

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

Notice of Decision

Decision Date: January 3, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023401

[REDACTED]
[REDACTED]
[REDACTED]

On December 11, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 10, 2017 eligibility determination and disenrollment notices, and the October 17, 2017 eligibility determination and enrollment confirmation notices.

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]
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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 and your spouse's eligibility for, and enrollment in, the Essential Plan ended effective October 31, 2017?

Did NYSOH properly determine that you and your spouse were eligible to receive up to \$488.00 per month in advance payments of the premium tax credit (APTC), effective December 1, 2017?

Did NYSOH properly determine that you and your spouse were eligible for cost-sharing reductions, effective December 1, 2017?

Did NYSOH properly determine that you and your spouse were not eligible for the Essential Plan?

Did NYSOH properly determine that your eligibility for APTC, and your enrollment in a qualified health plan (QHP), were effective December 1, 2017?

Procedural History

On June 6, 2017, you filed an application for financial assistance with health insurance on behalf of yourself and your spouse.

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On June 7, 2017, NYSOH issued a notice of eligibility determination, based on your June 6, 2017 application, stating that you and your spouse were eligible for the Essential Plan with a \$20.00 monthly premium each for a limited time, effective July 1, 2017. The notice directed you to submit documentation of you and your spouse's income by September 4, 2017.

Also on June 7, 2017, NYSOH issued a notice of enrollment confirmation, confirming that you and your spouse were enrolled in an Essential Plan with a \$20.00 monthly premium each, beginning July 1, 2017.

On June 22, 2017, documentation was uploaded to your NYSOH account.

On August 29, 2017, more documentation was uploaded to your NYSOH account.

On August 30, 2017, NYSOH issued a notice stating that the documentation you submitted was not sufficient to confirm the information in your application. The notice advised you to submit documentation of you and your spouse's income by October 4, 2017.

On October 9, 2017, NYSOH redetermined your eligibility.

On October 10, 2017, NYSOH issued a notice of eligibility determination stating that, because state and federal data sources showed that your household income was between \$33,534.00 and \$97,200.00, you and your spouse were eligible to receive up to \$421.00 per month in APTC, and eligible for cost-sharing reductions if you enrolled in a silver level QHP, effective November 1, 2017. The notice also stated that you and your spouse were no longer eligible for the Essential Plan, as of October 31, 2017.

Also on October 10, 2017, NYSOH issued a disenrollment notice stating that you and your spouse's enrollment in your Essential Plan was ending as of October 31, 2017 because you were no longer eligible to enroll in the Essential Plan.

On October 16, 2017, you updated your NYSOH account. That same day, NYSOH prepared a preliminary eligibility determination stating that you and your spouse were eligible to receive up to \$488.00 per month in APTC, and eligible for cost-sharing reductions, effective December 1, 2017.

Also on October 16, 2017, you spoke with NYSOH's Account Review Unit and filed an appeal, insofar as you and your spouse's enrollment in the Essential Plan ended as of October 31, 2017, and that your new eligibility was not effective until December 1, 2017. You also requested Aid to Continue, pending the outcome of your appeal.

On October 17, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to receive up to \$488.00 per month in APTC, and eligible for cost-sharing reductions if you enrolled in a silver level QHP, effective December 1, 2017.

Also on October 17, 2017, NYSOH issued a notice confirming you and your spouse's enrollment in a bronze level QHP, beginning December 1, 2017.

On October 20, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to enroll in the Essential Plan with a \$20.00 monthly premium each, effective November 1, 2017. This was because your request for Aid to Continue was granted, pending the outcome of your appeal.

Also on October 20, 2017, NYSOH issued a notice of enrollment confirmation, confirming you and your spouse's enrollment in an Essential Plan, beginning November 1, 2017. This was also because you request for Aid to Continue was granted, pending the outcome of your appeal.

On December 11, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open through December 26, 2017 to allow you to submit supporting documentation.

On December 26, 2017, you uploaded documentation to your NYSOH account. The record is now closed.

Findings of Fact

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

- 1) You testified, and your application indicates, that you receive your notices from NYSOH by regular mail.
- 2) You testified that, when you applied for coverage in June 2017, you did so with the assistance of an application counselor.
- 3) You testified that the counselor requested income documentation, so you provided her with a copy of your termination letter from [REDACTED] and a copy of a ledger report showing your spouse's income and expenses.
- 4) You testified that the application counselor never asked you for documentation of your income from [REDACTED] and that no one that you subsequently spoke to at NYSOH asked for this information either.

