



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

## Notice of Decision

Decision Date: October 30, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000020878

[REDACTED]

[REDACTED]

On October 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 26, 2017 eligibility determination notice and July 26, 2017 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.

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

## Decision

Decision Date: October 30, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000020878



## 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 or cost-sharing reductions, effective September 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 child's eligibility for and enrollment in his Child Health Plus plan was effective September 1, 2017?

## Procedural History

On August 25, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you and your child were eligible for Medicaid, effective August 1, 2016.

On June 3, 2017, NYSOH issued a renewal notice, stating that it was time to renew your and your child's health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you or your child would qualify for financial help paying for your health coverage, and that you needed to update

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your account by July 15, 2017 or you and your child might lose the financial assistance you were currently receiving.

No updates were made to your account by July 15, 2017.

On July 17, 2017, NYSOH issued an eligibility determination notice stating that you and your child were not eligible for Medicaid, Child Health Plus, the Essential Plan, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You and your child also could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. Your eligibility ended effective August 1, 2017.

Also on July 17, 2017, NYSOH issued a disenrollment notice stating that your and your child's enrollment in your Medicaid Managed Care plan would end on July 31, 2017.

On July 25, 2017, NYSOH received your updated application for health insurance.

On July 26, 2017, NYSOH issued an eligibility determination notice based on the information contained in the July 25, 2017 application, stating you were eligible to purchase a qualified health plan at full cost, effective September 1, 2017. It stated that you do not qualify for an advance premium tax credit (APTC) because your application states that you are married but not filing taxes jointly. It also stated that you do not qualify for cost-sharing reductions because you are not eligible for APTC. The notice further stated that you were ineligible for the Essential Plan and Medicaid because the income listed in your application was over the allowable limit for those programs. This notice also stated that your child was eligible for Child Health Plus, effective September 1, 2017.

Also on July 26, 2017, NYSOH issued a notice of enrollment confirmation stating that your child was enrolled in a Child Health Plus plan with a plan enrollment start date of September 1, 2017.

Additionally, on July 26, 2017, you contacted NYSOH's Account Review Unit and requested an appeal insofar as you were found ineligible for financial assistance and insofar as your child's eligibility for and enrollment in his Child Health Plus plan began on September 1, 2017 and not August 1, 2017.

On October 11, 2017, you were scheduled for a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. You requested that day that the hearing be adjourned to a later date.

On October 18, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Under oath, you waived your right to formal notice of the

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hearing. 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 will be filing your 2017 income tax return with a tax filing status of married filing separately.
- 2) You testified that you are currently married and that you and your spouse plan to begin the process of filing for divorce in the near future.
- 3) You testified that you have not yet obtained a decree of divorce or of separate maintenance.
- 4) You testified that your spouse last lived with you in early 2016.
- 5) You testified that you have one child who is currently [REDACTED]. His date of birth is [REDACTED].
- 6) You testified that your he lives with you all the time. You explained that his father will sometimes take your child for short periods of time, but that your child spends nearly all his nights in your home.
- 7) You testified that you will be claiming your child as a dependent on your 2017 tax return.
- 8) You testified that you pay all the costs of maintaining your home.
- 9) The application that was submitted on July 25, 2017 listed annual household income of \$39,999.96, consisting of wages you earn from your employment. You testified that this amount was correct.
- 10) You testified that you receive a salary of \$769.23 gross per week, which you are paid each Wednesday.
- 11) Your application states, and you confirmed, that you will not be taking any deductions on your 2017 tax return.
- 12) Your application states, and you confirmed that you live in [REDACTED].
- 13) You testified, and the record reflects, that you receive all of your notices from NYSOH via electronic mail.

