



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

Notice of Decision

Decision Date: March 16, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025385

[REDACTED]

Dear [REDACTED],

On February 12, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 5, 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).

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: March 16, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025385

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

Procedural History

According to your NYSOH account, you received \$289.00 per month in APTC in 2015, \$189.00 per month in APTC in 2016, and \$282.00 per month in APTC in 2017.

On December 4, 2017, you updated your application for financial assistance with health insurance. That day, NYSOH issued a preliminary eligibility determination stating that you were ineligible for financial assistance; however, you could purchase a qualified health plan at full cost through NYSOH.

Also on December 4, 2017, you spoke to NYSOH's Account Review Unit and appealed the preliminary determination insofar as you were found ineligible for APTC.

On December 5, 2017, NYSOH issued an eligibility determination notice, consistent with your preliminary eligibility determination, stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective

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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 December 20, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to receive APTC and cost-sharing reductions, effective January 1, 2018. The notice stated that you have been granted Aid to Continue until a decision is made on your appeal.

On December 22, 2017, a plan enrollment notice was issued confirming your enrollment in a silver-level qualified health plan at a reduced premium of \$174.94 per month, after APTC of \$335.00 per month had been applied.

On February 12, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open for thirty days to allow you time to submit documentation; specifically, the IRS transcripts for your 2015 and 2016 federal income tax returns.

On February 13, 2018, you uploaded the IRS transcripts for your 2015 and 2016 federal income tax returns to your NYSOH account. These documents were made part of the record as Appellant's Exhibit "A." The record is now closed.

Findings of Fact

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

- 1) According to your NYSOH account and testimony, you file your federal income tax returns with a tax status of married filing jointly and claim no dependents.
- 2) You are seeking financial assistance with health insurance for yourself only.
- 3) According to your NYSOH account, your annual household income is listed as \$35,711.00, consisting of your employment income of \$5,834.00 and your spouse's Social Security Benefits of \$27,877.00. You testified that this amount was correct.
- 4) You testified that, when your eligibility was determined, you were unaware that the tax returns had not been filed because your accountant files your returns for you. You further testified that once you received notice that you were ineligible for APTC due to a tax filing issue, it took seven to ten

business days for you get the information you needed to update your NYSOH account.

- 5) You testified that you filed your 2016 federal income tax return around November 20, 2017. You were unsure as to when your 2015 federal income tax return was filed.
- 6) On February 13, 2018, you submitted your 2015 and 2016 IRS transcripts, which show that your 2015 federal income tax return was received on April 15, 2016, and your 2016 federal income tax return was received on January 31, 2018. These documents further included information from your form 8962 regarding reconciliation of your APTC for 2015 and 2016 (see Appellant's Exhibit A, [REDACTED]).
- 7) According to your 2015 and 2016 1095-A Health Insurance Marketplace Statement, you received an APTC of \$289.00 per month in 2015 and \$189.00 per month in 2016 (see Document [REDACTED] and [REDACTED]).
- 8) You testified that you intend to file a tax return for 2017.
- 9) You testified that you are seeking reinstatement of your APTC as of January 1, 2018.
- 10) According to your NYSOH account, you reside in [REDACTED], NY

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

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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)).

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

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 APTC or cost-sharing reductions, effective January 1, 2018.

On December 4, 2017, NYSOH received your application for financial assistance for 2018. On December 5, 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, 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 testified that you filed your 2016 federal income tax return around November 20, 2017. The IRS tax transcript for your 2016 federal income tax return indicates that your 2016 tax return was not received by the IRS until January 31, 2018.

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If NYSOH is unable to obtain information that a prior year's tax return has been filed, NYSOH may not determine a tax filer eligible for APTC, if APTC was paid on the tax filer's behalf in a previous year.

As you received APTC in 2016 and your 2016 tax return had not been received by the IRS at the time of your December 4, 2017 application, 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 December 5, 2017 eligibility determination notice is **AFFIRMED** as correct when made.

However, the IRS tax transcripts shows that the IRS received you and your spouse's 2015 federal income tax return on April 15, 2016, and you and your spouse's 2016 federal income tax return on January 31, 2018. Therefore, your case is **RETURNED** to NYSOH to rerun your application to ascertain your eligibility for financial assistance with health insurance, as of January 1, 2018, using a two-person household with an expected annual household income of \$35,711.00, for an individual residing in New York County. NYSOH is directed to refer to your IRS tax transcripts for 2015 and 2016 (see Appellant's Exhibit A, [REDACTED]) for verification that you and your spouse filed and reconciled your taxes for those years.

Decision

The December 5, 2017 eligibility determination notice is **AFFIRMED** as correct when made.

Your case is **RETURNED** to NYSOH to rerun your application to ascertain your eligibility for financial assistance with health insurance, as of January 1, 2018, using a two-person household with an expected annual household income of \$35,711.00, for an individual residing in New York County, and to notify you accordingly. NYSOH is directed to refer to your IRS tax transcripts for 2015 and 2016 (see Appellant's Exhibit A, [REDACTED]) for verification that you and your spouse filed and reconciled your taxes for those years.

Effective Date of this Decision: March 16, 2018

How this Decision Affects Your Eligibility

As of December 5, 2017, you were properly determined to be eligible to purchase a qualified health plan at full cost through NYSOH as of January 1, 2018.

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Your case is being sent back to NYSOH to redetermine your eligibility for financial assistance as of January 1, 2018, based on the information noted above. NYSOH will send you an eligibility redetermination notice in this regard.

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).

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- By mail at:
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- By fax: 1-855-900-5557

Summary

The December 5, 2017 eligibility determination notice is **AFFIRMED** as correct when made.

Your case is **RETURNED** to NYSOH to rerun your application to ascertain your eligibility for financial assistance with health insurance, as of January 1, 2018, using a two-person household with an expected annual household income of \$35,711.00, for an individual residing in New York County, and to notify you accordingly. NYSOH is directed to refer to your IRS tax transcripts for 2015 and 2016 (see Appellant's Exhibit A, [REDACTED] for verification that you and your spouse filed and reconciled your taxes for those years.

As of December 5, 2017, you were properly determined to be eligible to purchase a qualified health plan at full cost through NYSOH as of January 1, 2018.

Your case is being sent back to NYSOH to redetermine your eligibility for financial assistance as of January 1, 2018, based on the information noted above. NYSOH will send you an eligibility redetermination notice in this regard.

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 مجاناً.

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 b etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

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

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.

אַײַדיש (Yiddish)

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

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