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- 5) On June 7, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for the Essential Plan, but for a limited time, and that you needed to submit income documentation by September 4, 2017.
- 6) Your NYSOH account confirms that documentation was uploaded to your account on June 22, 2017.
- 7) Your NYSOH account contains a note entered by a NYSOH agent on June 22, 2017 that reads, "Invalid proof of income. [REDACTED] submitted a future dated separation letter. Required documentation is 4 current and consecutive weeks [sic] pay stubs for [REDACTED], dated within 30 days of 6/6/17 or more recent and a 2016 [REDACTED]. Refer to the Acceptable Documents Fact Sheet for additional documents. The clock open date is 6/6/17. Due date extension not necessary."
- 8) You testified that you kept calling NYSOH to follow up on the documentation, and you were repeatedly told that review of your documentation was pending.
- 9) You testified that you were following up frequently because you did not want to lose your insurance coverage.
- 10) You testified that, at some point, you were informed that the termination letter you provided was "too early," and so you spoke to your application counselor, who resubmitted your termination letter to NYSOH indicating that your job ended on June 30, 2017.
- 11) Your NYSOH account reflects that your MVP termination letter was uploaded to your account again on August 29, 2017.
- 12) You testified that you spoke to three or four people after that, and the last person you spoke with said that your spouse's income information was insufficient, which held up your application.
- 13) Your NYSOH account reflects that the termination letter you uploaded was reviewed by someone at NYSOH on August 29, 2017, and the following note was entered into your NYSOH account on that day: "Invalid proof of Income. [REDACTED] a termination letter from [REDACTED] submitted no documentation from employer [REDACTED]. Required documentation is 4 weekly paystubs for [REDACTED] dated 30 days within clock open date. Refer to acceptable documents fact sheet for additional information. [T]he clock open date is 6/6/2017. Due date extended."

- 14) Your NYSOH account reflects that NYSOH issued a notice on August 30, 2017 stating that the income documentation you provided was insufficient, and that you needed to provide proof of income by October 4, 2017. Attached to that letter was a "Request for Additional Information – Documentation List" which listed the types of documentation you could submit to show your household income.
- 15) You testified that you did not receive the August 30, 2017 notice stating that you needed to supply additional income documentation.
- 16) No notices sent to you at the mailing address listed on your NYSOH account have been returned as undeliverable.
- 17) On October 9, 2017, NYSOH redetermined you and your spouse's eligibility.
- 18) On October 10, 2017, NYSOH issued a notice stating that you and your spouse were newly eligible to receive up to \$421.00 per month in APTC, effective November 1, 2017, and that you were no longer eligible for the Essential Plan, effective October 31, 2017.
- 19) NYSOH also issued a disenrollment notice stating that you and your spouse were being disenrolled from your Essential Plan coverage, effective October 31, 2017.
- 20) You testified that you received the October 10, 2017 notice and contacted NYSOH immediately to update your account.
- 21) Your NYSOH account reflects that you updated your account on October 16, 2017, and that you and your spouse were found eligible to receive up to \$488.00 per month in APTC, and eligible for cost-sharing reductions, effective December 1, 2017.
- 22) You testified that you are seeking for you and your spouse to be eligible for the Essential Plan, instead of APTC.
- 23) You testified that you expect to file your 2017 taxes with a tax filing status of married filing jointly. You will claim two dependents on that tax return.
- 24) The application that was submitted on October 16, 2017, listed annual household income of \$51,421.00, consisting of \$22,631.00 you earned from [REDACTED] \$5,270.00 you earned from a second job, and \$23,520.00 you spouse earns from his self-employment. You testified that this total amount was correct at that time.

- 25) You testified that the job where you earned \$5,270.00 started on March 31, 2017 and ended on October 13, 2017.
- 26) You testified that you filed for Unemployment Insurance Benefits (UIB) on October 30, 2017, and that you received the first payment in November 2017. You testified that your weekly benefit rate is \$435.00.
- 27) You testified that your spouse is self-employed, and that he earns an average of approximately \$1,960.00 per month.
- 28) Your application states that you will not be taking any deductions on your 2017 tax return.
- 29) Your application states that you live in Monroe County.
- 30) After the hearing, you uploaded the following documentation to your NYSOH account:
 - a. An Official Record of Benefit Payment History showing that, as of December 26, 2017, you last certified for UIB for the week ending on December 24, 2017, and that your last payment was received on December 26, 2017. The document also shows that you received a total of seven UIB payments in 2017, for \$435.00 each;
 - b. A paystub dated October 13, 2017 from [REDACTED] s" showing gross year-to-date earnings of \$5,298.92 (Document [REDACTED]).
 - c. A two-page "1099 Self-Employment Business Ledger Report" for your spouse for the period of 1/1/2017 through 12/31/2017, showing total earnings for 2017 of \$22,686.64 (Document [REDACTED]).

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

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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/downloads/ny-blueprint.pdf>; 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 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 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 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)).

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 QHP and (1) expects to have a household income between 138% and 400% of the applicable 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

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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 NYSOH 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), IRS Revenue Procedure (RP) 2016-24).