- 14) You testified that you initially did not receive an electronic alert regarding the June 3, 2017 renewal notice telling you that you needed to update your application in order to renew your and your child's eligibility. You explained that you later checked your spam folder and saw the electronic alert from NYSOH.
- 15) You testified that you did not know that you needed to update your account until you attempted to fill a prescription for your child.
- 16) The record reflects that on July 25, 2017, NYSOH received your updated application for health insurance.
- 17) You testified that you are seeking to be found eligible for financial assistance. Specifically, you are seeking Medicaid for yourself. You also testified that you are seeking for your child's Child Health Plus plan to begin on August 1, 2017.

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

## **Applicable Law and Regulations**

### Advance Payments of the Premium Tax Credit

APTC is 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 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)).

Additionally, a tax filer who is married must file a joint return with his or her spouse in order to qualify for APTC (45 CFR §§ 155.305(f), 155.310(d); 26 CFR § 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/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/her spouse as a member of the household during the last 6 months of the tax year

(26 USC § 7703).

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 \$16,020.00 for a two-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).

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## 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 \$16,020.00 for a two-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 § 435.4). On the date of your application, that was the 2017 FPL, which is \$16,240.00 for a two-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).

## Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every 12 months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates that may have been provided by the individual (45 CFR §155.335(h)).

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13 ADM-03(III)(F)).

Medicaid Managed Care (MMC) plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month.

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Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H(6)(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; NY Social Services Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13 ADM-03(III)(F)).

### Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR § 155.230(d); 42 CFR §435.918(b)(4)).

Additionally, if an electronic alert regarding a notice in an individual's NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

### Child Health Plus

The "period of eligibility" for Child Health Plus is "that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date," unless the CHP premiums are not timely paid, or the child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law § 2510(6)).

"A State must specify a method for determining the effective date of eligibility for [Child Health Plus], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [Child Health Plus] and other insurance affordability programs as family circumstances change and avoids gaps or overlaps in coverage" (42 CFR § 457.340(f)).

The State of New York has provided that a child's period of eligibility for Child Health Plus begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if the application is received by the 15th of the month; applications received after the 15th day of the month will be processed for the first day of the second following month (see State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

## Legal Analysis

The first issue is whether NYSOH properly determined that you are ineligible for APTC and cost-sharing reductions, effective September 1, 2017.

In the eligibility determination notice issued on July 26, 2017, NYSOH denied an APTC to you because you indicated that you were married but did not plan to file a joint federal income tax return.

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

According to the information in the record and 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 not eligible for cost-sharing reductions.

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

You expect to file your 2017 income tax return as married filing separately and will claim one dependent on that return. Therefore, you are in a two-person household.

The application that was submitted on July 25, 2017 listed an annual household income of \$39,999.96 and the eligibility determination relied upon that information.

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 \$16,020.00 for a two-person household. Since an annual household income of \$39,999.96 is 249.69% of the 2016 FPL, NYSOH properly found you to be ineligible 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 \$16,240.00 for a two-person household. Since \$39,999.96 is 246.31% 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.

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

You testified that in July 2017 you received \$3,076.92 (four weeks at \$769.23).

To be eligible for Medicaid, you would need to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,868.00 per month. Since the testimony you provided shows that you earned \$3,076.92 in July 2017 you do not qualify for Medicaid on the basis of monthly income as of the date of your application.

Since NYSOH correctly determined that you are ineligible for APTC or cost-sharing reductions, ineligible for the Essential Plan, and ineligible for Medicaid, the September 1, 2017 notice of eligibility determination is AFFIRMED insofar as it found you eligible to purchase a qualified health plan at full cost.

However, 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.

You credibly testified during the hearing that: (1) you expect to claim your one child as a dependent and that child’s primary home is with you, (2) you will pay more than one-half of the cost of keeping up your home for 2017, and (3) your spouse has not been a member of the household since early 2016 and you expect to file for divorce in the near future. Therefore, the record supports a finding that you are a head of household with a qualifying dependent and so qualify to be treated as “not married”.

You may elect to change your tax filing status in your NYSOH application for health insurance to “Head of Household.” As soon as any change is made, NYSOH will then redetermine your eligibility and issue a new notice.

