



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

Notice of Decision

Decision Date: December 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021553

[REDACTED]
[REDACTED]
[REDACTED]

On October 30, 2017, you and your spouse appeared by telephone at a hearing on your appeal of NY State of Health's February 27, 2017, June 26, 2017, and the August 29, 2017 eligibility determination notices.

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
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Decision

Decision Date: December 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021553



Issues

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

Was your appeal of the February 27, 2017 eligibility determination notice timely?

Did NY State of Health (NYSOH) properly determine you and your family were not eligible for financial assistance with health insurance since February 27, 2017, because you failed to submit sufficient documentation of your household income?

Procedural History

NYSOH received an initial application for financial assistance with health insurance submitted on behalf of you and your family under your account, [REDACTED] on January 31, 2017.

On February 1, 2017, NYSOH issued an eligibility determination notice stating the income information in your application did not match information received from state and federal data sources. The notice directed you to submit proof of your household income by February 15, 2017 or NYSOH would not be able to determine your family's eligibility. That notice included a "Documentation List" providing the types of documents accepted to prove various kinds of income. The list indicated that to prove self-employment income an applicant must submit records of detailed earnings and expenses for the last three months, business payrolls and records for the last three months, or a signed and dated tax return from the previous year if representative of attested income.

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On February 27, 2017, NYSOH issued an eligibility determination notice stating you and your family were eligible to purchase a qualified health plan at full cost, effective April 1, 2017. The notice indicated you and your family were not eligible to receive financial assistance because NYSOH had not received the requested income documentation needed to verify the income information listed in your application by the due date.

On March 1, 2017, NYSOH received an updated application submitted on behalf of you and your family.

On March 2, 2017, NYSOH issued an eligibility determination notice stating the income information in your application did not match information received from state and federal data sources. The notice directed you to submit proof of your household income by March 16, 2017 or NYSOH would not be able to determine your family's eligibility. That notice included a "Documentation List."

On March 8, 2017, NYSOH issued a notice stating the documentation received was insufficient to confirm the income information in your application. You were directed to submit additional documentation of your household income. That notice included a "Documentation List."

On March 28, 2017, NYSOH issued another eligibility determination notice, based on a March 27, 2017 systematic eligibility determination, stating the income information in your application did not match information received from state and federal data sources. The notice directed you to submit proof of your household income or NYSOH would not be able to determine your family's eligibility. That notice included a "Documentation List."

On April 28, 2017, and May 17, 2017, NYSOH issued notices stating the documentation received was insufficient to confirm the income information in your application. You were directed to submit additional documentation of your household income. Those notices included a "Documentation List."

On June 26, 2017, NYSOH issued an eligibility determination notice stating you and your family were eligible to purchase a qualified health plan at full cost, effective August 1, 2017. The notice indicated you and your family were not eligible to receive financial assistance, because NYSOH had not received the requested income documentation needed to verify the income information listed in your application.

On August 2, 2017, NYSOH received an updated application submitted on behalf of you and your family.

On August 3, 2017, NYSOH issued an eligibility determination notice stating the income information in your application did not match information received from state and federal data sources. The notice directed you to submit proof of your

household income by August 17, 2017 or NYSOH would not be able to determine your family's eligibility. That notice included a "Documentation List."

On August 3, 2017, August 9, 2017, and August 10, 2017, NYSOH issued notices stating the documentation received was insufficient to confirm the income information in your application. You were directed to submit additional documentation of your household income. Those notices included a "Documentation List."

On August 17, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as you and your family were not eligible for financial assistance.

On August 29, 2017, NYSOH issued an eligibility determination notice stating you and your family were eligible to purchase a qualified health plan at full cost, effective October 1, 2017. The notice indicated you and your family were not eligible to receive financial assistance, because NYSOH had not received the requested income documentation needed to verify the income information listed in your application.