In an analysis of APTC eligibility, the determination is based on the applicable 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 \$24,300.00 for a four-person household (81 Federal Register 4036).

For annual household income in the range of at least 200% but less than 250% of the 2016 FPL, the expected contribution is between 6.43% and 8.21% of the household income (26 CFR § 1.36B-3, IRS RP 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 application) with their actual income (stated on federal income tax return). Those who take less tax credit in advance than they can 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 are available to a person who (1) is eligible to enroll in a qualified health plan 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

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 \$24,300.00 for a four-person household (81 Federal Register 4036).

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 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)).

Redetermination During a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that its policy will be that any change made after the 15th of any month will not be effective until the first of the second following month (45 CFR § 155.330(f)(2)).

Enrollment in a Qualified Health Plan

The effective date of coverage by a QHP 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)). 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 under review is whether NYSOH properly determined that you and your spouse's eligibility for the Essential Plan ended effective October 31, 2017.

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

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

In the eligibility determination issued on June 7, 2017, you were advised that you and your spouse were eligible for the Essential Plan for a limited time, and that you needed to confirm your household's income before September 4, 2017.

You testified that you updated your application in June 2017 through an application counselor, and that she asked you to provide her with a copy of your MVP termination letter, and a business ledger for your spouse, which you did. You testified that your application counselor uploaded this documentation to NYSOH on June 22, 2017, and your NYSOH account confirms this.

However, you testified during the hearing that you worked a second job between the months of April 2017 and October 2017, and there is no indication that you included that income information in your application, nor that you provided documentation of this income. Additionally, you provided a termination letter from [REDACTED] indicating that your job there was ending on June 30, 2017, but you did not provide any documentation of the income that you earned there through June 30, 2017. During the hearing, you testified that no one ever asked you to submit documentation of your [REDACTED] income.

A review of your NYSOH account indicates that NYSOH reviewed the documentation that you submitted in June 2017 and decided that it was not sufficient, according to the notes entered into your NYSOH account on June 22, 2017. Although NYSOH was remiss in not issuing a written notice at that time, informing you that your documentation was not sufficient, you and your spouse were not disenrolled from your Essential Plan coverage at that time, so there was no harm resulting from NYSOH's inaction.

You credibly testified that you contacted NYSOH many times to try to follow up on your documentation, as you were concerned about losing your insurance coverage. You testified that, at some point, you were told that you submitted your termination letter "too early," so your application counselor submitted it again. Your NYSOH account confirms that a copy of your termination letter was again uploaded on August 29, 2017, and reviewed by NYSOH that same day. As a result, NYSOH issued a notice on August 30, 2017 informing you that the income documentation you had submitted was insufficient, and extending the deadline for you to submit documentation until October 4, 2017. Additionally, this notice included an attachment outlining the types of documentation you could submit to prove your household income.

You testified that you did not receive this notice telling you that you needed to provide more income documentation to confirm your eligibility. You testified, and your NYSOH account confirms, that you elected to receive notifications by

regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, the Appeals Unit finds that NYSOH properly notified you of an inconsistency in your account and that further documentation was needed to confirm the income you listed in the account.

If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine an individual's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation.

Accordingly, you and your spouse's eligibility for the Essential Plan terminated as of October 31, 2017 because you did not submit required income documentation by October 4, 2017, and did not adequately demonstrate that you could not provide documentation to confirm your income.

Therefore, the October 10, 2017 disenrollment notice is AFFIRMED, and the October 10, 2017 eligibility determination notice is AFFIRMED, insofar as it began your new eligibility as of November 1, 2017.

The second issue under review is whether NYSOH properly determined that you and your spouse were eligible to receive up to \$488.00 per month in APTC, effective December 1, 2017.

After you and your spouse were disenrolled from your Essential Plan, you updated your NYSOH account and reapplied for coverage on October 16, 2017. The application that was submitted that day listed an annual household income of \$51,421.00, and the eligibility determination relied upon that information.

During the hearing, you testified that you and your spouse cannot afford to enroll in a QHP, and that you want to remain eligible for the Essential Plan. You were asked to submit documentation to verify your annual income for 2017. You submitted documentation showing that you earned \$5,298.92 from your position at [REDACTED], and a total of \$3,045.00 in UIB in 2017. You did not submit your final paystub from [REDACTED] but you testified that you earned \$22,631.00 in 2017 from that job, and NYSOH has previously accepted this attested-to amount. Finally, you also submitted documentation showing that your spouse earned \$22,686.64 in 2017 from self-employment. Therefore, your gross household income for 2017 is \$53,661.56. Since the difference between the income in your application and this amount is minimal, your eligibility will be analyzed based on the income amount stated in your application.

