

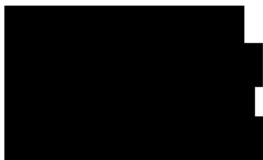


STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: January 18, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022768



On November 29, 2017, you both appeared by telephone at a hearing on your appeal of NY State of Health's September 26, 2017 eligibility determination and enrollment 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 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: January 18, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022768



Issues

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

Did NY State of Health (NYSOH) properly determine that you and your spouse were no longer eligible for Medicaid, effective October 1, 2017?

Did NYSOH properly determine that your spouse's enrollment in his Essential Plan was effective November 1, 2017?

Procedural History

According to your NYSOH account, you ([REDACTED]) and your spouse ([REDACTED]) were determined eligible for Medicaid effective October 1, 2016 and were enrolled in a Medicaid Managed Care (MMC) plan, with a plan enrollment start date of December 1, 2016.

On January 3, 2017, NYSOH issued an eligibility determination notice stating that you were no longer eligible for Medicaid. However, your Medicaid coverage would continue until September 30, 2017 because certain individuals who qualify for Medicaid get coverage for twelve continuous months from the date they were last determined eligible. This eligibility was effective March 1, 2017. The notice also stated that your spouse remained eligible for Medicaid, effective January 1, 2017.

Also, on January 3, 2017, NYSOH issued an enrollment notice confirming that your spouse was enrolled in his MMC plan effective December 1, 2016. The notice also stated that you were enrolled in Medicaid through NYSOH and that

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the type of coverage you were eligible for did not require or allow you to enroll in a health plan.

On January 3, 2017, NYSOH issued a disenrollment notice stating that your MMC plan would end on February 28, 2017. This was because records showed that you had other health insurance or Medicare. Individuals who have other health insurance or Medicare cannot be enrolled in a MMC plan.

On August 2, 2017, NYSOH issued a notice that it was time to renew you and your spouse's health insurance for the upcoming coverage year. That notice stated that based on information from state and federal sources, NYSOH could not determine whether you and your spouse would qualify for financial help paying for your health coverage. It instructed you to update your account by September 15, 2017 or you and your spouse might lose the financial assistance you were currently receiving.

No updates were received by September 15, 2017 and on September 16, 2017 NYSOH redetermined your and your spouse's eligibility for financial assistance with health insurance.

On September 17, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse 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 spouse also could not enroll in a qualified health plan at full cost. The notice also stated that if the Medicaid program was paying for health insurance premiums (including Medicare), the payment of these premiums will end on the same date that your Medicaid ended. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. The notice further stated that your and your spouse's eligibility would end effective October 1, 2017.

Also on September 17, 2017, NYSOH issued a disenrollment notice stating that your spouse's MMC plan coverage would end effective September 30, 2017.

On September 25, 2017, NYSOH received your updated application for financial assistance with health insurance for you and your spouse. That day, a preliminary eligibility determination was prepared stating that you were not eligible to purchase health care coverage through NYSOH, and your spouse was eligible to enroll in the Essential Plan with a \$20 premium per month, both effective November 1, 2017. This eligibility finding was based on an attested household income of \$30,078.00.

Also on September 25, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar you were not eligible for premium assistance payments and that your spouse's Essential Plan started November 1, 2017 and not October 1, 2017.

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On September 26, 2017, NYSOH issued an eligibility determination notice, based on the September 25, 2017 application, that stated that you were not eligible for Medicaid because the household income you provided of \$30,078.00 was over the allowable income limit of \$22,412.00. The notice also stated that you were not eligible for Medicaid, the Essential Plan or advance premium tax credits and cost sharing reductions because information from state and federal data sources showed that you were already enrolled in Medicare. Individuals enrolled in Medicare cannot receive health coverage through NYSOH.

Also on September 26, 2017, NYSOH issued an appeal confirmation notice stating that you and your spouse were appealing and the reason for the appeal was listed as “eligibility determination” and “Denial of Medicaid Premium Assistance payments.”

Also, on September 26, 2017, NYSOH issued a plan enrollment notice confirming that your spouse was enrolled in Essential Plan 1 Plus Vision and Dental with a \$47.30 monthly premium with a plan enrollment start date of November 1, 2017.

On October 1, 2017, NYSOH issued an eligibility determination notice, based on your September 25, 2017 application, stating that your spouse was eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective November 1, 2017.

On October 5, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for Medicaid for a limited time. This was because you and your spouse had been granted “aid-to-continue” until a decision is made on your appeal. This eligibility was effective as of October 1, 2017.

Also, on October 5, 2017, NYSOH issued a disenrollment notice stating that your spouse’s Essential Plan 1 Plus Vision and Dental ended on November 1, 2017. This was because he was no longer eligible to enroll in that plan.

Also, on October 5, 2017, NYSOH issued a plan enrollment notice confirming that you were enrolled in Medicaid and your spouse was enrolled in a MMC plan with a plan enrollment start date of October 1, 2017.

On November 29, 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 until December 14, 2017, to allow you to submit supporting documents. On December 13, 2017, you uploaded to your NYSOH account a one-page documents from [REDACTED] (see Document [REDACTED]). That document has been marked as Appellant’s Exhibit # 1 and is included in the record. The record was closed at that time.

