



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

## Notice of Decision

Decision Date: September 27, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: APM28231272

[REDACTED]

Dear [REDACTED],

On August 2, 2017, you and your spouse appeared by telephone at a hearing on your appeal of NY State of Health's February 21, 2017 eligibility determination notice, March 17, 2017 eligibility determination notice, and the level of cost-sharing reductions being applied to your coverage.

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.

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: September 27, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: APM28231272



## Issues

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

Did NY State of Health (NYSOH) properly determine you and your spouse were not eligible to receive advance payments of the premium tax credit and cost sharing reductions in March 2017?

Is NYSOH applying the correct level of cost-sharing reductions to your qualified health plan since March 1, 2017?

## Procedural History

On November 17, 2016, NYSOH issued a notice of eligibility determination stating you and your spouse were eligible to receive up to \$575.00 in advance payments of the premium tax credit (APTC), for a limited time, and conditionally eligible to receive cost-sharing reductions if you enrolled in a silver-level qualified health plan (QHP), effective January 1, 2017. The notice directed you to provide documentation confirming your household income before February 14, 2017 or you might lose your insurance or receive less help paying for your coverage.

On November 19, 2017, NYSOH issued a notice confirming the enrollment of you and your spouse in an MVP premier silver-level QHP with APTC and cost-sharing reductions, effective January 1, 2017. According to the notice, your monthly premium, after APTC applied, was \$206.66 and the group deductible was \$3,400.00.

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On February 20, 2017, NYSOH systematically redetermined the eligibility of you and your spouse.

On February 21, 2017, NYSOH issued an eligibility determination notice stating you and your spouse were newly eligible to purchase a QHP at full cost, effective April 1, 2017. The notice stated you and your spouse were not eligible to receive APTC or cost-sharing reductions, because NYSOH did not receive the income documentation needed to verify the income listed in your application.

Also on February 21, 2017, NYSOH issued an enrollment notice confirming you and your spouse were enrolled in a full cost QHP with no APTC applied to your premium and an annual group deductible of \$5,000.00.

On March 16, 2017 NYSOH again systematically redetermined the eligibility of you and your spouse.

On March 17, 2017, NYSOH issued an eligibility determination notice stating you and your spouse were eligible to purchase a QHP at full cost, effective May 1, 2017. The notice stated you and your spouse were not eligible to receive APTC or cost-sharing reductions, because the household income amount listed in your application of \$78,483.00 was over the allowable income limit for those programs.

On March 18, 2017, NYSOH received an updated application for financial assistance with health insurance submitted on behalf of you and your spouse.

On March 19, 2017, NYSOH issued an eligibility determination notice stating you and your spouse were eligible to receive up to \$575.00 in APTC, for a limited time, and conditionally eligible to receive cost-sharing reductions if you enrolled in a silver-level QHP, effective May 1, 2017. The notice directed you to provide documentation confirming your household income before June 16, 2017 or you might lose your insurance or receive less help paying for your coverage.

Also on March 19, 2017, NYSOH issued an enrollment notice confirming you and your spouse were enrolled in a full cost QHP with no APTC applied to your premium.

On March 23, 2017, NYSOH issued another enrollment notice confirming you and your spouse were enrolled in a QHP with \$575.00 of APTC applied to your monthly premium April 1, 2017. According to that notice, the annual group deductible for the plan was \$3,400.00.

On April 10, 2017, NYSOH systematically redetermined the eligibility of you and your spouse.

On April 11, 2017, NYSOH issued an eligibility determination stating you and your spouse were fully eligible to receive up to \$461.00 in APTC, effective May 1, 2017. The notice stated you were no longer eligible to receive cost-sharing reductions, because your household income of \$43,495.00 was over the allowable income limit for that program.

Also on April 11, 2017, NYSOH issued an enrollment notice confirming you and your spouse were enrolled in a QHP with \$461.00 of APTC applied, effective May 1, 2017. The notice also confirmed your plan had a \$5,000.00 annual group deductible.

On April 21, 2017, a written request to appeal the eligibility of you and your spouse to receive APTC and cost-sharing reductions was uploaded to your NYSOH account.

On April 26, 2017, NYSOH issued an eligibility determination notice, based on an April 25, 2017 systematic eligibility redetermination, stating you and your spouse were fully eligible to receive up to \$575.00 in APTC, effective June 1, 2017.

