



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

## Notice of Decision

Decision Date: March 31, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014067

[REDACTED]

Dear [REDACTED]

On March 22, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 18, 2016 eligibility determination notice, the September 18, 2016 disenrollment determination notice, and the December 16, 2016 enrollment confirmation notice.

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

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

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

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the 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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: March 31, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014067



## Issues

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

Was your appeal of NY State of Health's September 18, 2016 eligibility determination notice and September 18, 2016 disenrollment notice timely?

Did NY State of Health properly determine that your eligibility for the Essential Plan ended effective October 31, 2016?

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

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

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

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

## Procedural History

On December 14, 2015, you updated your application for financial assistance through NY State of Health (NYSOH).

On December 15, 2015, NYSOH issued a notice indicating that you may be eligible for health insurance through NYSOH, but the income information you provided did not match what NYSOH had obtained from State and Federal data sources. The notice also stated that in order for your eligibility to be determined, you would need to submit income documentation, before December 30, 2015.

On December 16, 2015 income documentation was uploaded to your account.

On December 23, 2015 NYSOH reviewed the income documentation you submitted and updated the income information in your application, and submitted an application with the updated income documentation on your behalf.

On December 24, 2015 NYSOH issued a notice of eligibility determination, based on the December 23, 2015 application, stating that you were eligible for up to \$143.00 per month in advanced premium tax credits (APTC) as well as cost-sharing reductions if you enrolled in a silver level qualified health plan, effective February 1, 2016.

On December 29, 2015, you updated your application for health insurance. Specifically, you changed the income information.

On December 30, 2015, NYSOH issued a notice of eligibility determination, based on the December 29, 2015 application, stating that you were eligible to enroll in the Essential Plan for a limited time, effective February 1, 2016. The notice further directed you to provide documentation confirming your income before March 28, 2016.

On December 30, 2015 NYSOH issued a notice confirming your enrollment in an Essential Plan, effective February 1, 2016.

On September 18, 2016 NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a qualified health plan at full cost. The notice stated that you were not eligible to enroll in the Essential Plan because NYSOH did not receive the income documentation needed to verify the income listed in your application. This eligibility was effective November 1, 2016.

Also on September 18, 2016 NYSOH issued a disenrollment notice stating that your enrollment in the Essential Plan would end as of October 31, 2016, because you were no longer eligible to remain in your plan.

On December 15, 2016, you updated your application for financial assistance. That day, a preliminary eligibility determination was prepared with regard to that application, stating that you were not eligible to receive help paying for your health insurance coverage, however, you can purchase a qualified health plan at full cost through NYSOH, effective January 1, 2017.

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Also on December 15, 2016 you spoke to NYSOH's Account Review Unit and appealed the termination of your Essential Plan as of October 31, 2016 as well as your ineligibility for financial assistance as of January 1, 2017.

On December 16, 2016 NYSOH issued a notice of eligibility determination, based on your December 15, 2016 application, stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2017. This notice also stated that you are not eligible for Medicaid, Child Health Plus, or the Essential Plan because you do not meet the income limits for these programs. You also were not eligible for a tax credit and cost-sharing reductions because you advised NYSOH that you are married and will file your taxes separately from your spouse.

On March 22, 2016, 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, and your application indicates, that you receive all of your notices from NYSOH via regular mail.
- 2) You testified that you did receive the December 30, 2015 notice advising you that income documentation was needed.
- 3) You testified that you did submit income documentation, but you were not sure when you submitted this documentation.
- 4) You testified that you were not sure how many times you submitted income documentation.
- 5) The record reflects that income documentation was uploaded to your account on December 16, 2015.
- 6) The record reflects that on December 23, 2015 NYSOH reviewed the income documentation you submitted and updated the income in your application to be \$36,400.00.
- 7) On December 29, 2015, you updated the income in your account to \$30,600.00 for yourself. On December 30, 2015 NYSOH redetermined your eligibility for financial assistance and requested income documentation to confirm the updated income in your application.

- 8) No additional income documentation was uploaded to your NYSOH account.
- 9) No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable.
- 10) You testified that you were out of the country from September 2016 until the beginning of December 2016. You testified that you did not receive the September 18, 2016 eligibility determination notice or the September 18, 2016 disenrollment notice. When you returned to NY and attended a doctor's appointment, you were advised that you had been disenrolled from your coverage.
- 11) Your NYSOH account indicates that on September 17, 2016 your application was run and you were found no longer eligible for the Essential Plan as of October 31, 2016.
- 12) During the hearing you gave the hearing officer permission to listen to the recordings of phone calls you had with NYSOH.
- 13) The events tab on your NYSOH account indicates that you updated your application with an NYSOH representative on December 15, 2016, submitting the application at approximately 1:27 pm on December 15, 2016. A review of the recording of that phone call reveals that during that phone call your spouse was still included on your application. You advised the NYSOH representative that you intended to file your 2017 tax return as married filing jointly. During that phone call, the NYSOH representative advised you that you had been determined eligible to purchase a qualified health plan at full cost. You disagreed with the determination and the representative offered to transfer you to the account review unit, but during the transfer the call was dropped.
- 14) The events tab on your NYSOH account indicates that thereafter you updated your application online, submitting the application at approximately 1:46 pm on December 15, 2016. In this application, you deleted your spouse's information and indicated that you intended to file your 2017 tax return as married filing single.
- 15) The events tab on your NYSOH indicates that you updated your application with an NYSOH representative a second time on December 15, 2016, submitting the application at approximately 2:29 pm. The recording of that phone call reveals that during the phone call the NYSOH representative inquired if you were the only person in your household, and you confirmed that you were the only person in your household.

