



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

Notice of Decision

Decision Date: February 21, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025713

[REDACTED]

On February 15, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 24, 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: February 21, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025713

[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 (QHP) at full cost and ineligible for advance payments of premium tax credit (APTC), effective January 1, 2018?

Procedural History

On November 24, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a QHP at full cost through NYSOH, effective January 1, 2018. The notice stated that you were not eligible to receive APTC or cost-sharing reductions (CSR) because APTC was paid to your health insurance company in a prior year and NYSOH was unable to ascertain if a federal tax return was filed for that year.

On December 13, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal because you were determined ineligible for APTC.

On December 14, 2017, you uploaded additional documentation to your NYSOH account [REDACTED]

On December 23, 2017, NYSOH issued a plan enrollment notice confirming that as of December 22, 2017, you were enrolled in a QHP with an enrollment start date of February 1, 2018.

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On December 29, 2017, your NYSOH account was systemically updated because you requested that your financial assistance continue until a decision was rendered on your appeal.

On December 30, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for a tax credit up to \$351.00 per month and CSR, effective January 1, 2018.

On February 15, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken 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) You were granted Aid to Continue with APTC and CSR pending the outcome of your appeal.
- 2) According to your NYSOH account and testimony, you are seeking to keep health insurance with financial assistance for yourself.
- 3) According to your NYSOH account and testimony, your marital status is single.
- 4) According to your NYSOH account and testimony, you expect to file a 2018 federal income tax return.
- 5) According to your NYSOH account and testimony, you were enrolled in a QHP and received APTC in 2016.
- 6) You testified that you filed your 2016 federal income tax return in April 2017.
- 7) You testified that, on May 2, 2017, the Internal Revenue Service (IRS) issued you a notice stating that you had to file a Form 8962 to reconcile your APTC on your 2016 federal income tax return.
- 8) You testified that in May 2017, your 2016 federal income tax return was amended, and you mailed the Form 8962 to the IRS.
- 9) You testified that you mailed a \$567.00 check to IRS because you received too much APTC during 2016.
- 10) On December 14, 2017, you submitted a four-page tax return transcript from the IRS, United States Department of Treasury for the tax period

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that ended on December 31, 2016 ([REDACTED])
The transcript indicates that the premium tax credit amount and verified amount was \$0.00. Further, a Form 8962 is not listed on the transcript.

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 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)).

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 were made on behalf of the tax filer or their spouse, and the tax filer or their spouse did not comply with the requirement to file an income tax return for that year and reconcile the APTC for that period (45 CFR § 155.305(f)(4)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were eligible to purchase a QHP at full cost through NYSOH, and not eligible for APTC, effective January 1, 2018.

On November 23, 2017, you submitted an application to receive financial assistance in 2018 through NYSOH. NYSOH issued an eligibility determination notice stating that you were eligible to purchase a QHP at full cost through and ineligible to receive APTC. The notice stated that APTC was paid to your health insurance company in a prior year and NYSOH was unable to ascertain if a federal tax return was filed for that year.

Individuals who use APTC to help pay for their health insurance premiums must file a federal income tax return and reconcile their expected household income with their actual household income on that tax return.

NYSOH was unable to confirm through federal and state data sources that you filed a federal income tax return for 2016 and reconciled your household income on that tax return.

The record reflects that you received APTC in 2016 and filed a 2016 federal income tax return in April 2017. On May 2, 2017, the IRS issued you a notice stating that you had to file a Form 8962 to reconcile your APTC on your 2016 federal income tax return. Based on the receipt of that notice, you testified that you amended your 2016 federal income tax return and mailed Form 8962 to the IRS in May 2017. Further, you mailed a \$567.00 check to IRS due to the excess APTC received during 2016.

On December 14, 2017, you submitted a return transcript from the IRS, United States Department of Treasury for the tax period that ended on December 31, 2016 ([REDACTED]). The transcript indicates that the premium tax credit amount and verified amount was \$0.00, and a Form 8962 is not listed on the transcript. Based on the available record, NYSOH's Appeals Unit is unable to verify that a Form 8962 was submitted and the APTC received in 2016 was reconciled. The record does not sufficient evidence to overturn NYSOH's determination that you are ineligible for APTC.

Therefore, the November 24, 2017 eligibility determination notice is AFFIRMED.

Decision

The November 24, 2017 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: February 21, 2018

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).

How this Decision Affects Your Eligibility

This decision does not change your eligibility for financial assistance or enrollment in health insurance coverage through NYSOH.

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.

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If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

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NY State of Health Appeals
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- By fax: 1-855-900-5557

Summary

The November 24, 2017 eligibility determination notice is AFFIRMED.

This decision does not change your eligibility for financial assistance or enrollment in health insurance coverage through NYSOH.

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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