



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

Notice of Decision

Decision Date: August 4, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016501

[REDACTED]

Dear [REDACTED]

On June 1, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 19, 2017 enrollment confirmation 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.

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

Decision Date: August 4, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016501



Issues

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

Did NY State of Health (NYSOH) properly determine that the enrollment of you and your spouse in an Essential Plan became effective no earlier than December 1, 2016?

Procedural History

On May 24, 2016, NYSOH received an updated application for financial assistance with health insurance for you and your spouse.

On May 25, 2016, NYSOH issued a notice stating the income information listed in your application did not match information received from state and federal data sources. The notice directed you to submit proof of your household income by June 9, 2016 or NYSOH would not be able to determine whether you and your spouse were eligible for health insurance. The notice included a "Documentation List" indicating acceptable forms of documentation to prove different types of income. The list indicated that to prove wages an applicant must submit paystubs for the last four weeks or a letter from the employer(s).

On June 15, 2016, NYSOH received an updated application for financial assistance with health insurance submitted on behalf of you and your spouse. You also submitted income documentation.

On June 16, 2016, NYSOH issued a notice stating the income information listed in your application did not match information received from state and federal data

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sources. The notice directed you to submit proof of your household income by July 1, 2016 or NYSOH would not be able to determine whether you and your spouse were eligible for health insurance. The notice included a “Documentation List.”

On June 18, 2016, NYSOH issued an eligibility determination notice, based on a June 17, 2016 systematic eligibility redetermination, stating you and your spouse were eligible to receive up to \$421.00 in advance payments of the premium tax credit (APTC), effective August 1, 2016.

On June 30, 2016, NYSOH issued a notice, based on a June 29, 2016 updated application submitted on behalf of you and your spouse, stating additional information was required to confirm the eligibility of you and your spouse. The notice directed you to proof of your household income by July 14, 2016 or NYSOH would not be able to determine the eligibility of you and your spouse for health coverage. The notice included a “Documentation List.”

On July 12, 2016, NYSOH issued a notice stating the documentation received was insufficient to confirm the income information listed in your application. The notice directed you to submit additional documentation of your household income by July 29, 2016. The notice included a “Documentation List.”

On July 22, 2016, NYSOH issued an eligibility determination notice, based on a July 21, 2016 systematic eligibility redetermination, stating you and your spouse were eligible to receive up to \$337.00 in APTC, effective September 1, 2016.

On July 29, 2016, NYSOH issued an eligibility determination notice, based on the July 28, 2016 updated application submitted on behalf of you and your spouse, stating you and your spouse were eligible to enroll in the Essential Plan, for a limited time, effective September 1, 2016. The notice directed you to submit proof of your household income by October 26, 2016 or you might lose your insurance or receive less help paying for your coverage.

Also on July 29, 2016, NYSOH issued an enrollment notice, based on your July 28, 2016 plan selection, confirming you and your spouse were enrolled in an Essential Plan, effective September 1, 2016.

On August 16, 2016, NYSOH issued a notice, based on the August 15, 2016 updated application submitted on behalf of you and your spouse, stating additional information was required to confirm the eligibility of you and your spouse. The notice directed you to provide proof of your household income by August 30, 2016 or NYSOH would not be able to determine the eligibility of you and your spouse for health coverage.

Also on August 16, 2016, NYSOH issued a cancellation notice stating the Essential Plan enrollment for you and your spouse was cancelled, effective September 1, 2016.

On September 1, 2016, NYSOH issued a notice stating the documentation received was insufficient to confirm the income information listed in your application. The notice directed you to submit additional documentation of your household income by September 29, 2016. The notice included a "Documentation List."

On October 7, 2016, NYSOH issued a notice stating the documentation received was insufficient to confirm the income information listed in your application. The notice directed you to submit additional documentation of your household income by October 29, 2016. The notice included a "Documentation List."

On November 8, 2016, NYSOH issued an eligibility determination notice, based on a systematic eligibility redetermination, stating you and your spouse were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective December 1, 2016.

On November 15, 2016, NYSOH issued an eligibility determination, based on a November 14, 2016 updated application submitted on behalf of you and your spouse, stating you and your spouse were eligible to enroll in the Essential Plan with a \$0.00 monthly premium, for a limited time, effective December 1, 2016. The notice directed you to submit proof of your household income by February 12, 2017 or you and your spouse might lose your insurance or receive less help paying for your coverage.

