



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

## Notice of Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002860

[REDACTED]

Dear [REDACTED],

On July 8, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 17, 2015 notice stating that a determination could not be issued until you provided additional information.

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 at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation (CFR) 45 CFR § 155.545(b).

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: November 09, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002860

[REDACTED]

## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did the Marketplace issue your notice of eligibility determination within the time required?

## Procedural History

On March 5, 2015, the Marketplace received a copies of "Schedule C - Profit or Loss from Business" for you and your spouse, relating to your 2013 tax return

The Marketplace received your application for health insurance in 2015 on March 28, 2015, in which you attested to expected annual household income of \$18,000.00.

On March 29, 2015, the Marketplace issued a notice stating that while your March 28, 2015 application had been received, a determination could not be issued without the receipt of additional income information, because what you attested to did not match the information NY State of Health obtained through state and federal data sources. You were instructed to submit income documentation for your household by April 14, 2015 to confirm that the information you provided in your application was accurate.

On March 29, 2015, the Marketplace received a revised application in which you attested to expected annual household income of \$20,400.00.

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On March 30, 2015, the Marketplace issued a notice stating that while your March 29, 2015 application had been received, a determination could not be issued without the receipt of income information since what you attested to did not match what NY State of Health obtained through state and federal data sources. You were instructed to submit income documentation for your household by April 15, 2015 to confirm that the information you provided in your application was accurate.

Also on March 30, 2015, the Marketplace issued a notice confirming receipt of your documentation to resolve the inconsistency in your application; however, the documentation received was insufficient to resolve the request. The notice instructed that you provide additional information in order to confirm your eligibility.

On April 8, 2015, the Marketplace received a signed letter from you stating, among other things, that you have not worked since November 2013 and that you spouse is supporting the family.

Also on April 8, 2015, the Marketplace received a revised application in which you again attested to expected annual household income of \$20,400.00.

On April 9, 2015, the Marketplace issued a notice stating that while your April 8, 2015 application had been received, a determination could not be issued without the receipt of income information since what you attested to did not match what NY State of Health obtained through state and federal data sources. You were instructed to submit income documentation for your household by April 26, 2015 to confirm that the information you provided in your application was accurate.

On April 16, 2015, the Marketplace received a revised application in which you attested to your spouse's average gross income of \$1,700.00 per month.

Also on April 16, 2015, the Marketplace received a copy of the signature page of your 2013 tax return (Form 1040) in which you reported an adjusted gross income of \$20,758.00.

On April 17, 2015, the Marketplace issued a notice stating that while your April 16, 2015 application had been received, a determination could not be issued without the receipt of income information since what you attested to did not match what NY State of Health obtained through state and federal data sources. You were instructed to submit income documentation for your household by May 4, 2015 to confirm that the information you provided in your application was accurate.

On May 6, 2015, the Marketplace received a copy of an "Elf Detail Status Report" which appeared to indicate that your request for an extension to file your 2014 tax return had been accepted.

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).

On May 11, 2015, you spoke with the Marketplace's Account Review Unit and appealed the April 17, 2015 notice insofar as the Marketplace did not issue an eligibility determination for financial assistance.

On July 2, 2015, the Marketplace received a copy a statement documenting the profit and losses of your spouse's business, [REDACTED], from January through April 2014.

On July 8, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and remained open as the Hearing Officer directed you to provide as additional evidence to corroborate your testimony: (1) your complete 2013 tax return (Form 1040), (2) your complete 2014 tax return (Form 1040), including Schedule C, if filed by the record close date, and (3) a statement of profit and losses for [REDACTED] [REDACTED] during the months of February, March and April of 2015. The record was to be closed 15 days after the hearing date, or upon the receipt of the above referenced documents, whichever occurred earlier.

No additional documents were received from you by July 23, 2015. Accordingly, the record was closed on July 23, 2015.

## Findings of Fact

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

- 1) You testified that you and your spouse intend to file a joint tax return for both 2014 and 2015 and not claim any dependents on that return.
- 2) You testified that you have not yet filed a tax return for 2014, and that you requested a filing extension from the IRS. On May 7, 2015, you provided to the Marketplace an "Elf Detail Status Report" which appeared to indicate that your request for an extension to file your 2014 tax return had been accepted.
- 3) Your April 17, 2015 application reflected that your spouse earned approximately \$20,400.00 annually from his business, [REDACTED]. You testified that this figure was accurate.
- 4) On March 5, 2015, you provided the Schedule C portion of your 2013 tax return which reflected that you had a net profit of \$7,188.00 from your business, [REDACTED], and your spouse had a net profit of \$22,138.00 from his business, [REDACTED].

