



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

Notice of Decision

Decision Date: August 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018758

[REDACTED]

Dear [REDACTED],

On August 11, 2017 you appeared by telephone at a hearing on your appeal of NY State of Health's May 7, 2017 eligibility determination.

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 NY State of Health 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018758



Issues

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

Did NY State of Health properly determine that you were ineligible for advance payments of the premium tax credit, effective June 1, 2017?

Did NY State of Health properly determine that you were ineligible for cost-sharing reductions?

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

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

Did NY State of Health properly determine that your child was ineligible for advance payments of the premium tax credit, effective June 1, 2017?

Did NY State of Health properly determine that your child was ineligible for cost-sharing reductions?

Did NY State of Health properly determine that your child was ineligible for the Essential Plan?

Did NY State of Health properly determine that your child was ineligible for Medicaid?

Did NY State of Health properly determine that you and your child do not qualify to enroll in a qualified health plan outside of the open enrollment period, effective June 1, 2017?

Procedural History

On November 28, 2016, you submitted a non-financial assistance application for health insurance to NY State of Health (NYSOH).

On November 29, 2016, NYSOH issued a notice of eligibility determination stating that you and your child were eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2017.

Also on November 29, 2016, NYSOH issued a notice of enrollment stating that you were enrolled in a qualified health plan, effective January 1, 2017, and that your child was enrolled in a child-only qualified health plan, effective January 1, 2017.

On May 6, 2017, you updated your application to a financial assistance application.

On May 7, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective June 1, 2017. That notice also stated that you were not eligible for advanced payments of the premium tax credit (APTC), cost-sharing reductions, the Essential Plan, and Medicaid, because you were over the income limit for those programs. That notice further stated that your child was eligible to purchase a qualified health plan at full cost through NYSOH, effective June 1, 2017. That notice also stated that your child was not eligible for the Essential Plan or Medicaid because he was over the income limit for those programs and not eligible for APTC or cost-sharing reductions because he does not plan to file a federal tax return.

The May 7, 2017 eligibility determination notice further stated that you and your child do not qualify to select a health plan outside of the open enrollment period for 2017.

On May 8, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as you and your child were not eligible for financial assistance and not able eligible to enroll in a different health plan outside of the open enrollment period.

On August 11, 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.

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Findings of Fact

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

- 1) On May 6, 2017 you submitted an application for financial assistance with health insurance. On that application you indicate that you will file your 2017 taxes with a tax filing status of head of household. No dependents were listed as being claimed.
- 2) On the May 6, 2017 application, you indicate that your child will not be filing a tax return, that no one will be claiming your child on their tax return, that your child resides with you, and that your child is a full-time student.
- 3) You testified that you expect to file your 2017 taxes with a tax filing status of head of household. You will claim one dependent, your child, on that tax return. You further testified that your child will not be filing a tax return and that he is a full-time student.
- 4) You are seeking insurance for yourself and your child.
- 5) The application that was submitted on May 6, 2017 listed annual household income of \$48,861.99, consisting of wages you earn from your employment. You testified that this is still an accurate representation of your earnings.
- 6) You testified that your child has a part-time job and earns \$7.85 per hour and works 20 hours per week.
- 7) Your application states that you will not be taking any deductions on your 2017 tax return. You testified that you will be claiming a deduction for tuition and fees, but you are not yet sure what the amount of the deduction will be.
- 8) You testified that in November of 2016 you selected a qualified health plan for yourself and your child. You did this by going on-line yourself and selecting a plan based on plan availability and the information that was available on the NYSOH website.
- 9) Your NYSOH account reflects that on November 28, 2016 you selected a qualified health plan for yourself and your child, which plan began on January 1, 2017.

- 10) You testified that you did not rely on any statements made by NYSOH when choosing your plan and that NYSOH did not make any statements to you about your plan that turned out to be untrue.
- 11) You testified that since selecting your plan for enrollment in November 2016, your household expenses have changed.
- 12) You testified that in February 2017 you were told you would need to move. As a result of this move, your rent increased to \$1,600.00 per month and your utility bill increased to between \$93.00 per month and \$194.00 per month. You testified that you now also have tuition of \$19,000.00 per year for your child.
- 13) You testified, and your NYSOH account reflects, that you resided in Bronx county prior to and subsequent to, the above referenced move.
- 14) You testified that since enrolling yourself and your child in a qualified health plan on November 28, 2016, there have been no other changes in your immediate household.
- 15) Your NYSOH account reflects that your child is ■■■■■, and that his date of birth is ■■■■■■.