On October 30, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open to allow you to submit supporting documentation. On November 10, 2017, NYSOH received the requested documentation which was marked as Appellant's Exhibit 1 and incorporated into the record. The record closed thereafter.

Findings of Fact

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

- 1) You and your family were enrolled in Medicaid coverage under your spouse's account, [REDACTED], in 2016.
- 2) An updated application was submitted on behalf of your family under your spouse's account on October 11, 2016. That application indicated that your household income consisted solely of income earned by your spouse in the amount of \$3,000.00 monthly.
- 3) According to that account, NYSOH was unable to verify the income information in your application and your family was disenrolled from their Medicaid Managed Care plan, effective October 31, 2016. You were directed to submit proof of your household income before NYSOH could determine your family's eligibility.
- 4) On October 26, 2016, a letter from an accountant was uploaded to your spouse's account, alleging your spouse's total business income from July

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25, 2016 to October 25, 2016 was \$9,709.70. This document was invalidated by NYSOH.

- 5) On December 16, 2016, a password protected document was uploaded to your spouse's NYSOH account. This document was inaccessible.
- 6) On January 31, 2017, NYSOH account [REDACTED] was created in your name and an application for financial assistance on behalf of your family was submitted that day under your account. That application indicated that your household income consisted solely of self-employment income earned by your spouse in the amount of \$3,000.00 monthly.
- 7) According to your account, NYSOH was unable to verify the income information listed in your application and you were directed to submit documentation of your income.
- 8) On February 13, 2017, NYSOH received documents uploaded to your account listing the monthly revenues and expenses related to your spouse's business for the months of October, November, and December 2016.
- 9) The documents listed, in spread sheet format, the total revenues and various business expenses for each month as well as the date in which each amount occurred throughout the month along with a description of each amount. The spreadsheets also contained a "salary" column indicating, at the bottom, the total salary received for the month as well as the date each increment was paid.
- 10) In the December 2016 spreadsheet, the itemized descriptions of each amount were cut off and the salary column was separated from the rest of the spreadsheet due to apparent formatting errors. The column headings, including revenue, various monthly business expenses, and salary were visible and the totals for each column were still discernable.
- 11) The spreadsheets listed the following income information regarding your spouse's business:
 - a. For October 2016: business revenue in the amount of \$6,205.00, various business expenses totaling \$4,783.93, and salary received in the amount of \$2,465.75.
 - b. For November 2016: business revenue in the amount of \$9,387.16, various business expenses totaling \$5,244.68, and salary received in the amount of \$2,483.89.

- c. For December 2016: business revenue in the amount of \$9,590.34, various business expenses totaling \$6,984.71, and salary received in the amount of \$3,063.26.
- 12) According to your account, NYSOH invalidated your income documentation, because of the formatting issues with the December 2016 spreadsheet.
 - 13) You and your family were determined ineligible for financial assistance on February 27, 2017, purportedly because you failed to submit sufficient documentation of your household income.
 - 14) According to your account, you submitted an updated application for your family on March 1, 2017 with the same income information as your previous application. NYSOH again demanded income documentation prior to determining your family's eligibility.
 - 15) On March 2, 2017, screen shots of your spouse's business spreadsheets for the months of December 2016, January 2017, and February 2017 were uploaded to your account. These spreadsheets contained information pertaining to the dates in which revenues and business expenses occurred throughout each month as well as monthly totals. The spreadsheets also indicated the amount of salary paid to your spouse each month.
 - 16) The monthly spreadsheets uploaded on March 2, 2017, were each broken up into several sections.
 - 17) You and your spouse testified that you uploaded the screen shots of the spreadsheets because NYSOH does not allow you to upload excel spreadsheets.
 - 18) According to your account, NYSOH failed to verify the income documentation submitted on March 2, 2017 and continued to demand additional income documentation.
 - 19) You testified that you overnighted a package to NYSOH containing print-outs of your spouse's monthly business spreadsheets as well as a thumb drive containing the digital copies of the same spreadsheets.
 - 20) On April 26, 2017, documents stamped received on March 30, 2017 were uploaded to your account including your spouse's monthly business spreadsheets for the months of December 2016, January 2017, and February 2017.
 - 21) Your spouse testified that NYSOH uploaded to your account the spreadsheet print-outs you had sent. On April 26, 2017, these

spreadsheets were uploaded in sections and subsequently invalidated on the grounds they did “not clearly state any net income.”