- 5) On April 16, 2015, you provided the signature page of your 2013 tax return (Form 1040) in which you reported an adjusted gross income of \$20,758.00.
- 6) You testified that you have not received any earned income since November 2013 from your business or otherwise.
- 7) You testified that you received confusing instructions from the Marketplace's representatives on what documentation was necessary to complete your application in order to receive an eligibility determination. You further testified that you were not told until April 26, 2015 that the Marketplace needed to receive your 2014 tax return, rather than your 2013 tax return.
- 8) You testified that you had a duplicate account, [REDACTED], which was closed on or about April 16, 2015, which you believe may have created some of the confusion.
- 9) You testified that you and your spouse were on Medicaid coverage from March 1, 2014 until about February 28, 2015. You further testified that you were seeking to have your Medicaid reinstated as of March 1, 2015.

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

## **Applicable Law and Regulations**

When an individual applies for insurance through the Marketplace, the Marketplace must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 FR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, the Marketplace must base the time period from the date of application to the date the Marketplace notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for the Marketplace to make an eligibility determination, then the Marketplace must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

The Marketplace must not proceed with the applicant's eligibility determination, or provide advance payments of the premium tax credit or cost-sharing reductions, unless the applicant provides sufficient information for the Marketplace to make an eligibility determination (45 CFR § 155.310(k)(3)).

## Legal Analysis

The sole issue raised on appeal is whether the Marketplace made its eligibility determination in a timely manner.

The Marketplace must determine an applicant's eligibility promptly and without undue delay. The Marketplace must then provide a timely written notice to an applicant of any eligibility determination made. The applicant must be notified if the application does not contain sufficient information to permit the Marketplace to conduct an eligibility determination for enrollment in a qualified health plan (QHP) or insurance affordability programs through the Marketplace.

On April 8, 2015, the Marketplace received an application in which you attested to an annual household income of \$20,400.00 (\$1,700.00 x 12 months); however, it did not contain all of the information that the Marketplace needed to make an eligibility determination. On April 9, 2015, the Marketplace issued a notice advising you that more information was needed to make a determination and directing you to submit additional income documentation by April 26, 2015.

On April 16, 2015, you resubmitted your application unchanged and provided the Marketplace a copy of the signature page of your 2013 tax return (Form 1040) in which you reported an adjusted gross income of \$20,758.00. However, on April 17, 2015, the Marketplace issued a further notice advising you that more information was needed to make a determination and directing you to submit additional income documentation by May 4, 2015.

Each of the April 9, 2015 and April 17, 2015 notices stated that records of earnings and expenses for at least three months can be provided to prove your self-employment income.

Between May 6, 2015 and July 2, 2015, you provided and the Marketplace received a copy of an "Elf Detail Status Report" which appeared to indicate that your request for an extension to file your 2014 tax return had been accepted, and a statement documenting the profit and losses of your spouse's business, [REDACTED] from January through April 2014.

Since these documents were received after the May 4, 2015 deadline as referenced in the April 16, 2015 notice, and were inconsistent with the documents requested, the Marketplace acted properly since all documents provided were insufficient to render an eligibility determination.

Accordingly, the April 17, 2015 notice is AFFIRMED.

Furthermore, since you did not provide any of the documents requested by the Hearing Officer, there is no basis to return your case to the Marketplace for a

redetermination of your eligibility for financial assistance in helping to pay for your health insurance.

## **Decision**

The April 17, 2015 notice is AFFIRMED.

**Effective Date of this Decision:** November 09, 2015

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

You and your spouse remain ineligible for financial assistance to enroll in health insurance through the Marketplace.

Since you did not provide any of the documents requested by the Hearing Officer, there is no basis to return your case to the Marketplace for a redetermination of your and your spouse's eligibility for financial assistance in helping to pay for your health insurance.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 after the date 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 U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

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:

- By calling the Customer Service Center at 1-855-355-5777
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P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The April 17, 2015 notice is AFFIRMED.

You and your spouse remain ineligible for financial assistance to enroll in health insurance through the Marketplace.

Since you did not provide any of the documents requested by the Hearing Officer, there is no basis to return your case to the Marketplace for a redetermination of your and your spouse's eligibility for financial assistance in helping to pay for your health insurance.

## **Legal Authority**

We are sending you this notice in accordance with 45 CFR § 155.545(a).

**A Copy of this Decision Has Been Provided To:**