- 16) You testified that you have filed for divorce, but are not yet divorced. You have not received a separation decree. You further stated that you do not reside with your spouse.
- 17) You testified that you plan to file your 2017 tax return as married filing jointly and will claim no dependents on that return.
- 18) You testified that your annual expected income for 2017 is approximately \$30,600.00 and your spouse's annual expected income for 2017 is approximately \$30,000.00.
- 19) You testified that you are not sure if you will claim any deductions on your 2017 tax return.
- 20) You testified that you reside in Queens County.
- 21) You testified that you do not have any children.
- 22) You testified that you are seeking to be reenrolled into your Essential Plan for November 2016 and December 2016 and for financial assistance as of January 1, 2017.

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

## **Applicable Law and Regulations**

### Valid Appeal Requests

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH (45 CFR §155.520(b)(2); 18 NYCRR 358-3.5(b)(1)).

However, where an appeal request is untimely, the appeal request may be considered valid if the applicant or enrollee sufficiently demonstrates within a reasonable timeframe as determined by NYSOH that failure to timely submit the appeal was due to exceptional circumstances and should not preclude the appeal (45 CFR §155.520(d)(2)(i)(D)).

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

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

However, an individual will be treated as not married at the close of the taxable year if the individual;

- 1) Is legally separated from his or her spouse under a decree of divorce or of separate maintenance; or
- 2) Meets all of the following criteria:
  - a. files a separate return from his/her spouse and maintains his/her household as the primary home for a qualifying child;
  - b. pays more than one half of the cost of keeping up his/her home for the tax year; and
  - c. does not have his or her spouse as a member of the household during the last 6 months of the tax year

(see 26 USC § 7703(a); 26 USC § 7703(b)).

The maximum amount of APTC that can be authorized equals:

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

*minus*

- 2) the taxpayer's expected contribution amount

(see 26 USC § 36B, 26 CFR § 1.36B-3).

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

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

For annual household income in the range of at least 250% but less than 300% of the 2016 FPL, the expected contribution is between 8.21% and 6.43% of the household income (26 CFR § 1.36B-3T(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2016-24).

People who use the APTC to help pay health insurance premiums must file a federal tax return and reconcile their expected income (stated on NYSOH application) with their actual income (stated on their federal income tax return). Those who take less tax credit in advance than they claim on the tax return may get the rest of it as an income tax refund or have their tax bill reduced. Those who take more tax credit in advance than they can claim on their tax return will owe the difference as additional income taxes (26 CFR § 1.36B-4).

### Cost-Sharing Reductions

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

## Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

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

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

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

The Essential Plan is considered minimum essential coverage therefore, a person who is eligible for the Essential Plan is not eligible for any premium tax credit because they are eligible for minimum essential coverage through the individual market (see 26 CFR § 1.36B-2(c)(1), 26 USC § 5000A(f)(1)(C)).

## Medicaid

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

In an analysis of Medicaid eligibility, the determination is based on the FPL "for the applicable budget period used to determine an individual's eligibility" (42 CFR

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§ 435.4). On the date of your application, that was the 2016 FPL, which is \$11,880.00 for a one-person household (81 Fed. Reg. 4036).

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

## **Legal Analysis**

The first issue under review is whether your appeal of NYSOH's September 18, 2016 eligibility determination notice and September 18, 2016 disenrollment notice was timely.

The record reflects that you first contacted NYSOH to file a formal appeal regarding your ineligibility for and disenrollment from your Essential Plan on December 15, 2016.

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH.

For an appeal to have been valid on the issue of your ineligibility for and disenrollment from your Essential Plan, an appeal should have been filed by November 17, 2016. The record reflects that you filed your appeal on December 15, 2016, which beyond the 60-day deadline.

Although your appeal was untimely on its face, you testified that you were out of the country from September 2016 until early December 2016, and it was not until returning to New York State that you learned that you had been disenrolled from your Essential Plan. Therefore, your failure to timely submit the appeal was due to exceptional circumstances and should not preclude the appeal.

The second issue under review is whether NYSOH properly determined that your eligibility for the Essential Plan ended effective October 31, 2016.

