



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

## Notice of Decision

Decision Date: February 12, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000024514

[REDACTED]

[REDACTED],

On February 2, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 5, 2017 eligibility determination notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the Account ID at the top of this notice.

### Legal Authority

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

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

## Decision

Decision Date: February 12, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000024514

[REDACTED]

## Issues

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

Did NY State of Health issue a timely eligibility determination notice on December 5, 2017?

Did NY State of Health properly determine that you did not qualify for Medicaid, the Essential Plan, advance payments of the premium tax credit and cost-sharing reductions, or to enroll in a qualified health plan at full cost?

## Procedural History

On July 3, 2017, you updated your application for financial assistance.

On July 4, 2017, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective August 1, 2017.

On September 25, 2017, you updated your application for financial assistance. Specifically, you requested that your eligibility be determined using current monthly income.

Also on September 25, 2017, you uploaded income documentation to your NYSOH account.

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On September 26, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient proof of your income.

Also on September 26, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and that additional information was needed to confirm the information in your application. This notice directed you to produce proof of your current household income by October 10, 2017 in order for your eligibility for financial assistance to be determined.

On September 30, 2017, you uploaded income documentation to your NYSOH account.

On October 2, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient proof of your income.

Also on October 2, 2017, NYSOH resubmitted your application for financial assistance.

On October 3, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and that additional documentation was needed to confirm the information in your application. This notice directed you to produce proof of your current household income by October 25, 2017 in order for your eligibility for financial assistance to be determined.

Also on October 3, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. This notice directed you to provide additional proof of your current income by October 25, 2017.

On October 6, 2017, you uploaded income documentation to your NYSOH account.

Also on October 6, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient proof of your income.

On October 7, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. This notice directed you to provide additional proof of your current income by October 25, 2017.

On October 15, 2017, you uploaded income documentation to your NYSOH account.

On October 16, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient proof of your income.

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On October 17, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. This notice directed you to provide additional proof of your current income by November 9, 2017.

On October 26, 2017, you uploaded income documentation to your NYSOH account.

On October 27, 2017, NYSOH resubmitted your application for financial assistance.

Also on October 27, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient proof of your income.

October 28, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and that additional documentation was needed to confirm the information in your application. This notice directed you to produce proof of your current household income by November 9, 2017 in order for your eligibility for financial assistance to be determined.

Also on October 28, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. This notice directed you to provide additional proof of your current income by November 24, 2017.

On October 30, 2017, you updated your application for financial assistance. Specifically, you removed information regarding previous employers from your application.

On October 31, 2017, you uploaded income documentation to your NYSOH account.

October 31, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and that additional documentation was needed to confirm the information in your application. This notice directed you to produce proof of your current household income by November 24, 2017 in order for your eligibility for financial assistance to be determined.

On November 1, 2017, you uploaded income documentation to your NYSOH account.

Also on November 1, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient proof of your income.

On November 2, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient proof of your income.

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Also on November 2, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. This notice directed you to provide additional proof of your current income by November 24, 2017.

On November 3, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. This notice directed you to provide additional proof of your current income by November 24, 2017.

On November 7, 2017, you uploaded income documentation to your NYSOH account.

On November 8, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient proof of your income.

On November 9, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. This notice directed you to provide additional proof of your current income by November 24, 2017.

On November 17, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as NYSOH had failed to issue a determination of your eligibility.

On December 4, 2017, NYSOH redetermined your eligibility for financial assistance.

On December 5, 2017, NYSOH issued a notice of eligibility determination stating that you did not qualify for Medicaid. This was because you did not provide the income documentation needed to verify the income listed in your application. You also did not qualify for the Essential Plan, advance payments of the premium tax credit and cost-sharing reductions, or to enroll in a qualified health plan at full cost. This was because you did not submit sufficient documentation for your eligibility for Medicaid to be determined.

On December 11, 2017, you updated your application for financial assistance. Specifically, you no longer indicated that you wanted your eligibility to be determined based on your monthly income.

On December 12, 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 January 1, 2018.

Also on December 12, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a qualified health plan with a plan enrollment start date of January 1, 2018.

