



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

Notice of Decision

Decision Date: April 05, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025517



On March 2, 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 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 Date: April 05, 2018

NY State of Health Account ID: [REDACTED]
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Issues

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

Did NY State of Health properly determine that you were ineligible for the Essential Plan?

Did NY State of Health properly determine that you were ineligible for Medicaid?

Did NY State of Health 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 or cost-sharing reductions, effective January 1, 2018?

Procedural History

On December 4, 2017, NY State of Health (NYSOH) received your updated application for financial assistance with health insurance.

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. This notice stating that you were not eligible for the Essential Plan or Medicaid because you did not meet the income limits or other eligibility standards for these programs. The notice further stated that you were not eligible for advanced payment of the premium tax credit (APTC) or cost sharing reductions because of one of the following reasons: You told NYSOH that you do not plan to file a federal tax return; or you are married and you told

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NYSOH that you will file taxes separately from your spouse; or APTC was made to your health insurance company to reduce your premium costs in a prior year and NYSOH cannot tell if a federal tax return was filed for that year.

On December 7, 2017, you spoke to NYSOH's Account Review Unit and appealed this determination insofar as you were found ineligible for financial assistance with your health insurance.

On March 2, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Spanish Interpreter # [REDACTED] assisted with the hearing. The record was developed during the hearing and left open until April 2, 2018, to allow you time to submit supporting documentation. Specifically, the Hearing Officer directed you to submit your 2016 IRS tax transcript.

On March 21, 2018, NYSOH received documentation from you and it was made part of the record as "Appellant's Exhibit #1." The record was left open until April 2, 2018, to allow you time to submit additional income documentation.

As of April 2, 2018, the NYSOH's Appeals Unit did not receive any additional documents from you and none were viewable in your NYSOH account. Therefore, the record was closed on April 2, 2018, and this decision is based on the record as developed at the hearing and includes Appellant's Exhibit A.

Findings of Fact

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

- 1) According to your NYSOH account, APTC was paid on your behalf in 2016.
- 2) You testified that you have your taxes filed by a tax preparer.
- 3) You testified that you did file your 2016 federal tax return and that you filed it on time.
- 4) You testified that you are unsure as to whether your APTC was reconciled on your 2016 tax return but that you do bring your health insurance paperwork with you to the tax preparer.
- 5) You testified that, at the time of the hearing, you have already filed your taxes for 2017 and that you plan on filing your taxes in 2018.
- 6) On March 21, 2018, a copy of your 2016 federal tax return was uploaded to your NYSOH account (see Documents [REDACTED]
[REDACTED])

- 7) According to the copy of your 2016 federal tax return that was uploaded to your NYSOH account on March 21, 2018, Form 8962 was not included.
- 8) There is no indication in the record that you attempted to upload a copy of your 2016 IRS tax transcript.
- 9) You testified that you plan on filing your 2018 tax return with a tax filing status of single and will claim no dependents on that tax return.
- 10) The December 5, 2017 application lists an expected annual income of \$20,800.00, which consists of income you earn from your employment.
- 11) Your application indicates that you were [REDACTED] as of your December 5, 2017 application.
- 12) You testified that you are unsure as to whether you qualify for Medicare.

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

Applicable Law and Regulations

Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable FPL or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

In an analysis of Essential Plan eligibility, the determination is based on the FPL in effect on the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). On the date of your application that was the 2017 FPL, which is \$12,060.00 for a one-person household (82 Fed. Reg. 8831).

Medicaid

An individual is eligible for enrollment in Medicaid through NYSOH (called MAGI-based Medicaid) when he or she meets certain nonfinancial criteria and has a household income that is at or below the applicable Medicaid income standard (45 CFR § 155.305(c); N.Y. Soc. Serv. Law § 366(1)(b)).

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On the date of your December 4, 2017 application, that was the 2017 FPL, which is \$12,060.00 for a one-person household (82 Fed. Reg. 8831).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

In general, to qualify for MAGI-based Medicaid through NYSOH, you must also be one of the following:

- An adult aged 19-64 who is not eligible for Medicare Part A or Part B,
- A pregnant woman or infant,
- A child aged 1-18, or
- A parent or caretaker relative

(45 CFR § 155.305(c); N.Y. Soc. Serv. Law § 366(1)(b)).

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)).

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

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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 first issue under review is whether NYSOH properly determined that you were ineligible for the Essential Plan.

NYSOH must generally determine an applicant eligible for the Essential Plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated.

The application that was submitted on December 4, 2017 listed an annual household income of \$20,800.00 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 2018 income tax return as single will claim no dependents on that tax return.