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

Applicable Law and Regulations

Household Composition

For purposes of advance premium tax credit (APTC) and cost-sharing reductions (CSR), the household size equals the number of individuals for whom the taxpayer is allowed a deduction under 26 USC § 151 for the taxable year, which typically includes: (1) the taxpayer, (2) his or her spouse, and (3) any claimed dependents (26 USC § 36B(d)(1)).

"Family size" means the number of persons counted as members of an individual's household. The household of a taxpayer who expects to file a return, and does not expect to be claimed as a tax dependent by anyone else, consists of the taxpayer plus all people the taxpayer expects to claim as tax dependents (42 CFR § 435.603(f)(1)).

For an individual who does not file a tax return and does not expect to file a Federal tax return and does not expect to be claimed as a tax dependent, the household consists of the individual and if living with the individual, (1) the

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individual's spouse, (2) the individual's children under age 19 or in the case of full-time students, age 21, (3) if the individual is under age 19 or in the case of a full-time student, age 21, the individual's parents and siblings (42 CFR §435.603(f)).

Advance Payments of Premium Tax Credit

Advance payments of the premium tax credit (APTC) are generally available to a person who is eligible to enroll in a qualified health plan (QHP) and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a QHP, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

The maximum amount of APTC that can be authorized equals:

- 1) the cost of the health insurance premium for the taxpayer's coverage family in the second lowest cost silver plan offered through NY State of Health in the county where the taxpayer resides

minus

- 2) the taxpayer's expected contribution amount

(see 26 USC § 36B, 26 CFR § 1.36B-3).

The taxpayer's expected contribution amount is the amount that the taxpayer is expected to spend on health insurance premiums. The expected contribution for 2017 is set by federal law at 2.04% to 9.69% of household income (26 USC § 36B(b)(3)(A), 26 CFR § 1.36B-3T(g)(1), IRS Rev. Proc.2016-24).

In an analysis of APTC eligibility, the determination is based on the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested (45 CFR §§ 155.300(a), 155.305(f)(1)(i)). On the date of your application, that was the 2016 FPL, which is \$11,880.00 for a one-person household and \$16,020.00 for a two-person household (81 Federal Register 4036).

For annual household income in the range of at least 300% but less than 400% of the 2016 FPL, the expected contribution is 9.69 % of the household income (26 CFR § 1.36B-3T(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2016-24).

People who use the APTC to help pay health insurance premiums must file a federal tax return and reconcile their expected income (stated on NYSOH

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application) with their actual income (stated on their federal income tax return). Those who take less tax credit in advance than they claim on the tax return may get the rest of it as an income tax refund or have their tax bill reduced. Those who take more tax credit in advance than they can claim on their tax return will owe the difference as additional income taxes (26 CFR § 1.36B-4).

Cost-Sharing Reductions

Cost-sharing reductions (CSR) are available to a person who (1) is eligible to enroll in a QHP through NYSOH, (2) meets the requirements to receive APTC, (3) is expected to have an annual household income that does not exceed 250% of the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested, and (4) is enrolled in a silver-level QHP (45 CFR § 155.300(a), 45 CFR § 155.305(g)(1)).

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).

In an analysis of Essential Plan eligibility, the determination is based on the FPL in effect on the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). On the date of your application, that was the 2016 FPL, which is \$11,880.00 for a one-person household and \$16,020.00 for a two-person household (81 Federal Register 4036).

A person who has a household income that is at or below 150% of the FPL has a \$0.00 premium contribution (New York's Basic Health Plan Blueprint, p. 21, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

A person who has a household income greater than 150% of the FPL or below 200% of the FPL has a \$20.00 per month premium contribution (New York's Basic Health Plan Blueprint, as approved January 2016).

The Essential Plan is considered minimum essential coverage therefore, a person who is eligible for the Essential Plan is not eligible for any premium tax

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credit because they are eligible for minimum essential coverage through the individual market (see 26 CFR § 1.36B-2(c)(1), 26 USC § 5000A(f)(1)(C)).