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On February 2, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

## **Findings of Fact**

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

- 1) You testified that you are appealing to be found eligible for and permitted to enroll in coverage as of August 1, 2017.
- 2) Your NYSOH account reflects that on July 3, 2017 you submitted an application for financial assistance. In that application, you attested to annual expected income of \$62,789.00 from five employers.
- 3) As a result of the July 3, 2017 application, you were found eligible for a full cost qualified health plan as of August 1, 2017. You did not select a qualified health plan for enrollment at that time.
- 4) You testified that \$62,789.00 was the income listed on your 2016 tax return and this is what you used when completing your July 3, 2017 application.
- 5) You testified that you felt a full cost qualified health plan was unaffordable, so on September 25, 2017 you updated your application seeking to be found eligible for financial assistance with health insurance.
- 6) Your NYSOH account reflects that on September 25, 2017 you submitted an application for financial assistance. In that application, you requested that your eligibility be determined based on your monthly income. That application continued to list annual expected income of \$62,789.00 from five employers. You listed monthly income of \$500.00. As a result of this update, NYSOH requested that you submit proof of your current household income.
- 7) On September 25, 2017 you submitted a copy of one paystub from [REDACTED], which indicated that you were paid a gross amount of \$168.00 in check number [REDACTED] for a gross year to date amount of \$5,502.00.
- 8) On September 26, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the income inconsistency in your account as four weeks of earnings records from each of your employers was required.

- 9) On September 30, 2017 you submitted income documentation consisting of a resubmission of the paystub from [REDACTED] which indicated that you were paid a gross amount of \$168.00 in check number [REDACTED] for a gross year to date amount of \$5,502.00; a second paystub from [REDACTED] which indicated that you were paid a gross amount of \$672.00 in check number [REDACTED] for a gross year to date amount of \$5,334.00; and a paystub from [REDACTED] for pay date September 1, 2017 and pay period August 11, 2017 to August 25, 2017 for a gross pay amount of \$660.00 and a gross year to date amount of \$6,360.03.
- 10) On October 2, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient as four weeks of consecutive paystubs for each of your employers was needed.
- 11) On October 6, 2017 you submitted an undated letter signed by yourself stating that you are a contractual employee and that you work on a per diem basis, stating that the paychecks that you uploaded represented all the paychecks you received in September 2017.
- 12) On October 6, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient proof of your income as paystubs were required from all the employers listed in your application.
- 13) On October 15, 2017, you uploaded a letter dated October 12, 2017 from [REDACTED] stating that you are employed there as a contracted per diem [REDACTED] since July 11, 2013.
- 14) On October 16, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient proof of your income as the letter from [REDACTED] did not include any information regarding your income, the paystub from [REDACTED] was undated.
- 15) On October 26, 2017, you submitted income documentation consisting of a paystub from [REDACTED] for pay date September 15, 2017 and pay period July 1, 2017 to July 31, 2017 for a gross pay amount of \$325.00 and a gross year to date amount of \$42,677.50; a payment invoice from [REDACTED] for September 22, 2017 stating you were paid a gross amount of \$168.00; and a resubmission of the September 1, 2017 paystub from [REDACTED]
- 16) On October 27, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient proof of your income as your application indicated income from additional employers for which you had not submitted income documentation.



- 17) On October 30, 2017, you updated your application to reflect that you only had three employers, [REDACTED].
- 18) On October 31, 2017, you submitted income documentation consisting of a paystub from [REDACTED] for pay date October 15, 2017 and pay period October 15, 2017 for a gross pay amount of \$585.00 for a gross year to date amount of \$43,262.50; a resubmission of the paystub from [REDACTED] which indicated that you were paid a gross amount of \$168.00 in check number [REDACTED] for a gross year to date amount of \$5,502.00; a second paystub from [REDACTED] which indicated that you were paid a gross amount of \$84.00 in check number [REDACTED] for a gross year to date amount of \$5,922.00.
- 19) On November 1, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient proof of your income as the paystubs from [REDACTED] we're missing your pay frequency and full name or social security number.
- 20) On November 1, 2017, you submitted a letter dated November 2, 2017 signed by yourself stating that you work on a per diem basis and that the pay checks you submitted represented all your pay checks for September and October 2017. This letter further states that you did not have a contracted case with [REDACTED] for the month of October 2017, therefore, you did not receive a paycheck from [REDACTED] in October 2017.
- 21) On November 2, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient proof of your income as the paystubs from [REDACTED]. we're missing your pay frequency and full name or social security number.
- 22) On November 7, 2017, you uploaded a letter dated November 7, 2017 from [REDACTED] which indicated that you were an hourly, [REDACTED] part-time employee.
- 23) On November 8, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient proof of your income as the letter you submitted did not indicate your gross pay or the frequency of your pay.
- 24) On December 11, 2017, you updated your application to reflect that you were no longer requesting that your eligibility be determined based on your monthly income.
- 25) You testified that in 2017 you worked for three agencies, [REDACTED], [REDACTED].

26) You testified that all of these jobs were on a per diem basis and you are only paid when you work, so if you did not work in a given pay period, you would not receive a pay check.