Also on April 26, 2017, NYSOH issued an enrollment notice confirming you and your spouse were enrolled in a QHP with a \$3,400.00 deductible and \$575.00 in APTC effective May 1, 2017.

On August 2, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing closed at the end of the hearing.

## **Findings of Fact**

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

- 1) You and your spouse are both applying for health insurance.
- 2) On November 16, 2017, you submitted an updated application for financial assistance with health insurance for the 2017 coverage year on behalf of you and your spouse. That application listed your anticipated household income for 2017 as \$35,000.00 all attributed to "additional income" income for you. The application indicated your spouse had no anticipated income for 2017.
- 3) According to your account, NYSOH was unable to verify the income information listed in your application and you and your spouse were found conditionally eligible to receive \$575.00 in APTC and cost-sharing reductions, effective January 1, 2017, pending receipt of documentation verifying your income by February 14, 2017.

- 4) You and your spouse enrolled in a silver-level QHP with MVP for 2017 with cost-sharing reductions and a monthly premium of \$206.66, after APTC applied, and an annual group deductible of \$3,400.00.
- 5) On December 7, 2016, a copy of a Form-1040 from the 2015 joint tax return of you and your spouse was posted to your NYSOH account. According to that tax return, the adjusted gross income of you and your spouse in 2015 was \$43,495.00.
- 6) According to your account, NYSOH did not verify your income documentation at that time.
- 7) On February 20, 2017, NYSOH systematically redetermined the eligibility of you and your spouse and found you ineligible for financial assistance on the grounds you failed to submit income documentation necessary to confirm your income.
- 8) The eligibility determination notice issued on February 21, 2017 indicated your new eligibility was effective April 1, 2017.
- 9) The enrollment confirmation notice issued on February 21, 2017 indicated you and your spouse were enrolled in a full-cost QHP with no APTC applied, but it did not indicate when your APTC would be revoked. That notice indicated the annual group deductible for that plan was \$5,000.00.
- 10) You testified that your APTC and cost-sharing reductions were revoked for the month of March 2017.
- 11) According to your account, on March 16, 2017, NYSOH verified the income documentation posted to your account on December 7, 2016 and recalculated your household income by adding the \$43,483.00 in additional income from your 2015 tax return to the \$35,000.00 annual income amount you listed in your prior application for a total household income of \$78,483.00.
- 12) NYSOH redetermined the eligibility of you and your spouse based on the recalculated income amount and found you ineligible to receive financial assistance, effective May 1, 2017.
- 13) On March 18, 2017, NYSOH received an updated application submitted on behalf of you and your spouse again listing your anticipated household income for 2017 as \$35,000.00.

- 14) According to your account, NYSOH was again unable to verify the income information listed in your application and income documentation was again requested.
- 15) You and your spouse were again determined conditionally eligible for up to \$575.00 in APTC and cost-sharing reductions. The eligibility determination notice issued on March 19, 2017 indicated your new eligibility was effective May 1, 2017.
- 16) On March 23, 2017, NYSOH issued an enrollment notice confirming you and your spouse were enrolled in a QHP with \$575.00 in APCT applied, April 1, 2017. The notice confirmed the plan had a \$3,400.00 annual group deductible.
- 17) On April 10, 2017 NYSOH again systematically redetermined the eligibility of you and your spouse and recalculated your household income as \$43,495.00, the adjusted gross income amount from the 2015 tax return of you and your spouse.
- 18) Based on the updated income amount, NYSOH determined you and your spouse fully eligible to receive up to \$461.00 in APTC, effective May 1, 2017. You and your spouse were no longer eligible to receive cost-sharing reductions based on the recalculated income amount.
- 19) The enrollment notice issued on April 11, 2017, confirmed you and your spouse were enrolled in a QHP with \$461.00 in APTC applied May 1, 2017. That notice indicated your plan had a \$5,000.00 annual group deductible.
- 20) On April 21, 2017, you uploaded a written request for an appeal of the eligibility of you and your spouse. You also uploaded a document alleging errors by NYSOH in failing to properly and timely verify your income documentation, in improperly revoking your APTC for the month of March 2017 and removing your cost-sharing reductions resulting in higher deductibles and out of pocket costs, and in erroneously recalculating your household income. In the documents, you also explain that your household income consists entirely of investment income which changes every year and the attested income amount of \$35,000.00 in your application was based on a projection from your financial planner. You explained that your APTC is reconciled at the end of the year on your tax return and you pay the difference in the event your actual income is more than you project.
- 21) According to your account, NYSOH systematically updated your application on April 25, 2017 by decreasing the household income amount to the \$35,000.00 attested to in your previous application.

