



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

Notice of Decision

Decision Date: November 30, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021234

[REDACTED]

[REDACTED]

On October 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 16, 2017 eligibility determination notice and June 27, 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.

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 Date: November 30, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021234



Issues

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

Did NY State of Health (NYSOH) properly determine that you were not eligible for the Essential Plan, effective July 1, 2017?

Did NYSOH properly determine that your enrollment in an Essential Plan was effective August 1, 2017?

Procedural History

On June 15, 2017, you submitted an application for financial assistance with health insurance. This application indicated that you were married, but did not contain information on your spouse.

On June 16, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a qualified health plan at full cost, effective July 1, 2017. The notice stated that you were not eligible for the Essential Plan because your income was over the allowable income limit for that program.

Also on June 16, 2017, NYSOH issued an enrollment confirmation notice, stating that you were enrolled in a qualified health plan, effective February 1, 2017.

On June 26, 2017, you added your spouse's information to your NYSOH account and submitted an updated application for financial assistance with health insurance.

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On June 27, 2017, NYSOH issued an eligibility determination notice, stating that you were eligible for the Essential Plan, effective August 1, 2017.

Also on June 27, 2017, NYSOH issued an enrollment confirmation notice, stating that you were enrolled in the Essential Plan, effective August 1, 2017.

On August 7, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan insofar as it did not begin July 1, 2017.

On October 19, 2017, you had a scheduled telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. You were not available, and the Hearing Officer agreed to adjourn your hearing.

On October 20, 2017, you had an adjourned telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open to allow the Hearing Officer to review telephone recordings. Two recordings were reviewed and the record was closed.

Findings of Fact

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

- 1) You submitted applications to NYSOH for financial assistance on June 15, 2017, June 24, 2017, and June 26, 2017.
- 2) The June 15, 2017 application stated that your expected yearly income is \$34,000.00.
- 3) The record reflects that the first application to list your spouse was the June 26, 2017 application.
- 4) You testified that you married on [REDACTED] and called NYSOH about two weeks later. You testified that you advised the NYSOH representative on June 15, 2017 that you were now married.
- 5) You testified that you were not aware that your spouse's information had to be added to your application.
- 6) You testified that following the June 15, 2017 application update, you did not select a new plan because you kept the same plan you had before. You were not aware that you were no longer eligible for financial assistance.
- 7) You testified that you were enrolled in a qualified health plan in July 2017, and have not been without coverage.

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- 8) You testified, and the record reflects, that you enrolled in an Essential Plan on June 26, 2017.
- 9) You testified that you wanted your enrollment in an Essential Plan to begin on July 1, 2017.
- 10) You placed a call to NYSOH on June 15, 2017. During that call, you asked the NYSOH representative to update your income and deductions in your application. You advised the representative that you were recently married, but declined to add your spouse to your account. You indicated that you filed your 2016 tax return as single, and that you planned to file your 2017 tax return jointly with your spouse.
- 11) You placed a call to NYSOH on June 26, 2017. During that call, you stated that you had received a bill from the health plan for the full cost of the premium, and you were unaware how or why you no longer had advance payments of the premium tax credits. The NYSOH representative directed you to the June 16, 2017 eligibility determination notice and advised you to update your application to include your spouse.

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

Applicable Law and Regulations

Advance Payments of the Premium Tax Credit

APTC is 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 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)).

Additionally, a tax filer who is married must file a joint return with his or her spouse in order to qualify for APTC (45 CFR §§ 155.305(f), 155.310(d); 26 CFR § 1.36B-2).

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%

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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 \$11,800.00 for a one-person household (81 Fed. Reg. 4036.).

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 first issue is whether NYSOH properly determined that you are not eligible for the Essential Plan, effective July 1, 2017.

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In the eligibility determination notice issued on June 16, 2017, NYSOH determined that you were not eligible for the Essential Plan because your income was over the allowable income limit for that program.

You testified, and the record indicates, that you updated your NYSOH application on June 15, 2017. The phone recordings confirm that although you notified the representative that you were newly married, you specifically declined to include your spouse on the account. Also, although you stated at one point during the call that you plan to file your tax return as married filing jointly for 2017, you also stated that you have filed your taxes as single.

The June 15, 2017 application therefore indicated that you were in a household of one person with an annual household income of \$34,000.00.

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 \$34,000.00 is 286.19% of the 2016 FPL, NYSOH properly found you to be ineligible for the Essential Plan based on your income and household size.

Furthermore, to qualify for APTC, a person who is married must either file taxes jointly with his or her spouse or qualify as “not married” at the close of the tax year. Due to your spouse not appearing on the application, as well as the application being submitted with a tax filing status of single, NYSOH determined that you were not eligible for APTC due to your tax filing status.

Since NYSOH correctly determined that you are not eligible for the Essential Plan, the June 16, 2017 notice of eligibility determination is AFFIRMED.

The second issue is whether NYSOH properly determined that your enrollment in the Essential Plan was effective August 1, 2017.

You testified, and the record reflects that you updated your application on June 26, 2017, and included your spouse’s information. As a result, you were found eligible for the Essential Plan as of August 1, 2017 and enrolled into a plan that day.

The date on which enrollment in an Essential Plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is

selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

Since you selected an Essential Plan on June 26, 2017, your enrollment properly took effect on the first day of the second month following June 26, 2017; that is, on August 1, 2017.

Therefore, the June 27, 2017 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective August 1, 2017, is correct and must be AFFIRMED.

Decision

The June 16, 2017 eligibility determination is AFFIRMED.

The June 27, 2017 eligibility determination is AFFIRMED.

Effective Date of this Decision: November 30, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You were not eligible for APTC in July 2017.

The effective date of your Essential Health Plan is August 1, 2017.

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

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Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

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

You can contact us in any of the following ways:

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

Summary

The June 16, 2017 eligibility determination is AFFIRMED.

The June 27, 2017 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

You were not eligible for APTC in July 2017.

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The effective date of your Essential Health Plan is August 1, 2017.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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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)

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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.

שׂוֹדִישׁ (Yiddish)

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דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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