Medicaid

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

A child aged 19 or 20, whose primary residence is with their parents, is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 155% of the FPL for the applicable family size (N.Y. Soc. Serv. Law §366)(b)(7); New York Department of Social Services Administrative Directive 13ADM-03).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application, that was the 2017 FPL, which is \$12,060.00 for a one-person household and \$16,240.00 for a two-person household (82 Fed. Reg. 8831).

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

Modified Adjusted Gross Income

NYSOH bases its eligibility determinations on modified adjusted gross income as defined in the federal tax code (45 CFR § 155.300(a)). The term “modified adjusted gross income” means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3) Social Security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

“Adjusted gross income” means, in the case of an individual taxpayer, gross federal taxable income minus certain specific deductions, such as expenses reimbursed by an employer, losses from sale or exchange of property, losses from premature withdrawal of funds from time savings accounts, deductions attributable to royalties, and certain retirement savings (26 USC § 62(a)). Living

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expenses, such as rent and utilities are not an allowable deduction in computing adjusted gross income.

Enrollment in a Qualified Health Plan

NYSOH must provide annual open enrollment periods during which time qualified individuals may enroll in a qualified health plan and enrollees may change qualified health plans (45 CFR § 155.410(a)(1)).

For the benefit year beginning on January 1, 2017, the annual open enrollment period began on November 1, 2016, and extended through January 31, 2017 (45 CFR § 155.410(e)(2)).

Special Enrollment Periods

After each open enrollment period ends, NYSOH provides special enrollment periods to qualified individuals. During a special enrollment period, a qualified individual may enroll in a qualified health plan, and an enrollee may change their enrollment to another plan. This is generally permitted when one of the following triggering events occur:

- (1) The qualified individual or his or her dependent either:
 - (i) Loses minimum essential coverage.
 - (ii) Is enrolled in any non-calendar year group health plan or individual health insurance coverage, even if the qualified individual or his or her dependent has the option to renew such coverage.
 - (iii) Loses pregnancy-related coverage.
 - (iv) Loses medically needy coverage as described under section 1902(a)(10)(C) of the Social Security Act only once per calendar year.
- (2)(i) The qualified individual gains a dependent or becomes a dependent through marriage, birth, adoption, placement for adoption, or placement in foster care, or through a child support order or other court order.
 - (ii) the enrollee loses a dependent or is no longer considered a dependent through divorce or legal separation as defined by State law in the State in which the divorce or legal separation occurs, or if the enrollee, or his or her dependent, dies.
- (3) The qualified individual, or his or her dependent, becomes newly eligible for enrollment in a qualified health plan because he or she gains

citizenship, status as a national, or lawful present or is no longer incarcerated.

(4) The qualified individual's or his or her dependent's, enrollment or non-enrollment in a qualified health plan is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, misconduct, or inaction of an officer, employee, or agent of NYSOH, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities.

(5) The enrollee or, his or her dependent adequately demonstrates to NYSOH that the qualified health plan in which he or she is enrolled substantially violated a material provision of its contract in relation to the enrollee;

(6) The enrollee or enrollee's dependent is newly eligible or ineligible for advance payments of the premium tax credit, or change in eligibility for cost-sharing reductions.

(7) The qualified individual or enrollee, or his or her dependent, gains access to new qualified health plan as a result of a permanent move and either—

(i) Had minimum essential coverage for one or more days during the 60 days preceding the date of the permanent move, or

(ii) Was living outside of the United States or in a United States territory at the time of the permanent move;

(8) The qualified individual or dependent who gains or maintains status as an Indian may enroll in a qualified health plan or change from one plan to another, once per month.