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- 22) Based on the recalculated income amount, NYSOH determined you and your spouse fully eligible to receive up to \$575.00 in APTC and cost-sharing reductions, effective June 1, 2017.
- 23) The enrollment notice issued on April 26, 2017 confirmed you and your spouse were enrolled in a QHP with \$575.00 in APTC applied May 1, 2017 and an annual group deductible of \$3,400.00.
- 24) You testified you are seeking reinstatement of your APTC and cost-sharing reductions for the month of March 2017. You testified you are currently paying higher co-pays than you think you should be paying so you want to confirm that you and your spouse are enrolled in the same QHP with the same amount of APTC and cost-sharing reductions applied as you were in January 2017.
- 25) All your applications indicate you and your spouse file your tax returns with a tax filing status of married filing jointly and you claim no dependents.

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

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)).

An applicant is required to attest to their household's projected annual income for purposes of determining their eligibility for APTC (45 CFR § 155.320(c)(3)(ii)(B)). 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 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)).

If income data is unavailable, or if an applicant's attestation is not reasonably compatible with the income data NYSOH obtains, NYSOH must request

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additional information from the applicant to resolve the inconsistency (45 CFR § 155.320 (c)(3)(iii), (iv)).

NYSOH must provide the applicant with notice of the inconsistency in their account and 90 days to provide satisfactory documentary evidence to resolve the inconsistency (45 CFR § 155.315 (f)(2)). If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine the applicant's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation (45 CFR § 155.315(f)(2), (g)).

Upon making an eligibility redetermination, NYSOH must notify the applicant, and it must implement any decreases in eligibility to receive APTC effective as of the first day of the month following the date of the notice if the change occurs on or before the 15th of the month; otherwise, the change becomes effective the first day of the second following month (45 CFR § 155.310(f), 45 CFR § 155.330(f)(1)(i) and (f)(3)). Increases become effective the first day of the following month, regardless of when during the month the change occurs (*id.*).

### Cost-Sharing Reductions

Cost-sharing reductions 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)).

There is no currently mechanism to reconcile CSR levels, as there is with APTC.

### Levels of Cost-Sharing Reductions

NYSOH directs insurers to offer three variations of silver-level qualified health plans, in addition to a full-cost plan, which provide varying levels of financial assistance, called “cost-sharing reductions” (CSR), using the following categories:

(1) Those with an annual household income that is at least 100% but less than or equal to 150 % of the FPL,

(2) Those with an annual household income that is greater than 150% but less than or equal to 200% of the FPL, and

(3) Those with an annual household income that is greater than 200 but less than or equal to 250% of the FPL (see 45 CFR § 155.305(g)(2), 45 CFR § 155.305(g)(3)).

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Each category listed above gives a different level of CSR, so that you would receive different amounts of financial assistance based on the level of your income (see 45 CFR § 156.420). These subsidies reduce the total deductibles, copayments, coinsurance, and other out-of-pocket expenses that people eligible for CSR pay when they use benefits covered by their health plan.

#### Changes in eligibility for cost-sharing reductions

If the Exchange notifies a QHP issuer of a change in an enrollee's eligibility for cost-sharing reductions, then the QHP issuer must change the individual's assignment such that the individual is assigned to the applicable standard plan or plan variation of the QHP as required under § 156.410(b) as of the effective date of eligibility required by the Exchange.

In the case of a change in assignment to a different plan variation (or standard plan without cost-sharing reductions) of the same QHP in the course of a benefit year under this section, the QHP issuer must ensure that any cost sharing paid by the applicable individual under previous plan variations (or standard plan without cost-sharing reductions) for that benefit year is taken into account in the new plan variation (or standard plan without cost-sharing reductions) for purposes of calculating cost sharing based on aggregate spending by the individual, such as for deductibles or for the annual limitations on cost sharing.

