



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

Notice of Decision

Decision Date: July 7, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016248

[REDACTED]

Dear [REDACTED],

On June 7, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 23, 2017 eligibility determination.

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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: July 7, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000016248

[REDACTED]

Issues

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

Did NY State of Health properly determine that you were ineligible for advance payments of the premium tax credit and cost-sharing reductions, effective April 1, 2017?

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?

Did NY State of Health properly determine that your children were eligible to enroll in a Child Health Plus plan with a \$9.00 per child monthly premium, effective April 1, 2017?

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

Procedural History

On January 30, 2017, NY State of Health (NYSOH) redetermined your household's eligibility for financial assistance with health insurance.

On January 31, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and

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federal data sources. This notice directed you to submit proof of income by February 14, 2017 in order for your household's eligibility for financial assistance to be determined.

On February 10, 2017, income documentation was uploaded to your NYSOH account.

On February 22, 2017, NYSOH reviewed the income documentation you submitted, recalculated your household's annual expected income based on that documentation, and submitted an updated application on your behalf.

On February 23, 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 April 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. This notice further stated that your children were eligible for Child Health Plus with a \$9.00 per child monthly premium, effective April 1, 2017. This notice additionally stated that your children are not eligible for Medicaid because they do not meet the income limit for this program.

On February 27, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as you and your children were not found eligible for Medicaid.

On March 4, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan for a limited time and that your children were eligible for Medicaid for a limited time, effective February 1, 2017. This was because your household has been granted Aid to Continue until a decision is made on your appeal.

On June 7, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open for seven days to allow you the opportunity to submit paystubs. On June 8, 2017, the Appeals Unit received via fax copies of two paystubs. These documents were collectively marked as Appellant's Exhibit [REDACTED] and incorporated into the record. The record is now closed.

Findings of Fact

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

- 1) You testified that you expect to file your 2017 taxes with a tax filing status of head of household. You will claim your [REDACTED] two children as

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dependents on that tax return. Your [REDACTED] child is claimed as a dependent by [REDACTED] father.

- 2) You are seeking insurance for yourself and your three children.
- 3) You testified that your annual expected income is currently \$33,000.00, but you are not sure if this is gross or net.
- 4) You testified that you have only one employer, that you are paid biweekly, and that you typically earn around \$1,000.00 per week, but this varies based on over-time hours worked.
- 5) You testified that none of your children currently have any income.
- 6) On February 10, 2017, you submitted a letter dated January 25, 2017 from your [REDACTED] child's former employer stating that your [REDACTED] child's employment ceased on January 14, 2017.
- 7) You testified that you are currently married, however, you and your spouse have lived separately for five years. You do not have a separation decree. You testified that all three of your children live with you year-round.
- 8) On October 12, 2016, your tax filing status was changed from head of household to single by user [REDACTED]. Your account has continued to reflect a tax filing status of single since that time.
- 9) On February 10, 2017, you uploaded two paystubs to your NYSOH account. The first is for pay date January 27, 2017 for a gross pay amount of \$2,182.33; the second is for pay date February 10, 2017 for a gross pay amount of \$1,046.28.
- 10) On February 22, 2017, NYSOH reviewed the paystubs you submitted on February 10, 2017 and recalculated your annual household income to be \$41,971.93 (\$2,182.33 and \$1,046.28 yield a gross of \$3,228.61, divided by four weeks yields a weekly average of \$807.15, multiplied by 52 weeks).
- 11) On March 1, 2017, you uploaded one paystub to your NYSOH account for pay date February 24, 2017 for a gross pay amount of \$1000.00.
- 12) On June 8, 2017, you submitted two paystubs. The first is for pay date May 19, 2017 for a gross pay amount of \$1,500.14; the second is for pay date June 2, 2017 for a gross pay amount of \$1,234.43.

13) You testified that you plan on claiming a deduction for child care on your 2017 tax return, but you are not yet sure what the amount of that deduction will be. You also could not recall how much you claimed for this deduction on your 2016 tax return.

14) Your application states, and you confirmed, that you live in [REDACTED].

15) You testified that you have bills including rent of \$780.00 per month, child care of \$800.00 per month, and utilities of \$210.00 per month that you would like considered when determining your household income.

16) You testified that you pay all of the expenses related to maintaining your household.

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

Applicable Law and Regulations

Household Composition for Adults

For purposes of advance premium tax credit (APTC) and cost-sharing reductions (CSR), the household size equals the number of individuals for whom the taxpayer is allowed a deduction under 26 USC § 151 for the taxable year, which typically includes: (1) the taxpayer, (2) his or her spouse, and (3) any claimed dependents (26 USC § 36B(d)(1)).