However, BE AWARE that the IRS is the final decision-maker on how you are allowed to file your taxes. If your testimony was incorrect, it may result in you NOT being eligible to file as “Head of Household” for the 2017 tax year. If this is the case, you should not be treated as “not married” for purposes of obtaining APTC through NYSOH.

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The fourth issue is whether NYSOH properly determine that your child's eligibility for and enrollment in his Child Health Plus plan was effective September 1, 2017.

Your child was found eligible for Medicaid effective August 1, 2016.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's June 3, 2017 renewal notice stated that there was not enough information to determine whether your child was eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by July 15, 2017, or your child's financial assistance might end.

Because there was no timely response to this notice, your child was terminated from Medicaid and his Medicaid Managed Care plan effective July 31, 2017.

You testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You testified that you initially did not receive any electronic alert regarding the notice that directed you to update the information in your NYSOH account. However, you testified that you did find this notice in your spam folder.

Therefore, the record reflects that NYSOH properly notified you of your child's annual renewal and that the information in your NYSOH account needed to be updated in order to ensure that your child's eligibility for financial assistance would continue.

You first renewed your child's eligibility for financial assistance through NYSOH on July 25, 2017, and enrolled your child into a Child Health Plus plan that day.

The date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

As you selected a plan for enrollment on July 25, 2017, your child's Child Health Plus plan properly began on the first day of the second month following after July 2017; that is, on September 1, 2017.

Therefore, NYSOH's July 26, 2017 eligibility determination notice is **AFFIRMED** insofar as it began your child's eligibility for Child Health Plus on September 1, 2017. The July 26, 2017 enrollment confirmation notice is **AFFIRMED** insofar as

it properly began your child's enrollment in his Child Health Plus plan on September 1, 2017.

## **Decision**

The July 26, 2017 eligibility determination notice is AFFIRMED.

The July 26, 2017 enrollment confirmation notice is AFFIRMED.

If you do choose to modify your application, the case will be RETURNED to NYSOH for a redetermination of eligibility using a two-person household, residing in Nassau County with an expected income of \$39,999.96, and any new tax filing status.

**Effective Date of this Decision:** October 30, 2017

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

This decision does not decide whether you should get APTC. It simply provides you an opportunity to change your tax filing status on your application and, if you do so, your case will be sent back to NYSOH with a direction to redetermine your eligibility using a "head of household" status.

If you choose to modify your application, the case will be RETURNED to NYSOH for a redetermination of eligibility using a two-person household, residing in Nassau County with an expected income of \$39,999.96, and any new tax filing status.

NYSOH properly found you ineligible for the Essential Plan and Medicaid.

This decision does not change your child's eligibility.

The effective date of your child's Child Health Plus plan is September 1, 2017.

## **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

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must be done within four months of the Decision Date, which appears on the first page of this Decision.

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

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

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

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

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

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The July 26, 2017 eligibility determination notice is **AFFIRMED**.

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The July 26, 2017 enrollment confirmation notice is AFFIRMED.

If you do choose to modify your application, the case will be RETURNED to NYSOH for a redetermination of eligibility using a two-person household, residing in [REDACTED] with an expected income of \$39,999.96, and any new tax filing status.

This decision does not decide whether you should get APTC. It simply provides you an opportunity to change your tax filing status on your application and, if you do so, your case will be sent back to NYSOH with a direction to redetermine your eligibility using a “head of household” status.

If you choose to modify your application, the case will be RETURNED to NYSOH for a redetermination of eligibility using a two-person household, residing in [REDACTED] with an expected income of \$39,999.96, and any new tax filing status.

NYSOH properly found you ineligible for the Essential Plan and Medicaid.

This decision does not change your child’s eligibility.

The effective date of your child’s Child Health Plus plan is September 1, 2017.

## **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 مجانًا.

### **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. y&b&tumi 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.

## **שׂוֹדֵיט (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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