AFFIRMED.

Your case is RETURNED to NYSOH to rerun your application in order to ascertain whether the IRS data sources now reflect that you have reconciled your 2016 APTC, and to determine if you are now eligible for financial assistance with health insurance.

You remain eligible to purchase a qualified health plan at full cost through NYSOH.

Your case is being sent back to NYSOH to determine if the IRS data sources now reflect that you filed a tax return for 2016 reconciling your APTC, and if so, to redetermine your eligibility for financial assistance with health insurance.

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 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&btumi 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.

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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