On December 2, 2016, NYSOH issued an enrollment notice, based on your November 14, 2016 plan selection, confirming the enrollment of you and your spouse in an Essential Plan with a \$0.00 monthly premium, effective January 1, 2017.

On February 19, 2017, NYSOH issued an eligibility determination notice, based on a systematic eligibility redetermination, stating you and your spouse were fully eligible to enroll in the Essential Plan with a \$0.00 monthly premium, effective April 1, 2017.

Also on February 19, 2017, NYSOH issued an enrollment notice, confirming the enrollment of you and your spouse in an Essential Plan with a \$0.00 monthly premium since December 1, 2016.

On March 2, 2017, you spoke to NYSOH's Account Review Unit and appealed the effective date of the Essential Plan you and your spouse enrolled in insofar as the coverage was not effective September 1, 2016.

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On June 1, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and 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 were determined eligible for Medicaid, effective July 1, 2015. You and your spouse subsequently enrolled in a Medicaid Managed Care plan.
- 2) NYSOH issued a renewal notice dated May 3, 2016, indicating that based on data sources, you and your spouse now qualified for the Essential Plan. The notice indicated you and your spouse were being automatically enrolled in an Essential Plan, effective July 1, 2016.
- 3) On May 24, 2016, you updated your application listing an annual household income amount of \$36,718.50 consisting of \$5,518.50 your spouse earned annually from [REDACTED] and \$1,200.00 he earned biweekly from [REDACTED].
- 4) According to your account, NYSOH was unable to verify the income amount listed in your application and income documentation was requested.
- 5) The notice dated May 25, 2016 requested documentation to verify the income information listed in your application and included a "Documentation List" indicating acceptable forms of documentation to prove different types on income. The list indicated that to prove wages an applicant must provide paystubs for the last four weeks or a letter from the employer(s).
- 6) You and your spouse were disenrolled from your Medicaid Managed Care plan on June 30, 2016, because NYSOH was unable to determine your eligibility for health insurance.
- 7) On June 15, 2016, an updated application was submitted on behalf of you and your spouse listing the same income information for your spouse as the previous application. The application also included negative income for you in the amount of -\$13,764.00 consisting of \$6,933.00 in attested business expenses and \$6,831.00 in business losses.

- 8) According to your account, NYSOH was unable to verify the income information listed in your application and documentation of your household income was requested.
- 9) On June 15, 2016, the following documents were uploaded to your NYSOH account:
- a. Paystub for your spouse from [REDACTED] with check date of April 6, 2016 in the gross amount of \$297.00. With a year-to-date gross amount of \$1,728.00.
 - b. The following two biweekly paystubs for your spouse from [REDACTED].
 - i. Paystub with check date of May 27, 2016 in the gross amount of \$1,518.00.
 - ii. Paystub with check date of June 10, 2016 in the gross amount of \$2,017.50 with a year-to-date gross amount of \$18,247.50.
 - iii. Signed Form 1040 from the joint 2015 tax return of you and your spouse containing the following information:
 1. Total adjusted gross income of \$48,684.00.
 2. Business loss of \$102.00 you claimed in 2015 relating to your self-employment.
 3. Additional income of \$15,000.00 relating to the taxable portion of IRA distributions.
- 10) According to your account, on June 17, 2016 NYSOH recalculated your household income based on the documentation submitted on June 15, 2016. NYSOH increased your spouse's attested annual income from \$31,200.00 to \$45,961.50 for [REDACTED], based on the average of the biweekly paystubs submitted. NYSOH also reduced the amount of business losses listed in the June 15, 2016 application from \$6,831.00 to \$102.00 based on the amount of losses claimed in the 2015 tax return provided. NYSOH removed your \$6,933.00 business expense deduction attested to in the June 15, 2016 application, because it was not included in the 2015 tax return provided. Finally, NYSOH increased your household income by \$15,000.00, based on the amount of the IRA distribution included on your 2015 tax return. NYSOH calculated

your annual household income to be \$66,480.00 based on the income documentation you submitted.