For Medicaid purposes "family size" means the number of persons counted as members of an individual's household. The household of a taxpayer who expects to file a return, and does not expect to be claimed as a tax dependent by anyone else, consists of the taxpayer plus all people the taxpayer expects to claim as tax dependents (42 CFR § 435.603(f)(1)).

Household Composition for Children

The household of an individual who expects to be claimed as a tax dependent by another taxpayer consists of the household of the taxpayer claiming the individual as a dependent, except that where a child expects to be claimed as a tax dependent by a non-custodial parent, the child's family includes the following persons, if living with the child: (1) the child's parents, (2) the child's spouse, (3) the child's children and siblings under the age of 19, or 21 if a full-time student (42 CFR § 435.603(f)(3)).

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 \$20,160.00 for a three-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-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).

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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 \$20,160.00 for a three-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 for Adults Age 19 or Older and Under Age 65

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 § 435.4). On the date of your application, that was the 2017 FPL, which is \$20,420.00 for a three-person household (82 Fed. Reg. 8831).

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).

Child Health Plus

Child Health Plus (CHP) is a sliding-scale-premium program for children who are in a household that is over income for regular Medicaid (see New York Public Health Law (NY PHL) § 2510 et seq. and 42 USC § 1397aa). Eligibility rules are

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set out in NY PHL § 2511(2), as well as in the NYS Department of Health 2008-2012 Contract and Plan Manual.

A child who meets the eligibility requirements for CHP may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (NY PHL § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be “eligible for medical assistance”; that is, must not be eligible for Medicaid (NY PHL § 2511(2)(b)).

The amount of the premium payment, if any, that must be made on behalf of a child who enrolls in a CHP plan depends upon the child’s family household income (NY PHL § 2510(9)(d)). No payments are required for eligible children whose family household income is less than 160% of the FPL (NY PHL § 2510(9)(d)(1)). If the family household income is 160% or higher, premiums range from \$9.00 per month to \$60.00 per month (NY PHL § 2510(9)(d)).

The CHP premium is \$9.00 per month for a child whose family household income is between 160% and 222% of the FPL, but no more than \$27.00 per month per family (NY PHL § 2510(9)(d)(ii)).

In an analysis of Child Health Plus eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application, that was the 2017 FPL, which is \$20,420.00 for a three-person household and \$24,600.00 for a four-person household (82 Fed. Reg. 8831).

Medicaid for Children

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 154% of the FPL for the applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

In the case of an individual who expects to file a tax return and does not expect to be claimed by another taxpayer, the household consists of the taxpayer and all persons whom such individual expects to claim as a tax dependent (42 CFR § 435.603(f)(1)).

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 § 435.4). On the date of your application, that was the 2017 FPL, which is \$20,420.00 for a three-person household and \$24,600.00 for a four-person household (82 Fed. Reg. 8831).

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Modified Adjusted Gross Income

NYSOH bases its eligibility determinations on modified adjusted gross income as defined in the federal tax code (45 CFR § 155.300(a)). The term “modified adjusted gross income” means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3) Social Security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

“Adjusted gross income” means, in the case of an individual taxpayer, gross federal taxable income minus certain specific deductions, such as expenses reimbursed by an employer, losses from sale or exchange of property, losses from premature withdrawal of funds from time savings accounts, deductions attributable to royalties, and certain retirement savings (26 USC § 62(a)). Living expenses, such as rent and utilities are not an allowable deduction in computing adjusted gross income.

Legal Analysis

The first issue is whether NYSOH properly determined that you were ineligible for advance payments of the premium tax credit, effective April 1, 2017.

On February 22, 2017, NYSOH recalculated your annual household income based on the paystubs you submitted on February 10, 2017. The application that was submitted that day on your behalf, listed an annual household income of \$41,971.93 and the eligibility determination relied upon that information.

During the hearing, you requested that your current expenses, which include rent of \$780.00 per month, child care of \$800.00 per month, and utilities of \$210.00 per month, be considered when calculating your annual household income.

Since the Internal Revenue Service rules do not allow living expenses such as rent, utilities, cable and phone to be deducted from the calculation of your adjusted gross income, they cannot be deducted when the NYSOH computes your modified adjusted gross income for APTC purposes.

Additionally, NYSOH properly calculated your income based on the paystubs you provided, therefore, NYSOH correctly determined your household income to be \$41,971.93.

On October 12, 2016, your application was updated to indicate that you expect to file your tax return as single, and this has not changed since that time. Therefore, the February 22, 2017 application also indicates a tax filing status of single.

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You are in a three-person household. Your application indicates that you expect to file your 2017 tax return as single and will claim two dependents on that tax return.