(45 CFR §156.425)

## **Legal Analysis**

The issue under review is whether NYSOH properly determined you and your spouse were not eligible to receive advance payments of the premium tax credit and cost sharing reductions in March 2017.

An individual requesting financial assistance to help pay for the cost of coverage provided through NYSOH is required to attest to his or her household's projected annual income. For individuals seeking APTC, NYSOH must request income data from federal data sources to verify an individual's income attestation.

If NYSOH cannot verify an individual's attestation, it must provide the individual with notice of the inconsistency and provide a period of 90 days from the date notice is received to resolve the inconsistency.

In the eligibility determination issued on November 17, 2016, you were advised the eligibility of you and your spouse for APTC and cost-sharing reductions was only conditional, and that you needed to confirm your household's income before February 14, 2017.

Although NYSOH issued an eligibility determination notice on February 21, 2017 indicating you and your spouse were no longer eligible to receive APTC or cost-

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sharing reductions, because you failed to submit proof of your household income, your account confirms that NYSOH received a copy of a Form-1040 from the 2015 joint tax return of you and your spouse on December 7, 2016. There is no evidence that NYSOH reviewed this documentation and deemed it invalid and no record of any notice being issued to you by NYSOH advising that the documentation was insufficient. Moreover, your account confirms that this same document was verified by NYSOH on March 16, 2017 and was the basis for the March 17, 2017 eligibility determination.

Accordingly, the February 21, 2017 eligibility determination notice stating you and your spouse were no longer eligible to receive APTC or cost-sharing reductions, effective April 1, 2017, represented an untimely review of your income documentation, was not correct, and must be RESCINDED.

It is noted that notwithstanding the above cited regulations stating that any decrease in eligibility for APTC, occurring after the 15<sup>th</sup> of the month, will become effective as of the first day of the second month following the date of the notice, you testified that NYSOH revoked your APTC and cost-sharing reductions for the month of March 2017. Therefore, based on the rescission of the February 21, 2017 eligibility determination notice, your case is RETURNED to NYSOH to reinstate your APTC and cost-sharing reduction for the month of March 2017 at the same levels pursuant to the previous November 17, 2016 eligibility determination.

The second issue under review is whether NYSOH is applying the correct level of cost-sharing reductions to your QHP since March 1, 2017.

As discussed above, you and your spouse were eligible to receive APTC and cost-sharing reductions in the month of March 2017 in the amounts determined by your November 17, 2016 eligibility determination.

According to your account, on March 16, 2017, NYSOH verified the income documentation you uploaded to your account in December 2016. Your account confirms that NYSOH recalculated your household income, based on that documentation, by adding the \$43,483.00 in additional income from your 2015 tax return to the \$35,000.00 annual income amount you listed in your prior application for a total household income of \$78,483.00. As a result, NYSOH determined you and your spouse ineligible for financial assistance because the recalculated income amount exceeded the income threshold to qualify for any financial assistance programs. However, the evidence establishes that NYSOH miscalculated your household income by combining the amount you attested to earning for the year to the amount of your adjusted gross income for 2015 resulting in an erroneous inflation of your household income for 2017.

Thus, the resulting March 17, 2017 eligibility determination finding you and your spouse ineligible to receive APTC and cost-sharing reductions, because your

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income exceeded the threshold to qualify for those programs is not supported by the record and must be RESCINDED.

It is noted that you subsequently submitted an updated application on March 18, 2017, and you and your spouse were again determined conditionally eligible to receive APTC of up to \$575.00 and cost-sharing reductions. According to the enrollment confirmation notice issued on March 23, 2017, your cost-sharing reductions were reinstated and your APTC was properly applied on the first day of the following month, in accordance with the regulations; that is, on April 1, 2017.

However, it is further noted that NYSOH systematically redetermined your eligibility again on April 10, 2017 using your adjusted gross income amount of \$43,495.00 from your 2015 tax return and determined you and your spouse were fully eligible for a reduced amount of APTC of \$461.00 and ineligible for cost-sharing reductions, effective May 1, 2017. Although NYSOH subsequently redetermined your eligibility on April 25, 2017, accepting your attested income amount of \$35,000.00 and finding you and your spouse fully eligible to receive up to \$575.00 in APTC and cost-sharing reductions, and the April 26, 2017 enrollment confirmation notice indicates your increased APTC would be applied on May 1, 2017, you testified you do not think your cost-sharing reductions have been reinstated properly, because you are still paying a higher deductible and co-pays than you should be.