- 11) NYSOH determined you and your spouse to be eligible to receive monthly APTC of up to \$421.00, effective August 1, 2016, based on the recalculated household income.
- 12) On June 29, 2016, another updated application was submitted on behalf of you and your spouse. That application listed the same annual income amount for your spouse from his part-time job of \$5,518.50, but increased the attested amount listed for his full-time job with [REDACTED] from the \$31,200.00 to \$35,961.50. The application also removed the \$6,933.00 business expense deduction attested to in the June 15, 2016 application and reduced the amount of business losses listed in the previous application from \$6,831.00 to \$102.00.
- 13) According to your account, NYSOH was still unable to verify the income information listed in the June 29, 2016 application and additional proof of your household income was requested.
- 14) On July 6, 2016, the following additional documentation was uploaded to your NYSOH account:
 - a. A biweekly paystub for your spouse from [REDACTED] with check date of April 22, 2016 in the gross amount of \$436.92. With a year-to-date gross amount of \$2,164.92.
 - b. A biweekly paystub from [REDACTED] with a check date of June 24, 2016 in the gross amount of \$2,058.00.
- 15) According to your account, NYSOH invalidated the documentation submitted on July 6, 2016, because the paystubs you submitted as evidence of your spouse's income from [REDACTED] were outdated.
- 16) On July 15, 2016, a biweekly paystub with a check date of July 8, 2016 for your spouse from [REDACTED] in the gross amount of \$1,791.00 was uploaded to your NYSOH account. Also uploaded was the same April 22, 2016 paystub from [REDACTED] that had been previously submitted with a handwritten note stating "Last payment paystub from employer. Per diem to date."

- 17) According to your account, on July 21, 2016, NYSOH validated the income documentation provided and adjusted the income information in your application by increasing your spouse's annual income from [REDACTED] to \$52,981.50. NYSOH also increased your annual income by \$15,000.00, the amount of the taxable portion of the IRA distribution included on your 2015 tax return.
- 18) NYSOH determined you and your spouse to be eligible to receive monthly APTC of up to \$337.00, effective September 1, 2016, based on the recalculated household income.
- 19) On July 28, 2016, another updated application was submitted on behalf of you and your spouse. That application increased your spouse's attested annual income amount from [REDACTED] [REDACTED] from \$35,961.50, as listed in the June 29, 2016 application, to \$40,000.00. The total household income attested to in the application was \$45,416.50.
- 20) On July 29, 2016 NYSOH determined you and your spouse conditionally eligible to enroll in the Essential Plan pending receipt by October 26, 2016 of additional documentation, to confirm the income information listed in your application.
- 21) You and your spouse enrolled in an Essential Plan with coverage effective September 1, 2016.
- 22) On August 15, 2016, you contacted NYSOH and an updated application was submitted on behalf of you and your spouse. That application reduced your spouse's attested annual income from [REDACTED] to \$33,684.00. The total household income attested to in that application was \$39,100.50.
- 23) According to your account, NYSOH was unable to verified the income information listed in your application. The notice issued August 16, 2016 directed you to submit additional income documentation by August 30, 2016 to verify the information in your most recent application.
- 24) The Essential Plan enrollment for you and your spouse was cancelled, effective September 1, 2016.

- 25) On August 26, 2016 NYSOH received the following documentation:
- a. A biweekly paystub for your spouse from [REDACTED] with a check date of July 23, 2016 in the gross amount of \$634.08 with a gross year-to-date amount of \$2,742.84.
 - b. The following two biweekly paystubs for your spouse from [REDACTED]:
 - i. Paystub with check date of August 5, 2016 in the gross amount of \$1,617.00.
 - ii. Paystub with check date of August 19, 2016 in the gross amount of \$1,317.00 with a gross year-to-date amount of \$26,859.00.
- 26) According to your account, NYSOH invalidated this documentation on August 31, 2016, because you did not submit any documentation indicating you had no income, and additional documentation was requested by September 9, 2016.
- 27) On September 28, 2016, NYSOH received a handwritten note from you indicating you had no income and your spouse was supporting you.
- 28) On October 26, 2016, the following documents were uploaded to your NYSOH account:
- a. The following biweekly paystubs for your spouse from [REDACTED]:
 - i. Paystub with check date of September 2, 2016 in the gross amount of \$1,396.50.
 - ii. Paystub with check date of September 16, 2016 in the gross amount of \$1,404.
 - iii. Paystub with check date of September 30, 2016 in the gross amount of \$1,752.00 with a year-to-date amount of \$31,411.50
 - b. A letter from [REDACTED] indicating your spouse earns \$12.00 per hour, but did not receive a regular paycheck. The letter indicated your spouse's year-to-date earnings as of October 21, 2016 was \$4,849.38.

