



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

## Notice of Decision

Decision Date: April 23, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027049

[REDACTED]

[REDACTED]

On March 9, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 11, 2018 plan enrollment 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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## Decision

Decision Date: April 23, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027049

[REDACTED]

## Issue

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

Did NY State of Health (NYSOH) properly enroll you and your spouse in a qualified health plan (QHP), with financial assistance, effective February 1, 2018?

## Procedural History

On December 12, 2017, you submitted an application for financial assistance through NYSOH.

On December 13, 2017, NYSOH issued a notice stating that your application had been reviewed, however, the income in the application did not match what NYSOH received from state and federal data sources. The notice directed you to submit additional proof of your household's income by December 27, 2017, to confirm the information in your application.

On December 27, 2017, you uploaded:

- (1) Income documentation for yourself (see Documents [REDACTED])
- (2) Income documentation for your spouse (see Documents [REDACTED])

On December 28, 2017, NYSOH issued a notice stating that the documentation reviewed did not confirm the information in your application. The notice instructed you to submit additional income documentation by January 11, 2018, to confirm your household's eligibility.

On January 4, 2018, you uploaded income documentation for yourself (see Documents [REDACTED])

On January 5, 2018, NYSOH issued a notice stating that the documentation reviewed did not confirm the information in your application. The notice instructed you to submit additional income documentation by January 26, 2018, to confirm your household's eligibility.

On January 8, 2018, you submitted four applications for financial assistance.

Also on January 8, 2018, you uploaded additional income documentation to your NYSOH account (see Documents [REDACTED])

On January 9, 2018, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to receive up to \$558.00 monthly in APTC, effective February 1, 2018.

On January 10, 2018, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as the effective date of your household's health insurance coverage and financial assistance was February 1, 2018 and not as January 1, 2018.

On January 11, 2018, NYSOH issued a plan enrollment notice stating that as of January 10, 2018, you and your spouse were enrolled in a QHP, with financial assistance, effective February 1, 2018.

On March 9, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was closed at the end of the hearing.

## **Findings of Fact**

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

- 1) According to your NYSOH account and testimony, you and your spouse are applying for health insurance.

- 2) You testified that you want your household's health insurance coverage and financial assistance to be effective January 1, 2018.
- 3) According to your December 12, 2017 application, you attested to an expected 2018 household income of \$19,000.00.
- 4) According to your December 12, 2017 application, you attested to nine sources of income:

[REDACTED]

- 5) According to your December 12, 2017 application, your spouse attested to three sources of income:

[REDACTED]

- 6) On December 27, 2017, the following income documentation was submitted to confirm your income:

(1) A check, dated April 20, 2017, from [REDACTED] for \$700.00;

(2) Bank statements from [REDACTED] and a check stating that you received the following payments from [REDACTED]: \$280.02 on May 9, 2017; \$374.84 on May 16, 2017; \$412.96 on May 23, 2017, and \$259.10 on June 13, 2017; and

(3) [REDACTED] for the amounts of \$457.05 and \$1,153.25

(see Documents [REDACTED])

- 7) On December 27, 2017, three earnings statements from [REDACTED] were submitted to confirm your spouse's income (see Documents [REDACTED])

- 8) According to your NYSOH account, on December 27, 2017, NYSOH determined that the income documentation submitted was insufficient because you did not submit proof for all the income sources that were attested to in your application.
- 9) According to your NYSOH account, on January 8, 2018, you accessed your account and attested to an expected 2018 household income of \$57,840.00.
- 10) According to your NYSOH account, on January 10, 2018, you and your spouse were enrolled in a QHP.
- 11) You testified that you want your and your spouse's QHP to be effective January 1, 2018, to cover any medical expenses that were incurred during the month of January 2018.

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 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)).

## QHP/APTC - Effective Date

Upon making an initial eligibility determination, NYSOH must implement the eligibility determination for enrollment in a QHP, APTC, and CSR, in accordance with 45 CFR §155.410(c), (f) and §155.420(b), as applicable (45 CFR § 155.310(f)(1)).

For benefit years beginning on or after January 1, 2016, NYSOH must ensure that coverage is effective:

- (1) January 1, for QHP selections received by NYSOH on or before December 15 of the calendar year preceding the benefit year;
- (2) February 1, for QHP selections received by NYSOH from December 16 of the calendar year preceding the benefit year through January 15 of the benefit year;
- (3) March 1, for QHP selections received by NYSOH from January 16 through January 31 of the benefit year

(45 CFR §155.410(f)(2)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that you and your spouse were enrolled in a QHP, with financial assistance, effective February 1, 2018.

On December 12, 2017 you submitted an application through NYSOH. In that application you attested to eight sources of income, and your spouse attested to three sources of income. Further, you attested to an expected 2018 household income of \$19,000.00.

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.

The income information that was attested to in the application did not match federal and state data sources. As a result, on December 13, 2017 NYSOH issued a notice directing you and your spouse to submit additional income documentation to confirm your eligibility. The notice issued by NYSOH directed you to submit additional documentation that included a list of acceptable

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documentation to provide proof of your household income (see [REDACTED])

The record reflects that you first submitted income documentation to confirm your household's eligibility on December 27, 2017. Documentation was submitted for three of the income sources that you attested to in your December 12, 2017 application. Further, earnings statements from one of your spouse's income sources was submitted to confirm their eligibility (see Documents [REDACTED])

On December 27, 2017, NYSOH properly determined that the income documentation was insufficient to confirm your household's eligibility because you did not submit documentation for all the income sources that were attested to in your December 12, 2017 application.

The date on which a QHP can take effect depends on the day a person selects the plan for enrollment. QHP selections received by NYSOH on or before December 15, 2017, were effectuated January 1, 2018. QHP selections received by NYSOH from December 16, 2017 through January 15, 2018, were effectuated February 1, 2018.

The record reflects that on January 8, 2018, you accessed your NYSOH account and attested to an expected 2018 household of \$57,840.00. Based on that application, NYSOH determined that you and your spouse were eligible to enroll in a QHP and receive up to \$558.00 monthly in APTC. On January 10, 2018, you and your spouse were enrolled in a QHP with an enrollment start date of February 1, 2018; however, you testified that you want your household's QHP to be effectuated as of January 1, 2018.

Since you and your spouse selected a QHP on January 10, 2018, NYSOH properly enrolled your household in a QHP, with financial assistance, effective February 1, 2018.

Therefore, the January 11, 2018 plan enrollment notice is AFFIRMED.

## **Decision**

The January 11, 2018 plan enrollment notice is AFFIRMED.

**Effective Date of this Decision:** April 23, 2018



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

You and your spouse were properly enrolled in a QHP, with financial assistance, effective February 1, 2018.

## **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):**

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

## **Summary**

The January 11, 2018 plan enrollment notice is AFFIRMED.

You and your spouse were properly enrolled in a QHP, with financial assistance, effective February 1, 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.

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