(9) The qualified individual or enrollee, or his or her dependent, demonstrates to the Exchange, in accordance with guidelines issued by HHS, that the individual meets other exceptional circumstances as the Exchange may provide;

(10) A qualified individual or enrollee—

(i) Is a victim of domestic abuse or spousal abandonment, including a dependent or unmarried victim within a household, is enrolled in minimum essential coverage and seeks to enroll in coverage separate from the perpetrator of the abuse or abandonment; or

(ii) Is a dependent of a victim of domestic abuse or spousal abandonment, on the same application as the victim, may enroll in coverage at the same time as the victim;

(11) A qualified individual or dependent—

(i) Applies for coverage through NYSOH during the annual open enrollment period or due to a qualifying event, is assessed as potentially eligible for Medicaid or Child Health Plus and is determined ineligible for Medicaid or Child Health Plus either after open enrollment has ended or more than 60 days after the qualifying event; or

(ii) Applies for coverage at their Local Department of Social Services or Human Resources Administration during the annual open enrollment period, and is determined ineligible for Medicaid or Child Health Plus after open enrollment has ended;

(12) The qualified individual or enrollee, or his or her dependent, adequately demonstrates to NYSOH that a material error related to plan benefits, service area, or premium influenced the qualified individual's or enrollee's decision to purchase a qualified health plan; or

(13) At the option of NYSOH, the qualified individual provides satisfactory documentary evidence to verify his or her eligibility for an insurance affordability program or enrollment following termination of enrollment due to a failure to verify such status within 90 days. NYSOH has not elected to adopt this subsection at this time.

(45 CFR § 155.420(d)).

Generally, if a triggering life event occurs, the qualified individual or enrollee has 60 days from the date of a triggering event to select a qualified health plan (45 CFR § 155.420(c)(1)).

Legal Analysis

The first issue is whether NYSOH properly determined that you were ineligible for an APTC, effective June 1, 2017.

The application that was submitted on May 6, 2017 listed an annual household income of \$48,861.99 and the eligibility determination relied upon that information.

During the hearing, you testified that the amount you provided in your application was a correct representation of your annual expected income. However, you asked that your current expenses, which include rent, and utilities, be considered when calculating your annual household income.

Since the Internal Revenue Service rules do not allow living expenses such as rent, utilities, cable and phone to be deducted from the calculation of your adjusted gross income, they cannot be deducted when NYSOH computes your modified adjusted gross income for APTC purposes. Therefore, based on the information in your May 6, 2017 application, NYSOH correctly determined your household income to be \$48,861.99.

You testified that you expect to file your 2017 income taxes as head of household and will claim one dependent on that tax return. However, the application you submitted on May 6, 2017 failed to list any dependents. Therefore, based on the May 6, 2017 application, you are in a one-person household.

APTC are available to individuals who meet the non-financial requirements and have a household modified adjusted gross income that is between 138% and 400% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$11,880.00 for a one-person household. Since an annual household income of \$48,861.99 is 411.30% of the 2016 FPL, NYSOH properly found you to be ineligible for APTC.

The second issue is whether you were properly found ineligible for cost-sharing reductions. Cost-sharing reductions are available to a person who meets the eligibility criteria for APTC and has a household income no greater than 250% of the FPL. Since you are ineligible for APTC and a household income of \$48,861.99 is 411.30% of the applicable FPL, NYSOH correctly found you to be ineligible for cost sharing reductions.

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

The Essential Plan is provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income that is between 138% and 200% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$11,880.00 for a one-person household. Since an annual household income of \$48,861.99 is 411.30% of the 2016 FPL, NYSOH properly found you to be ineligible for the Essential Plan.

The fourth issue is whether NYSOH properly determined that you were ineligible for Medicaid.

Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified

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adjusted gross income that is at or below 138% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$12,060.00 for a one-person household. Since \$48,861.99 is 405.12% of the 2017 FPL, NYSOH properly found you to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

The fifth issue is whether NYSOH properly determined that your child was ineligible for APTC, effective June 1, 2017.

The application that you submitted on May 6, 2017 indicates that your child will not be filing a tax return and will not be claimed by another individual as a dependent.

In order to be eligible for APTC, an individual must indicate that they expect to file a tax return or be claimed as a dependent by someone who 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.

Since your application does not state that you will be claiming your child and that your child does not intend to file a tax return, NYSOH properly found your child ineligible for APTC, using the information provided in your application.

The sixth issue is whether your child was properly found ineligible for cost-sharing reductions. Cost-sharing reductions are available to a person who meets the eligibility criteria for APTC and has a household income no greater than 250% of the FPL a person who has a household income no greater than 250% of the FPL. Since you do not meet the eligibility criteria for APTC, NYSOH properly found that your child was ineligible for cost-sharing reductions.

The seventh issue under review is whether NYSOH properly determined that your child was ineligible for the Essential Plan.