- 29) According to your account, on November 7, 2016, NYSOH verified your income documentation and adjusted your spouse's annual income from [REDACTED] from the \$33,684.00 listed in your previous application to \$41,028.00 based on the income documentation provided. NYSOH also added add \$15,000.00 to the annual household income in the amount of the taxable portion of the IRA distribution listed on your 2015 tax return. NYSOH recalculated your annual household income to be \$61,444.50.
- 30) NYSOH determined you and your spouse to be fully eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective December 1, 2016, based on the recalculated household income.
- 31) According to your account, on November 14, 2016, you contacted NYSOH and two updated applications were submitted on behalf of you and your spouse. Both applications removed the additional income of \$15,000.00 added by NYSOH on November 7, 2016. The remaining income information stayed the same.
- 32) NYSOH determined you and your spouse were conditionally eligible for the Essential Plan with no monthly premium, pending receipt of income documentation by February 12, 2017 to verify the information in your application.
- 33) On December 2, 2016, NYSOH issued an enrollment notice confirming the enrollment of you and your spouse "as of November 14, 2016" in an Essential Plan with an effective date of January 1, 2017.
- 34) According to notes in your account related to incidents [REDACTED] and [REDACTED], concerning your request to backdate your Essential Plan coverage to December 1, 2016, NYSOH reviewed the telephone call recording from November 14, 2016 and verified that you selected an Essential Plan for enrollment that day, but the enrollment was not properly submitted due to an error by the NYSOH representative.
- 35) On December 22, 2016, NYSOH backdated the coverage through the Essential Plan you and your spouse were enrolled in to December 1, 2016.
- 36) On February 18, 2017, NYSOH systematically redetermined the eligibility of you and your spouse based on the information in the November 14, 2016 application and determined you and your spouse to be fully eligible to enroll in the Essential Plan with no monthly premium, effective April 1, 2017.

- 37) NYSOH issued an enrollment notice on February 19, 2017 confirming the enrollment of you and your spouse in an Essential Plan as of December 1, 2016.
- 38) A formal appeal was filed on behalf of you and your spouse on March 3, 2017 regarding the effective date of your Essential Plan insofar as that plan was not effective September 1, 2016.
- 39) You testified you did not earn any income in 2016. You testified your spouse worked part-time for [REDACTED], but he did not earn steady income from that job because he worked on a per diem basis. You testified there were periods of time that he did not have any work at this job, so you could not submit four consecutive paystubs. You testified you finally submitted a letter from your spouse's part-time employer in October 2016 and NYSOH finally accepted this document as proof of your spouse's income from that job.
- 40) Your account confirms you and your spouse were without health coverage in the months of August, September, October, and November 2016.
- 41) You testified that you and your spouse do not have outstanding medical bills from those months, but you are worried about incurring a tax penalty for being uninsured.
- 42) You testified that NYSOH kept recalculating your income incorrectly and you had to keep calling back to correct the income amount in your application.
- 43) Your account indicates you receive your communication from NYSOH by regular mail.
- 44) There is no record of any notices issued by NYSOH to the mailing address listed on your account as being returned as undeliverable.
- 45) Your current eligibility has been verified through state and federal data sources, based on income of \$50,499.00.

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 the 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 federal poverty level (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).

NYSOH must verify the eligibility of an applicant for the Essential Plan consistent with the standards set in 45 CFR § 155.315 and § 155.320 (New York's Basic Health Plan Blueprint, pgs. 16-17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>; 42 CFR § 600.345(a)(2)).

An applicant is required to attest to their household's projected annual income. (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 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)).

If income data is unavailable, or if an applicant's attestation is not reasonably compatible with the income data NYSOH obtains, NYSOH must request additional information from the applicant in order 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 implement any updates in eligibility to the Essential Plan effective the first day of the following month for changes received by NYSOH from the first to the fifteenth of any month (45 CFR § 155.420(b)(1)(i); see also 42 CFR § 600.320(c)). For

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updates received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR § 155.420(b)(1)(ii); see also 42 CFR § 600.320(c)).

Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); see also 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Legal Analysis

The issue under review is whether NYSOH properly determined that the enrollment of you and your spouse in an Essential Plan became effective no earlier than December 1, 2016.