Pursuant to the regulations, cost-sharing reductions are available to qualifying enrollees at various levels based on their household income. The highest level of cost-sharing reductions is available for enrollees with an annual household income that is at least 100% but less than or equal to 150 % of the FPL, the second level is available to enrollees with an annual household income greater than 150% but less than or equal to 200% of the FPL, and the third level of cost-sharing reductions is available to enrollees with an annual household income greater than 200 but less than or equal to 250% of the FPL.

You and your spouse are in a two-person household, because you file your taxes with a tax filing status of married filing jointly and you claim no dependents. For the purposes of evaluating your eligibility for cost-sharing reductions in this matter, the applicable FPL is the 2016 FPL, which is \$16,020.00 for a two-person household. The record confirms that NYSOH has accepted your attested income amount of \$35,000.00 for 2017. \$35,000.00 is 218.48% of the applicable FPL. Therefore, the evidence establishes you and your spouse are eligible to receive the third level of cost-sharing reductions.

It is concluded that there is insufficient information in your account to determine the amount of cost-sharing reductions being applied to your QHP. Therefore, your case is RETURNED to NYSOH to confirm that the correct level of cost-sharing reductions, to which you are eligible based on a two-person household

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with an annual income of \$35,000.00, is being applied to your QHP, effective March 1, 2017. NYSOH is further directed to confirm that, in accordance with 45 CFR § 156.425, any cost sharing paid by you under previous plan variations for the 2017 benefit year is taken into account in any new plan variation for purposes of calculating cost-sharing based on aggregate spending by the enrollee, such as for deductibles or for the annual limitations on cost sharing.

## **Decision**

The February 21, 2017 eligibility determination notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your APTC and cost-sharing reduction for the month of March 2017 at the same levels pursuant to the previous November 17, 2016 eligibility determination.

The March 17, 2017 eligibility determination notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to confirm that the correct level of cost-sharing reductions, to which you are eligible based on a two-person household with an annual income of \$35,000.00, is being applied to your QHP, effective March 1, 2017. NYSOH is further directed to confirm that, in accordance with 45 CFR §156.425, any cost sharing paid by Appellant under previous plan variations for the 2017 benefit year are taken into account in any new plan variation for purposes of calculating cost sharing based on aggregate spending by the enrollee, such as for deductibles or for the annual limitations on cost sharing.

**Effective Date of this Decision:** September 27, 2017

## **How this Decision Affects Your Eligibility**

NYSOH erred in terminating your APTC and cost-sharing reductions for March 2017.

Your case is being sent back to NYSOH to reinstate your APTC and cost-sharing reductions for March 2017.

There is insufficient information in your account to determine whether the correct amount of cost-sharing reductions to which you are eligible is being applied to your QHP.

Your case is being sent back to NYSOH to confirm you are receiving the correct amount of cost-sharing reductions.

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## **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

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Albany, NY 12211

- By fax: 1-855-900-5557

## **Summary**

The February 21, 2017 eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your APTC and cost-sharing reduction for the month of March 2017 at the same levels pursuant to the previous November 17, 2016 eligibility determination.

The March 17, 2017 eligibility determination notice is RESCINDED.

There is insufficient information in your account to determine whether the correct amount of cost-sharing reductions, to which you are eligible, are being applied to your QHP.

Your case is RETURNED to NYSOH to confirm that the correct level of cost-sharing reductions, to which you are eligible based on a two-person household with an annual income of \$35,000.00, is being applied to your QHP, effective March 1, 2017. NYSOH is further directed to confirm that, in accordance with 45 CFR §156.425, any cost sharing paid by Appellant under previous plan variations for the 2017 benefit year are taken into account in any new plan variation for purposes of calculating cost sharing based on aggregate spending by the individual, such as for deductibles or for the annual limitations on cost sharing.

NYSOH erred in terminating your APTC and cost-sharing reductions for March 2017.

## **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।

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).

## **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 मददत चाहन्छि भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोलने 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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