For individuals who do not file a tax return and will not be claimed as a dependent, household size consists of the individual, and if living with the individual, the individual's spouse, the individual's children under age 19 or in the case of full-time students, age 21, if the individual is under age 19 or in the case of a full-time student, age 21, the individual's parents and siblings.

The application that you submitted on May 6, 2017 indicates that your child will not be filing a tax return and will not be claimed by another individual as a dependent, that your child is a ■-year-old full-time student, and that your child resides with you. Therefore, your child is in a two-person household.

The household income consists of everyone in the household who is required to file a tax return. Therefore, your expected annual income of \$48,861.99 is used

to determine your child's eligibility since you are considered part of his household.

The Essential Plan is provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income that is between 138% and 200% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$16,020.00 for a two-person household. Since an annual household income of \$48,861.99 is 305.00% of the 2016 FPL, NYSOH properly found your child to be ineligible for the Essential Plan.

The eighth issue is whether NYSOH properly determined that your child was ineligible for Medicaid.

Medicaid can be provided through NYSOH to children aged 19 or 20, who primary residence is with their parents, who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 155% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$16,240.00 for a two-person household. Since \$48,861.99 is 300.87% of the 2017 FPL, NYSOH properly found your child to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

The ninth issue under review is whether NYSOH properly determined that you and your child do not qualify to enroll in a qualified health plan outside of the open enrollment period, effective June 1, 2017.

NYSOH provided an open enrollment period from November 1, 2016 until January 31, 2017. On May 6, 2017 you submitted an application for health insurance and requested to enroll in a qualified health plan. On May 7, 2017 NYSOH issued a notice stating that you and your child do not qualify to enroll in a qualified health plan outside of the open enrollment period.

Once the annual open enrollment period ends, a health plan enrollee must qualify for a special enrollment period in order to enroll in, or change to another health plan offered in NYSOH. In order to qualify for a special enrollment period, a person must experience a triggering event.

You testified that since you initially enrolled yourself and your child in a qualified health plan for 2017 on November 28, 2016, your household expenses have changed. However, this does not represent a triggering event.

A special enrollment period can be granted if a qualified individual's enrollment or non-enrollment in a qualified health plan is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, misconduct, or inaction of an officer, employee, or agent of NYSOH, its instrumentalities, or a

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non-NYSOH entity providing enrollment assistance or conducting enrollment activities

You testified that you selected a qualified health plan for enrollment for yourself and your child and that you did not rely on any statements made to you by NYSOH when choosing your plan nor did NYSOH make any representations to you about your plan that turned out to be untrue. Since the record does not indicate that NYSOH, by action or inaction, made an error or misrepresented information, a special enrollment period cannot be granted.

The credible evidence of record indicates that, since the open enrollment period closed on January 31, 2017, no triggering events have occurred that would qualify you and your child for a special enrollment period.

Since the May 7, 2017 eligibility determination properly stated that, based on the information you provided, you and your child were ineligible for APTC, ineligible for cost-sharing reductions, ineligible for the Essential Plan, ineligible for Medicaid, and that you and your child do not qualify to select a health plan outside of the open enrollment period for 2017, it is correct and is AFFIRMED.

During the hearing, you testified that you intend to claim your child as a dependent on your 2017 tax return and that your child does have income. If this is correct, you will need to update your application for health insurance to reflect this additional information.

Decision

The May 7, 2017 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: August 17, 2017

How this Decision Affects Your Eligibility

You and your child are ineligible for APTC.

You and your child are ineligible for cost-sharing reductions.

You and your child are ineligible for the Essential Plan.

You and your children are ineligible for Medicaid.

You and your child do not qualify for a special enrollment period at this time.

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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

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).

P.O. Box 11729
Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The May 7, 2017 eligibility determination notice is **AFFIRMED**.

You and your child are ineligible for APTC.

You and your child are ineligible for cost-sharing reductions.

You and your child are ineligible for the Essential Plan.

You and your children are ineligible for Medicaid.

You and your child do not qualify for a special enrollment period at this time.

Legal Authority

We are sending you this notice 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 مجانًا.

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).

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. y&b&tumi 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.

שׂוֹדֵיִשׁ (Yiddish)

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).

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.

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).