- 22) On May 2, 2017, you uploaded a document listing the “Gross Amount,” “Business Expense Amount,” and the “Net Amount,” for the months of February, March, and April 2017. This document was invalidated by NYSOH on the grounds it was “not detailed enough.” NYSOH requested additional income documentation.
- 23) On June 26, 2017, NYSOH issued an eligibility determination finding you and your family ineligible for financial assistance, because you purportedly failed to submit sufficient documentation of your household income.
- 24) On August 2, 2017, NYSOH received an updated application for financial assistance submitted on behalf of your family. That application listed your annual expected household income as \$40,427.00 consisting solely of business income earned by your spouse.
- 25) NYSOH again demanded income documentation prior to determining your family’s eligibility.
- 26) In August 2017, you uploaded a copy of the form 1040 from your 2015 joint tax return listing an adjusted gross income amount of \$40,427.00. You also uploaded a letter explaining that you had obtained an extension to file your 2016 tax return so it had not yet been filed. This documentation was also invalidated by NYSOH.
- 27) On August 17, 2017, a formal appeal was filed on your behalf insofar as NYSOH had failed to find your family eligible for financial assistance with health insurance.
- 28) On August 29, 2017, NYSOH again determined your family ineligible for financial assistance on the grounds you failed to submit sufficient documentation of your household income.
- 29) At the hearing, you and your spouse testified that you had been submitting income documentation to NYSOH since 2016. You and your spouse testified that you both spoke to NYSOH representatives on numerous occasions to try to determine what documentation was necessary to prove your household income. You both testified that you received inconsistent responses from the representatives concerning the documentation needed and the deficiencies in the previously submitted documents.
- 30) Your spouse explained that the household income consists solely of income earned through his business.

- 31) Your spouse testified that his business is a C-corporation for which he files a separate tax return.
- 32) Your spouse testified that he pays himself a monthly salary from the net revenue of the business.
- 33) You and your spouse testified that you received an extension in which to file your 2016 tax return and, as of the date of the hearing, that tax return had not been filed.
- 34) Your spouse testified that he expects to make the same amount of income in 2017 as he did in 2016.
- 35) Your applications indicate that you and your spouse file your tax returns with a tax filing status of married filing jointly and you claim four dependents. You and your spouse testified that information was accurate.
- 36) On November 10, 2017, the Appeals Unit received a copy of your 2016 joint tax return, purportedly electronically filed on November 9, 2017. That tax return lists your adjusted gross income as \$32,527.00.
- 37) Several updated applications were submitted on behalf of your family in October and November 2017 listing your annual expected household income as \$40,427.00. Following each application, NYSOH demanded income documentation to confirm the income information in your application prior to determining your family's eligibility.
- 38) An updated application was submitted on behalf of your family on November 27, 2017 listing your annual expected household income as \$32,527.00. NYSOH again demanded income documentation prior to determining your family's eligibility.
- 39) On December 3, 2017, NYSOH systematically redetermined your November 27, 2017 application and was able to confirm the \$32,527.00 attested annual income amount through state and federal data sources.
- 40) Your family was determined eligible for Medicaid, effective October 1, 2017 and eligible for retroactive Medicaid coverage for August and September 2016.

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) a failure by NYSOH to provide timely notice of an eligibility determination; and (4) a denial of a request for a special enrollment period (45 CFR § 155.505, 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 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)).

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)).

Verification Process

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

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

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Legal Analysis

The first issue under review is whether your appeal of the February 27, 2017 eligibility determination notice is timely.