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 in order to verify an individual's income attestation.

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.

The record reflects that on December 16, 2015 income documentation was uploaded to your account and NYSOH redetermined your eligibility based on this income documentation on December 23, 2015.

However, after this determination based on the income documentation you provided, you updated the income information in your account to a lower amount than what NYSOH had determined it to be based on the previously submitted documentation, which resulted in NYSOH requesting additional income documentation in the December 30, 2015 eligibility determination.

In the eligibility determination issued on December 30, 2015, you were advised that you were eligible for the Essential Plan for a limited time, and that you needed to confirm your household's income before March 28, 2016.

You testified that you did receive the December 30, 2015 eligibility determination notice advising you that you needed to provide income documentation to confirm your eligibility.

Therefore, NYSOH properly notified you of an inconsistency in your account and that 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, your eligibility for the Essential Plan terminated as of October 31, 2016 because you did not submit documentation and did not adequately demonstrate that you could not provide documentation to confirm your income.

Therefore, the September 18, 2016 eligibility determination and September 18, 2016 disenrollment confirmation notice are AFFIRMED.

The third issue is whether NYSOH properly determined that you were ineligible for advanced payments of the premium tax credit, effective January 1, 2017.

The application you submitted on December 15, 2016 listed an annual household income of \$30,600.00. The application also indicated that you expect to file your 2017 income taxes as married filing separately and will claim no dependents on that tax return, therefore, based on the information in your application, you are in a one-person household. The eligibility determination relied up this information.

To qualify for APTC, a person who is married must either file taxes jointly with his or their spouse or qualify as "not married" at the close of the tax year.

According to your testimony at the hearing, you are still married

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to your spouse and have not obtained a decree of divorce or of separate maintenance.

During the hearing, you testified that you plan on filing your 2017 tax return as married filing jointly. However, the record reflects that you updated your application to delete your spouse's information and changed your tax filing status to married filing separately.

There is an exception, as noted above, that allows a tax filer to be treated as "not married" at the close of a taxable year, making the tax filer eligible for APTC. However, the record does not support a finding that you meet the necessary requirements for that exception.

The fourth issue is whether you were properly found ineligible for cost-sharing reductions. Cost-sharing reductions are available to a person who has a household income no greater than 250% of the FPL and is eligible to receive APTC. Since you are not eligible for APTC, NYSOH correctly found you to be ineligible for cost sharing reductions.

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

The Essential Plan is provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income that is between 138% and 200% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$11,880.00 for a one-person household. Since an annual household income of \$30,600.00 is 257.58% of the 2016 FPL, NYSOH properly found you to be eligible for the Essential Plan.

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

Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$11,880.00 for a one-person household. Since \$30,600.00 is 257.58% of the 2016 FPL, NYSOH properly found you to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

Since the December 16, 2016 eligibility determination properly stated that, based on the information you provided, you were ineligible for APTC, ineligible for cost-sharing reductions, ineligible for the Essential Plan and ineligible for Medicaid, it is correct and is AFFIRMED.

During the hearing, you testified that you intend to filing your 2017 tax return as married filing jointly. If this is correct, you will need to update your application for health insurance to reflect the proper tax filing status.

## **Decision**

The September 18, 2016 notice of eligibility determination is AFFIRMED.

The September 18, 2016 disenrollment notice is AFFIRMED.

The December 16, 2016 notice of eligibility determination is AFFIRMED.

**Effective Date of this Decision:** March 31, 2017

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

NYSOH properly found you ineligible to enroll in the Essential Plan effective October 31, 2016 because you did not provide documentation of your household's income.

NYSOH properly found that you are not eligible for APTC, cost-sharing reductions, the Essential Plan, or Medicaid, effective January 1, 2017.

During the hearing, you testified that you intend to filing your 2017 tax return as married filing jointly. If this is correct, you will need to update your application for health insurance to reflect the proper tax filing status.

## **If You Disagree with this Decision (Appeal Rights)**

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

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

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the

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

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

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

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

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

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Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The September 18, 2016 notice of eligibility determination is **AFFIRMED**.

The September 18, 2016 disenrollment notice is **AFFIRMED**.

NYSOH properly found you ineligible to enroll in the Essential Plan effective October 31, 2016 because you did not provide documentation of your household's income.

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The December 16, 2016 notice of eligibility determination is AFFIRMED.

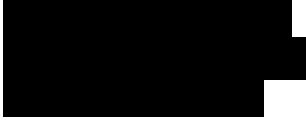
NYSOH properly found that you are not eligible for APTC, cost-sharing reductions, the Essential Plan, or Medicaid, effective January 1, 2017.

During the hearing you testified that you intend to filing your 2017 tax return as married filing jointly. If this is correct, you will need to update your application for health insurance to reflect the proper tax filing status.

## **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।

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).

## **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&etumi 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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