27) You explained that [REDACTED] are the same entity.

28) You testified that you are paid once per month by [REDACTED], receiving a paycheck on the 15<sup>th</sup> of the month.

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 Advance Payments of the Premium Tax Credit

APTC are generally available to a person who is eligible to enroll in a qualified health plan 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 qualified health plan, 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)).

An applicant is required to attest to their household's projected annual income for purposes of determining their eligibility for APTC (45 CFR § 155.320(c)(3)(ii)(B)). For all individuals whose household income is needed, NYSOH must request tax return data from the Secretary of the Treasury and data regarding Social Security benefits from the Commissioner of Social Security in order to confirm that the information the applicant is attesting to is accurate (45 CFR § 155.320(c)(1)(i); 45 CFR § 155.320(c)(3)(ii)(A)).

If income data is unavailable, or if an applicant's attestation is not reasonably compatible with the income data NYSOH obtains, NYSOH must request additional information from the applicant in order to resolve the inconsistency (45 CFR § 155.320 (c)(3)(iii), (iv)).

NYSOH must provide the applicant with notice of the inconsistency in their account and 90 days to provide satisfactory documentary evidence to resolve the inconsistency (45 CFR § 155.315 (f)(2)). If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine the applicant's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation (45 CFR § 155.315(f)(2), (g)).

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Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any changes in eligibility to APTC effective as of the first day of the month following the date of the notice (45 § 155.310(f), 45 CFR § 155.330(e), (f)(1)(i)).

#### Timely Notice of Qualified Health Plan Eligibility

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

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

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

#### Verification Process for the Essential Plan and Medicaid

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR § 155.320(c)(1)(i), 42 CFR § 435.945).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR § 155.315(f) 42 CFR § 435.952).

#### Timely Notice of Essential Plan Eligibility

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

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

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applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH uses the same timeliness standards for eligibility determinations for the Essential Plan as for Medicaid (42 CFR §600.320(b)). NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

### Timely Notice of Medicaid Eligibility

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

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

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

## **Legal Analysis**

The first issue under review is whether NYSOH's December 5, 2017 eligibility determination notice was timely.

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income.

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

You updated your NYSOH account on September 25, 2017. At that time, you indicated that you wanted your eligibility determination based on your monthly income. That application indicated that you had five employers. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

On September 25, 2017 you submitted a copy of one paystub from [REDACTED] which indicated that you were paid a gross amount of \$168.00 in check number [REDACTED] for a gross year to date amount of \$5502.00. On September 26, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the income inconsistency in your account as four weeks of earnings records from each of your employers was required.

On September 30, 2017 you submitted income documentation consisting of a resubmission of the paystub from [REDACTED] which indicated that you were paid a gross amount of \$168.00 in check number [REDACTED] for a gross year to date amount of \$5502.00; a second paystub from [REDACTED] which indicated that you were paid a gross amount of \$672.00 in check number [REDACTED] for a gross year to date amount of \$5,334.00; and a paystub from [REDACTED] for pay date September 1, 2017 and pay period August 11, 2017 to August 25, 2017 for a gross pay amount of \$660.00 and a gross year to date amount of \$6360.03. On October 2, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient as four weeks of consecutive paystubs for each of your employers was needed.

On October 6, 2017 you submitted an undated letter signed by yourself stating that you are a [REDACTED] and that you work on a per diem basis, stating that the paychecks that you uploaded represented all the paychecks you received in September 2017. Also on October 6, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient proof of your income as paystubs were required from all the employers listed in your application.

On October 15, 2017, you uploaded a letter dated October 12, 2017 from [REDACTED] stating that you are employed there as a contracted per diem [REDACTED] since July 11, 2013. Also on October 16, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient proof of your income as the letter from [REDACTED] did not include any information regarding your income, the paystub from [REDACTED] was undated.

On October 26, 2017, you submitted income documentation consisting of a paystub from [REDACTED] for pay date September 15, 2017 and pay period July 1, 2017 to July 31, 2017 for a gross pay amount of \$325.00 and a gross year to date amount of \$42,677.50; a payment invoice from [REDACTED] for September 22, 2017 stating you were paid a gross amount of \$168.00; and a resubmission of the September 1, 2017 paystub from [REDACTED]. On October 27, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient proof of your income as your application indicated income from additional employers for which you had not submitted income documentation.