You have appealed NYSOH's failure to find you and your family eligible for financial assistance since your family was disenrolled from your Medicaid Managed Care plan under your spouse's account, [REDACTED], on October 31, 2016. However, it is noted that there has been no appeal of any eligibility determination issued by NYSOH under your spouse's account; thus, no such eligibility determination is at issue in this appeal.

On January 31, 2017, NYSOH account [REDACTED] was created in your name and an application for financial assistance on behalf of your family was submitted that day under your account. That application indicated that your household income consisted solely of self-employment income earned by your spouse in the amount of \$3,000.00 monthly. According to your account, NYSOH was unable to verify the income information listed in your application and you were directed to submit documentation of your income.

The first eligibility determination issued by NYSOH under your account, [REDACTED] was on February 27, 2017 wherein your family was determined ineligible for financial assistance, purportedly because you failed to submit sufficient documentation of your household income.

Pursuant to the above cited regulations, individual applicants and enrollees must request a hearing within 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 family's ineligibility for financial assistance as stated in the February 27, 2017 eligibility determination notice, an appeal should have been filed by April 28, 2017. According to your account, a formal appeal was not filed in this matter until August 17, 2017, after the 60-day period in which to appeal had passed. However, your account confirms that following the February 27, 2017 eligibility determination you submitted an updated application on March 1, 2017 with the same income information as the previous application; thus, contesting the February 27, 2017 eligibility determination.

Additionally, your account confirms that you continued to submit income documentation in March, April, and May 2017 attempting to verify the income information in your application as further evidence that you were contesting the February 27, 2017 finding that your family was ineligible for financial assistance.

Given the evidence in your account that you were actively contesting the February 27, 2017 eligibility determination within the 60-day period following that

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determination, it is concluded that there exists sufficient evidence to justify tolling the regulatory time frame within which to file an appeal of that determination.

Accordingly, your appeal of the February 27, 2017 eligibility determination is deemed timely.

The second issue under appeal is whether NYSOH has properly determined you and your family were not eligible for financial assistance with health insurance since February 27, 2017, because you failed to submit sufficient documentation of your household income.

Your family's initial application for financial assistance with health insurance was submitted under your account, [REDACTED] on January 31, 2017. That application indicated that your household income consisted solely of self-employment income earned by your spouse in the amount of \$3,000.00 monthly. According to your account, NYSOH was unable to verify the income information listed in your application.

Pursuant to the regulations, for all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income. If NYSOH cannot verify the income information required to determine eligibility it must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence. The notice issued on February 1, 2017 indicated that the income information in your application did not match the information received from state and federal data sources. That notice directed you to submit proof of your household income by February 15, 2017 or NYSOH would be unable to determine your family's eligibility for health coverage. That notice included a "Documentation List" providing the types of documents accepted to prove various kinds of income. The list indicated that to prove self-employment income an applicant may submit records of detailed earnings and expenses for the last three months.

On February 26, 2017, NYSOH systematically redetermined your family's eligibility and found you and your family ineligible for financial assistance on the grounds you had failed to submit sufficient evidence of your household income by the due date. However, your account confirms that on February 13, 2017, income documents consisting of your spouse's business spreadsheets for the months of October, November, and December 2016 were uploaded to your NYSOH account.

The spreadsheets submitted on February 13, 2017 listed the total revenues and various business expenses for each month as well as the date in which each amount occurred along with a detailed description of each amount. The spreadsheets also contained a "salary" column indicating, at the bottom, the total salary received for the month as well as the date each increment was paid.

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It is noted that the spreadsheets submitted on February 13, 2017 do not appear to have been reviewed yet at the time the February 27, 2017 eligibility determination, finding your family ineligible for financial assistance on the grounds you had failed to submit sufficient documentation of your household income, was issued. However, your account confirms that your income documentation was later invalidated, because portions of the December 2016 spreadsheet were “cut off.” However, it is concluded that NYSOH’s failure to validate the income documentation submitted on February 13, 2017 was an error.