NYSOH issued a renewal notice dated May 3, 2016, indicating that based on data sources, you and your spouse now qualified for the Essential Plan. The notice stated that you and your spouse were being automatically enrolled in an Essential Plan, effective July 1, 2016. On May 24, 2016, you updated your application listing an annual household income amount of \$36,718.50 consisting of \$5,518.50 your spouse earned annually from [REDACTED] and \$1,200.00 he earned biweekly from [REDACTED]. According to your account, NYSOH was unable to verify the income amount listed in your application.

Pursuant to the above cited regulations, for all individuals whose household income is needed to determine their eligibility for health insurance, 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. 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 in order to resolve the inconsistency. 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.

In the notice dated May 25, 2016, NYSOH advised that it was unable to verify the income information listed in the application with state and federal data sources and directed you to submit proof of your household income by June 9, 2016, so NYSOH could determine the eligibility of you and your spouse. The notice included a "Documentation List" indicating acceptable forms of documentation to prove different types on income. The list indicated that to prove wages an applicant must provide paystubs for the last four weeks or a letter from the employer(s). You and your spouse were disenrolled from your Medicaid Managed Care plan on June 30, 2016, at the end of the 12-month term, because NYSOH was unable to determine the eligibility of you and your spouse for health insurance.

Although no income documentation was received by NYSOH by the June 9, 2016 deadline, an updated application was submitted on behalf of you and your spouse on June 15, 2016, listing the same income information for your spouse as the previous application. However, the application also included negative income for you in the amount of -\$13,764.00, consisting of \$6,933.00 in attested business expenses and \$6,831.00 in business losses. This reduced your attested annual household income from \$36,718.50, as reported in your previous application, to \$22,954.50. Again, NYSOH was unable to verify your attested income information and documentation was requested.

On June 15, 2016, NYSOH received income documentation including one paystub for your spouse from [REDACTED] with check date of April 6, 2016 in the gross amount of \$297.00, with a year-to-date gross amount of \$1,728.00. You also submitted two biweekly paystubs for your spouse from [REDACTED], one with a check date of May 27, 2016 in the gross amount of \$1,518.00 and the other with a check date of June 10, 2016 in the gross amount of \$2,017.50 with a year-to-date gross amount of \$18,247.50. Finally, you submitted a signed Form 1040 from the joint 2015 tax return of you and your spouse indicating a total adjusted gross income in 2015 of \$48,684.00, business losses you claimed of \$102.00, and additional income of \$15,000.00 relating to the taxable portion of IRA distributions.

It is noted, that based on the documentation submitted on June 15, 2016, it appears your spouse's weekly income from [REDACTED] was significantly underreported in the prior two applications submitted on your behalf, because both biweekly paystubs exceeded the \$1,200.00 biweekly amount reported.

According to your account, on June 17, 2016, NYSOH verified your income documentation and recalculated your household income based on that documentation, increasing your spouse's attested annual income from \$31,200.00 to \$45,961.50 for [REDACTED], based on the average of the biweekly paystubs submitted. NYSOH also reduced the amount of business losses listed in the June 15, 2016 application from \$6,831.00 to \$102.00 based on the amount of losses claimed in the 2015 tax return provided. NYSOH removed the \$6,933.00 business expense deduction attested to in the June 15, 2016 application, because it was not included in the 2015 tax return provided. Finally, NYSOH increased your household income by \$15,000.00 based on the amount of the IRA distribution included on your 2015 tax return. NYSOH calculated your annual household income to be \$66,480.00, based on the income documentation you submitted, and determined you and your spouse eligible to receive monthly APTC of up to \$421.00, effective August 1, 2016.

On June 29, 2016, another updated application was submitted on behalf of you and your spouse. This application listed the same annual income amount for your spouse from his part-time job of \$5,518.50, but increased the attested amount listed for his full-time job with [REDACTED] from the \$31,200.00 to \$35,961.50. The application also removed the \$6,933.00 business expense deduction attested to in the June 15, 2016 application and reduced the amount of business losses listed in the previous application from \$6,831.00 to \$102.00. Again, NYSOH was still unable to verify the income information listed your application and, again, income documentation to substantiate the income amount reported was requested.

On July 6, 2016, you submitted a biweekly paystub for your spouse from [REDACTED] with a check date of April 22, 2016 in the gross amount of \$436.92, with a year-to-date gross amount of \$2,164.92. According to your account, this documentation was invalidated, because it was outdated.

At the hearing, you testified that your spouse only worked part-time for [REDACTED] on a per diem basis in 2016, so he did not receive a steady pay check from this job. You testified your spouse was unable to provide four weeks of consecutive paystubs from that job, because there were periods of time that he did not receive a paycheck.