You are in a four-person household. You expect to file your 2017 income taxes as married filing jointly and will claim two dependents on that tax return.

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You reside in Monroe County, where the second lowest cost silver plan available for a couple through NYSOH costs \$781.58 per month.

An annual income of \$51,421.00 is 211.61% of the 2016 FPL for a four-person household. At 211.61% of the FPL, the expected contribution to the cost of the health insurance premium is 6.84% of income, or \$293.10 per month.

The maximum amount of APTC that can be approved equals the cost of the second lowest cost silver plan available through NYSOH for a couple in your county (\$781.58 per month) minus your expected contribution (\$293.10 per month), which equals \$488.48 per month. Therefore, rounding to the nearest dollar, NYSOH correctly determined you and your spouse to be eligible for up to \$488.00 per month in APTC.

The third issue under review is whether you and your spouse were properly found eligible for cost-sharing reductions. Cost-sharing reductions are available to a person who has a household income no greater than 250% of the applicable FPL. Since a household income of \$51,421.00 is 211.61% of the applicable FPL, NYSOH correctly found you and your spouse to be eligible for cost-sharing reductions.

The fourth issue under review is whether NYSOH properly determined that you and your spouse were not eligible 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 \$24,300.00 for a four-person household. Since an annual household income of \$51,421.00 is 211.61% of the 2016 FPL, NYSOH properly found you and your spouse to be ineligible for the Essential Plan.

The fifth issue under review is whether NYSOH properly determined that you and your spouse's eligibility for, and enrollment in a QHP, as well as the application of APTC, was effective no earlier than December 1, 2017.

The record shows that, on October 16, 2017, you updated the information in your NYSOH account and submitted a request to enroll in a QHP for yourself and your spouse. You testified that you updated your account as soon as you received the October 10, 2017 disenrollment notice. On October 17, 2017, NYSOH issued an enrollment confirmation notice stating that your enrollment in your QHP was effective December 1, 2017, and that APTC would be applied to your monthly premium effective December 1, 2017.

When an individual changes information in their application after the 15th of any month, NYSOH will make the redetermination that results from the change

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effective the first day of the second following month. Additionally, the date on which a QHP can take effect depends on the day a person selects the plan for enrollment. A plan that is after the fifteenth day of a month goes into effect on the first day of the second following month.

Therefore, NYSOH's October 17, 2017 eligibility determination and enrollment confirmation notices are AFFIRMED because they properly began your enrollment in your QHP, as well as your APTC, on December 1, 2017.

Decision

The October 10, 2017 disenrollment notice is AFFIRMED.

The October 10, 2017 eligibility determination notice, insofar as it stated that your new eligibility began on November 1, 2017, is AFFIRMED.

The October 17, 2017 notice of eligibility determination is AFFIRMED.

The October 17, 2017 notice of enrollment is AFFIRMED.

Effective Date of this Decision: January 3, 2018

How this Decision Affects Your Eligibility

NYSOH properly found you and your spouse not eligible to enroll in the Essential Plan effective October 31, 2017, because you did not provide sufficient documentation of your household's income.

You and your spouse were eligible to receive up to \$488.00 in APTC, effective December 1, 2017.

You and your spouse were eligible to receive cost-sharing reductions, effective December 1, 2017.

You and your spouse were not eligible for the Essential Plan as of your October 16, 2017 application.

Your eligibility for, and enrollment in, a QHP with the application of APTC began on December 1, 2017.

PLEASE NOTE: This decision relates to your eligibility for financial assistance for 2017 ONLY. You must update your application if you wish to apply for financial assistance for health insurance for 2018.

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If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

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

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

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

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

You can contact us in any of the following ways:

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

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 fax: 1-855-900-5557

Summary

The October 10, 2017 disenrollment notice is AFFIRMED.

The October 10, 2017 eligibility determination notice, insofar as it stated that your new eligibility began on November 1, 2017, is AFFIRMED.

The October 17, 2017 notice of eligibility determination is AFFIRMED.

The October 17, 2017 notice of enrollment is AFFIRMED.

NYSOH properly found you and your spouse not eligible to enroll in the Essential Plan effective October 31, 2017, because you did not provide sufficient documentation of your household's income.

You and your spouse were eligible to receive up to \$488.00 in APTC, effective December 1, 2017.

You and your spouse were eligible to receive cost-sharing reductions, effective December 1, 2017.

You and your spouse were not eligible for the Essential Plan as of your October 16, 2017 application.

Your eligibility for, and enrollment in, a QHP with the application of APTC began on December 1, 2017.

PLEASE NOTE: This decision relates to your eligibility for financial assistance for 2017 ONLY. You must update your application if you wish to apply for financial assistance for health insurance for 2018.

Legal Authority

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

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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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 srε wo, frε 1-855-355-5777. ye&εtumi ama wo obi a okyerε kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

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