On the date of your application, the relevant FPL was \$12,060.00 for a one-person household. Since an annual household income of \$20,800.00 is 172.47% of the 2017 FPL, you met the financial requirements to be found eligible for the Essential Plan as of the date of your application.

However, in order to be found eligible for the Essential Plan through NYSOH, an applicant needs to meet both the financial requirements and the non-financial requirements. One of the non-financial requirements for Essential Plan eligibility

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is that the applicant must be 64 years old or younger at the time of the application. Since the record indicates that on [REDACTED], NYSOH correctly found you to be ineligible for the Essential Plan based on the non-financial requirements for Essential Plan eligibility.

The second issue under review is whether NYSOH properly determined that you were ineligible for Medicaid.

Medicaid through NYSOH (called MAGI-based Medicaid) is available to individuals who are between the ages of 19 and 64, who are not eligible for Medicare Parts A or B; pregnant women or infants; children between the ages of 1 and 18; and parent or caretaker relatives.

According to your testimony and the information in your NYSOH application, you are single with no dependents and, therefore, you are not a parent or a caretaker relative of a dependent child.

The record reflects that, at the time NYSOH issued the December 5, 2017 eligibility determination notice, [REDACTED]. Since you are over the allowable age limit for MAGI-based Medicaid, and not a parent or caretaker relative, NYSOH properly determined that you were not eligible for Medicaid through NYSOH based on non-financial requirements.

The third 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 updated application for financial assistance with health insurance. As of that application, NYSOH determined that you were not eligible for financial assistance because, based on federal and state data sources, it appeared that you had not filed a prior year's tax return and, as a result, did not reconcile your APTC that you received that year with the IRS.

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. Therefore, if APTC was paid on that tax filer's behalf in a previous year and NYSOH is unable to determine whether the APTC was reconciled on their federal tax return for that year, NYSOH may determine a tax filer ineligible for APTC going forward.

The record indicates that you were found eligible for and received APTC in 2016. You testified that you always receive assistance in filing your tax returns from a tax preparer. You testified that you filed your 2016 federal tax return on time, and that you are unsure as to whether you reconciled your APTC. However, you further testified that you always bring all your health insurance paperwork to your tax preparer when you file your taxes.

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Although you testified that you filed your 2016 tax return, the Hearing Officer directed you to submit a copy of your 2016 IRS tax transcript and left the record open until April 2, 2018, to allow you time to submit this documentation. The record indicates that you did not submit your 2016 IRS tax transcript within the allotted time. However, you did submit a signed copy of your 2016 tax return, but this copy does not contain a completed Form 8962, which would indicate that you submitted the necessary paperwork to reconcile your APTC on your tax return. Therefore, you have not submitted sufficient proof that you filed your 2016 tax return with Form 8962 showing APTC was reconciled. As a result, the NYSOH's Appeals Unit is unable to determine whether you reconciled the APTC you received in 2016 with the IRS.

Since eligibility to receive APTC is required to be eligible to receive cost-sharing reductions, it follows that you were not eligible for cost-sharing reductions.

As you received APTC in 2016 and there is insufficient evidence in the record to demonstrate that you filed your 2016 tax return with the requisite information required to reconcile your APTC, the December 5, 2017 eligibility determination notice finding you eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2018, and ineligible for the Essential Plan and Medicaid due to nonfinancial requirements, and ineligible to receive APTC or cost-sharing reductions due to failure to reconcile APTC in 2016 with the IRS, it is correct and AFFIRMED.

Decision

The December 5, 2017 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: April 05, 2018

How this Decision Affects Your Eligibility

NYSOH properly determined that you were ineligible for the Essential Plan.

NYSOH properly determined that you were ineligible for Medicaid.

NYSOH properly determined that you were eligible to purchase a qualified health plan at full cost through NYSOH, based on the information in your application, and ineligible to receive APTC or cost-sharing reductions for failure to reconcile APTC in 2016 with the IRS.

If You Disagree with this Decision (Appeal Rights)

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).

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
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- By fax: 1-855-900-5557

Summary

The December 5, 2017 eligibility determination notice is **AFFIRMED**.
NYSOH properly determined that you were ineligible for the Essential Plan.

NYSOH properly determined that you were ineligible for Medicaid.

NYSOH properly determined that you were eligible to purchase a qualified health plan at full cost through NYSOH, based on the information in your application, and ineligible to receive APTC or cost-sharing reductions for failure to reconcile APTC in 2016 with the IRS.

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 مجاناً.

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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