It is noted that NYSOH issued notices on May 25, 2016, June 16, 2016, June 30, 2016, July 12, 2016, August 16, 2016, September 1, 2016, and October 7, 2016 requesting income documentation to verify the income information listed in your numerous updated applications. Each of those notices included a "Documentation List" indicating acceptable forms of documentation to prove different types on income. The list indicated that to prove wages an applicant must provide paystubs for the last four weeks or a letter from the employer(s).

There is no record of any notices issued by NYSOH being returned as undeliverable. Accordingly, it is concluded that NYSOH provided you with adequate notice that if you were unable to provide four consecutive weeks of paystubs, you needed to submit a letter from the employer as evidence of income. You testified you were unable to submit four consecutive weeks of paystubs from your spouse's part-time employer; however, your account confirms you did not submit a letter from this employer as proof of your spouse's income until October 26, 2016.

Although you submitted numerous documents on several occasions throughout June, July, and August 2016, purported to be proof of your household income, as discussed above, that documentation did not constitute adequate proof of income. There were many notices issued by NYSOH requesting such documentation, but such documentation was not received until you submitted the letter from your spouse's part-time employer on October 26, 2016. It is noted that while NYSOH received adequate proof of your spouse's income from his full-time job with [REDACTED] on multiple occasions, the documentation contradicted the income information provided for that employer in your applications and NYSOH repeatedly adjusted your household income amount, based on that documentation.

It is further noted that NYSOH repeatedly included in the household income calculation the \$15,000 IRA distribution amount listed in your 2015 tax return. It is concluded that, based on the numerous applications you submitted and the income information finally accepted by NYSOH, that this amount should not have been included in your household income calculation for 2016 or for 2017, because this amount was a single payment, not repeated in subsequent years. However, there is no indication that you submitted any documentation attesting to this fact to NYSOH.

As discussed, NYSOH was in receipt of sufficient documentation of your household income on October 26, 2016. Although, according to your account this documentation was not verified by NYSOH until November 7, 2016, your application was deemed complete the date that documentation was received, October 26, 2016.

On November 7, 2016, NYSOH verified your income documentation and recalculated your household income as \$61,444.50. This income amount included the \$15,000.00 IRA distribution from 2015 which was improper as discussed above. On November 14, 2016, you submitted an updated application removing the \$15,000.00 additional income amount added by NYSOH, but otherwise conceding the income amount of \$46,444.50 as calculated by NYSOH based on the income documentation.

It is noted that this income is close to the amount verified through state and federal data sources as having been earned in 2015 and 2016; this income is not consistent with the multiple applications you submitted throughout most of 2016.

Your account confirms, NYSOH later determined you and your spouse fully eligible to enroll in the Essential Plan with a \$0.00 monthly premium, based on the income information in the November 14, 2016 application.

According to the regulations, the date an Essential Plan becomes effective depends on the date on which it is selected.

Although your account indicates a plan selection was not submitted on behalf of you and your spouse until December 2, 2016, for a January 1, 2017 coverage start date, notes in your account confirm that the enrollment should have been submitted on November 14, 2016, but for an error on the part of the NYSOH representative in processing your enrollment. Accordingly, NYSOH backdated the coverage of you and your spouse through your Essential Plan to December 1, 2016.

However, as discussed above, your application was deemed complete on the date you submitted sufficient documentation to confirm the income information listed in your application, October 26, 2016. Based on that information, NYSOH determined you and your spouse eligible to enroll in the Essential Plan for a \$0.00 monthly premium. Had you been permitted to select a plan for enrollment on the date of your completed application, October 26, 2016, your plan would have become effective on the first day of the second following month; that is, December 1, 2016.

Since the February 19, 2017 enrollment confirmation notice properly states that you and your spouse were enrolled in an Essential Plan, effective December 1, 2016, it is correct and is AFFIRMED.

Decision

The February 19, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: August 4, 2017

How this Decision Affects Your Eligibility

This decision does not change the eligibility of you or your spouse.

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).

The Essential Plan you and your spouse enrolled in was effective December 1, 2016.

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

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).

- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The February 19, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change the eligibility of you or your spouse.

The Essential Plan you and your spouse enrolled in was effective December 1, 2016.

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。我们可以为您免费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)

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).

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 bɛtumi ama wo obi a okyerɛ 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 איר געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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).

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).