While the December 2016 spreadsheet’s itemized descriptions of each amount were cut off and the salary column was separated from the rest of the spreadsheet due to apparent formatting errors, the column headings, including revenue, various monthly business expenses, and salary were visible and the totals for each column were still discernable. Given your spouse’s testimony that his business is a C-corporation which he files a separate tax return for and that he earns income from the business by paying himself a monthly salary from the net revenue of the business, it is concluded that the record is sufficient to determine your household income for the three-month period prior to the initial January 31, 2017 application based on the February 13, 2017 spreadsheets.

According to those spreadsheets, your spouse earned \$2,465.75 in October 2016, \$2,483.89 in November 2016, and \$3,063.26 in December 2016. These amounts are further corroborated by subsequent income documentation submitted. Thus, it is concluded that the income documentation submitted on February 13, 2017 complied with the document request and was sufficient evidence of your household income.

It is noted that the record establishes that you submitted income documentation many times between February 2017 and the present in an attempt to confirm your family’s eligibility for financial assistance; however, NYSOH continuously invalidated the documentation without a sufficient explanation of any inadequacy. Your spouse testified credibly that NYSOH is unable to accept uploads of Microsoft Excel spreadsheets. Thus, this created formatting issues in attempting to upload the spreadsheet information to your account. You also submitted a separate thumb drive with the data. Since NYSOH’s system limitations are clearly not the fault of the applicant and you made a more than reasonable effort to overcome these limitations, it is unjust to hold you accountable for the same.

Therefore, it is concluded that you submitted sufficient documentation of your household income, in compliance with the document request, as early as February 13, 2017, within the provided deadline. As such, the February 27, 2017, June 26, 2017, and August 29, 2017 eligibility determination notices stating you and your family were ineligible for financial assistance, because you failed to submit sufficient documentation of your household income are not supported by the record and must be **RESCINDED**.

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).

Your case is RETURNED to NYSOH to determine the eligibility of you and your family as of February 27, 2017 based on the income information in the February 13, 2017 spreadsheets indicating your household income was \$2,465.75 in October 2016, \$2,483.89 in November 2016, and \$3,063.26 in December 2016. The evidence establishes your family's eligibility is based on a six-person household.

It is noted that on December 3, 2017, NYSOH systematically redetermined your eligibility and found you and your family eligible for Medicaid, effective October 1, 2017 as well as eligible for retroactive Medicaid coverage for August and September 2017. Thus, the eligibility of your family going forward appears resolved.

Decision

The February 27, 2017, June 26, 2017, and August 29, 2017 eligibility determination notices are RESCINDED.

Your case is RETURNED to NYSOH to determine your family's eligibility as of February 27, 2017 based on a six-person household with self-employment household income of \$2,465.75 in October 2016, \$2,483.89 in November 2016, and \$3,063.26 in December 2016.

NYSOH is directed to assist your family in enrolling into a health plan, if you so choose, effective as early as April 1, 2017.

Effective Date of this Decision: December 11, 2017

How this Decision Affects Your Eligibility

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

You will receive an updated eligibility determination notice from NYSOH providing the eligibility of your family for financial assistance with health insurance as of February 27, 2017.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If

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your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

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

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

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

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

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

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

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

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 27, 2017, June 26, 2017, and August 29, 2017 eligibility determination notices are RESCINDED.

Your case is RETURNED to NYSOH to determine your family's eligibility as of February 27, 2017 based on a six-person household with self-employment household income of \$2,465.75 in October 2016, \$2,483.89 in November 2016, and \$3,063.26 in December 2016.

NYSOH is directed to assist your family in enrolling into a health plan, if you so choose, effective as early as April 1, 2017.

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

You will receive an updated eligibility determination notice from NYSOH providing the eligibility of your family for financial assistance with health insurance as of February 27, 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)

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 okyerε kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

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