On October 30, 2017, you updated your application to reflect that you only had three employers, [REDACTED]. At that time, you continued to indicate that you wanted your eligibility determination based on monthly income. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

On October 31, 2017, you submitted income documentation consisting of a paystub from [REDACTED] for pay date October 15, 2017 and pay period October 15, 2017 for a gross pay amount of \$585.00 for a gross year to date amount of \$43,262.50; a resubmission of the paystub from [REDACTED] which indicated that you were paid a gross amount of \$168.00 in check number [REDACTED] for a gross year to date amount of \$5,502.00; a second paystub from [REDACTED] which indicated that you were paid a gross amount of \$84.00 in check number [REDACTED] for a gross year to date amount of \$5,922.00. On November 1, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient proof of your income as the paystubs from [REDACTED] we're missing your pay frequency and full name or social security number.

Also on November 1, 2017, you submitted a letter dated November 2, 2017 signed by yourself stating that you work on a per diem basis and that the pay checks you submitted represented all your pay checks for September and October 2017. This letter further states that you did not have a [REDACTED] with [REDACTED] for the month of October 2017, therefore, you did not receive a paycheck from that agency in October 2017. On November 2, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient proof of your income as the paystubs from [REDACTED] we're missing your pay frequency and full name or social security number.

On November 7, 2017, you uploaded a letter dated November 7, 2017 from [REDACTED] which indicated that you were an hourly, contractual, part-time employee. On November 8, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient proof of your income as the letter you submitted did not indicate your gross pay or the frequency of your pay.

The record reflects that you have never submitted sufficient income documentation to render either the September 25, 2017 or October 30, 2017 application complete.

The September 25, 2017 application indicated that you had five employers and no wage information was ever submitted for two of those three employers. You testified that this was because you only had three employers in 2017.

Thereafter, on October 30, 2017, you updated your application to reflect that you only had three employers in 2017 [REDACTED]

On October 26, 2017, you submitted one monthly paystub for [REDACTED]. As you were paid on a monthly basis, this paystub represented sufficient proof of your income from this employer.

You have only ever submitted one paystub from [REDACTED] dated September 1, 2017. On November 2, 2017 you submitted a letter stating that you did not work for [REDACTED] in October 2017 and received no paychecks from that employer. You have never submitted anything additional from this employer to support your contention that you only received one paycheck from this employer in September 2017 and no paychecks thereafter.

You have submitted three distinct paystubs from [REDACTED]. These paystubs are undated and do not indicate how frequently you are paid or which pay period these paystubs were for. You submitted a payment invoice, which indicates that you were paid \$168.00 on September 22, 2017. One of the paystubs you submitted is for a gross pay amount of \$168.00. Assuming this invoice is for that paystub, this still leaves two undated paystubs for which the pay date cannot be ascertained. You also uploaded a letter dated November 7, 2017 from [REDACTED]. This letter includes no information regarding your previous pay amounts, pay dates, or pay frequency.

Therefore, you have never submitted sufficient proof of your income from [REDACTED].

As such, the applications submitted on September 25, 2017 and October 30, 2017 have never been completed.

NYSOH must provide Medicaid and Essential Plan applicants notice of their eligibility determination within 45 days from the date of the completed application. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH must provide qualified health plan applicants notice of their eligibility determination promptly and without undue delay once their application is completed.

As you have never submitted sufficient documentation of your household income, there was no failure by NYSOH to issue a timely eligibility determination since there was not a complete application.

The second issue is whether NYSOH properly determined that you did not qualify for Medicaid, the Essential Plan, advance payments of the premium tax credit and cost-sharing reductions, or to enroll in a qualified health plan at full cost.

As you failed to submit sufficient proof of your income, NYSOH properly determined that you were ineligible for Medicaid, the Essential Plan, or advance payments of the premium tax credit and cost-sharing reductions.

In the September 25, 2017 application and the October 30, 2017 application, you selected to have your eligibility determination based on monthly income rather than annual expected income.

Therefore, prior to NYSOH determining whether you were eligible to enroll in a qualified health plan at full cost, NYSOH was required to determine whether you were eligible for Medicaid based on your monthly income. As you never submitted sufficient income documentation for NYSOH to determine whether you qualified for Medicaid, NYSOH could not determine if you were eligible to enroll in a qualified health plan at full cost.

Therefore, the December 5, 2017 eligibility determination notice is AFFIRMED.

## **Decision**

The December 5, 2017 eligibility determination notice is AFFIRMED.

**Effective Date of this Decision:** February 12, 2018

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

This decision does not change your eligibility.

This decision has no impact on subsequent eligibility determinations.

## **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

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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
- By fax: 1-855-900-5557

### **Summary**

The December 5, 2017 eligibility determination notice is **AFFIRMED**.

This decision does not change your eligibility.

This decision has no impact on subsequent eligibility determinations.

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).

## **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 sre wo, fre 1-855-355-5777. ye&btumi 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.

## **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.

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