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 to your spouse and have not obtained a decree of divorce or of separate maintenance. Also, you confirmed that you do not plan to file a joint federal income tax return with your spouse for the 2017 tax year.

Therefore, NYSOH was correct when it found that you were not eligible for APTC due to your tax filing status as stated in your application.

Cost-sharing reductions are available only to those who meet the requirements for APTC. Since you did not qualify for APTC, NYSOH correctly found that you were ineligible for cost-sharing reductions.

The second 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 \$20,160.00 for a three-person household. Since an annual household income of \$41,971.93 is 208.19% of the 2016 FPL, NYSOH properly found you to be eligible for the Essential Plan.

The third 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 \$20,420.00 for a three-person household. Since \$41,971.93 is 205.54% of the 2017 FPL, NYSOH properly found you to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

The fourth issue is whether NYSOH properly determined that your children were eligible to enroll in Child Health Plus with a \$9.00 per child monthly premium.

According to the record, you expect to file a tax return for 2017 and will claim your [REDACTED] two children as dependents. Your [REDACTED] two children are therefore in a three-person household.

However, your [REDACTED] child will be claimed by [REDACTED] non-custodial parent. Your [REDACTED] child lives with one parent and two siblings, therefore, your [REDACTED] child is in a four-person household.

A child is eligible to enroll in Child Health Plus if they meet the non-financial requirements, are not eligible for Medicaid, and have a household income below 400% of the FPL. Households with an income between 160% and 222% of the FPL are responsible for a \$9.00 per month Child Health Plus premium payment. On the date of your application, the relevant FPL was \$20,420.00 for a three-person household and \$24,600.00 for a four-person household. Since \$41,971.93 is 205.54% of the 2017 FPL for a three-person household and 170.62% of the 2017 FPL for a four-person household, NYSOH properly found your children to be eligible for Child Health Plus with a \$9.00 per child monthly premium payment.

The fifth issue is whether NYSOH properly determined that your children were not eligible for Medicaid.

Medicaid can be provided through NYSOH to children between the ages of one and nineteen who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is at or below 154% of the FPL for the applicable family size. Since \$20,420.00 is 205.54% of the 2017 FPL for a three-person household and 170.62% of the 2017 FPL for a four-person household, NYSOH properly found your children to be ineligible for Medicaid.

Since the February 23, 2017 eligibility determination properly stated that, based on the documentation you provided, you were ineligible for APTC, cost-sharing reductions, the Essential Plan, and Medicaid, and that your children were eligible for Child Health Plus with a \$9.00 per child monthly premium and ineligible for Medicaid, it is correct and is AFFIRMED.

However, financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

On March 1, 2017, you submitted paystubs that show in February 2017 you received \$2,046.28.

Since the record now contains a more accurate representation of what your February 2017 monthly household income was, your case is RETURNED to NYSOH to redetermine you and your [REDACTED] two children's eligibility based on a three-person household residing in [REDACTED] with a February 2017 monthly

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household income of \$2,046.28 and to redetermine your [REDACTED] child's eligibility based on a four-person household residing in [REDACTED] with a February 2017 monthly household income of \$2,046.28.

Decision

The February 23, 2017 eligibility determination notice is AFFIRMED.

Your case is RETURNED to NYSOH to redetermine you and your [REDACTED] two children's eligibility based on a three-person household residing in [REDACTED] with a February 2017 monthly household income of \$2,046.28 and to redetermine your [REDACTED] child's eligibility based on a four-person household residing in [REDACTED] with a February 2017 monthly household income of \$2,046.28.

Effective Date of this Decision: July 7, 2017

How this Decision Affects Your Eligibility

This is not a final determination of your and your children's eligibility.

Your case is being sent back to NYSOH to redetermine your and your children's eligibility for financial assistance based on information you provided subsequent to the February 23, 2017 eligibility determination notice.

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)).

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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 February 23, 2017 eligibility determination notice is AFFIRMED.

Your case is RETURNED to NYSOH to redetermine you and your [REDACTED] two children's eligibility based on a three-person household residing in [REDACTED] with a February 2017 monthly household income of \$2,046.28 and to redetermine your [REDACTED] child's eligibility based on a four-person household residing in [REDACTED] with a February 2017 monthly household income of \$2,046.28.

This is not a final determination of your and your children's eligibility.

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Your case is being sent back to NYSOH to redetermine your and your children's eligibility for financial assistance based on information you provided subsequent to the February 23, 2017 eligibility determination notice.

Legal Authority

We are sending you this notice 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。我们可以为您免费提供相应语种的口译服务。

Italiano (Italian)

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

한국어 (Korean)

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

Русский (Russian)

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

العربية (Arabic)

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

বাংলা (Bengali)

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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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.

שׂוֹדִישׁ (Yiddish)

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

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