Findings of Fact

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

- 1) According to your NYSOH account, you and your spouse were determined eligible for Medicaid effective October 1, 2016 and were enrolled in a MMC plan effective December 1, 2016.
- 2) Your spouse testified that he handles all the NYSOH account transactions because you are disabled.
- 3) According to your NYSOH account and your spouse's testimony, you are disabled and are receiving \$2,203.00 a month in Social Security disability benefits (SSDI) payments.
- 4) Your spouse testified that you went on Medicare in the early months of 2017 after the required waiting period for eligibility under the SSDI guidelines.
- 5) Your spouse testified that \$131.00 is deducted monthly from your SSDI benefits payments and that the \$131.00 was reimbursed under the Medicaid premium assistance payment program.
- 6) According to your spouse's testimony, during the time in question, you were receiving your notices from NYSOH by electronic alert.
- 7) Your spouse testified that during June, July, and August 2017, he was recovering from [REDACTED]
- 8) Your spouse testified that in September 2017 while reviewing the household email account, he saw for the first time the email alerts from NYSOH regarding the August 2, 2017 renewal notice and the September 17, 2017 eligibility determination and disenrollment notices.
- 9) According to your NYSOH account and your spouse's testimony, after seeing the disenrollment notices, on September 25, 2017, he contacted NYSOH and updated your and his application for health insurance.
- 10) According to your NYSOH account and your spouse's testimony, the \$30,078.00 in household income attested to in the September 25, 2017 application is correct. Your spouse testified that your income is \$25,884.00 (\$2,157.00 in monthly SSDI benefits payments) and his income is \$4,194.00, which he earns as an [REDACTED] [REDACTED] at a local [REDACTED].

- 11) According to your NYSOH account, based on the September 25, 2017 updated application, you were determined no longer eligible for Medicaid and your spouse was determined eligible for the Essential Plan, with a \$20.00 monthly premium, based on a household income of \$30,078.00.
- 12) According to your NYSOH account, your spouse selected an Essential Plan on September 25, 2017 with a plan enrollment start date of November 1, 2017.
- 13) According to your NYSOH account and your spouse's testimony, you file your taxes as married filing jointly and claim no dependents on your tax return.
- 14) According to your NYSOH account and your spouse's testimony, you both reside in Erie County, New York.
- 15) Your spouse testified that that you are seeking to have your Medicare monthly premium reimbursed as it was before the September 17, 2017 and September 26, 2017 eligibility determinations and his eligibility for Medicaid redetermined. Also, your spouse requested that if he is determined eligible for the Essential Plan, for his coverage to begin October 1, 2017 and not November 1, 2017.

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

Applicable Law and Regulations

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)).

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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)).

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 Federal Register 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 Premium Reimbursement

The state or local agency administering Medicaid programs must take all reasonable measures to ascertain the legal liability of third parties (Social Security Act § 1902(a)(25); 42 USC § 1396(a)). Third parties include health insurers, self-insured plans, group health plans, service benefit plans, managed care plans, etc., that are legally responsible for payment of a claim for a health care item or service (42 USC § 1396(a)).

The Medicaid assistance program will pay the health insurance premiums for personal health insurance covering care and other medical benefits which are authorized under the Medicaid program for cost-effective, employer-sponsored

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group health insurance benefits. Such premiums can also be paid for the benefit of the recipient's spouse and dependent children (18 NYCRR § 360-7.5(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 www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf, accessed 1/12/18).

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)).

Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (N.Y. Social Services Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf, accessed 1/12/2018).

The effective date of coverage by an Essential Plan is generally determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by the Marketplace from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you and your spouse were ineligible for Medicaid effective October 1, 2017.

You and your spouse were originally found eligible for Medicaid effective October 1, 2016. You and your spouse were enrolled in a MMC plan effective December 1, 2016.

According to your NYSOH account and your spouse's testimony, you became eligible for Medicare in the early part of 2017 following the required waiting period after you were determined eligible for SSDI benefits. According to your NYSOH account, your enrollment in your MMC plan ended February 28, 2017, because state and federal data sources showed that you were enrolled in Medicare. Individuals who have Medicare cannot be enrolled in a MMC plan. However, Medicaid reimbursed you for the \$131.00 in Medicare costs that were deducted from your monthly SSDI benefit payments. Your spouse continued to be enrolled in his MMC plan.

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 August 2, 2017 renewal notice stated that there was not enough information to determine whether you and your spouse were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by September 15, 2017, or your and your spouse's financial assistance might end.

Because there was no timely response to the August 2, 2017 notice, on September 17, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were no longer eligible for health insurance through NYSOH. You were terminated from your Medicaid coverage and your spouse was terminated from his MMC plan, effective October 1, 2017. The notice also stated that if the Medicaid program was paying for health insurance premiums

(including Medicare), the payment of these premiums will end on the same date that your Medicaid ends.

Your spouse testified and the record reflects that during the time frame in question, you were receiving alerts regarding notices from NYSOH electronically. Your spouse testified that he handles all the NYSOH account transactions because you are disabled. Your spouse testified that during June, July, and August 2017, he was recovering from [REDACTED]. Your spouse testified that in September 2017, while reviewing the household email account, he saw for the first time the email alerts from NYSOH regarding the August 2, 2017 renewal notice and the September 17, 2017 eligibility determination and disenrollment notices. Your spouse testified that after seeing the disenrollment notices, on September 25, 2017 he contacted NYSOH and updated your and his application for health insurance.

The Appeals Unit finds that NYSOH properly notified you and your spouse of the need to renew and update your application to ensure you and your spouse's enrollment in your health plan and eligibility for financial assistance would continue, and that NYSOH was therefore required to disenroll you both from Medicaid coverage and/or benefits pursuant to 45 CFR §155.335(h) once you failed to update your application.

Therefore, the September 17, 2017 eligibility determination notice stating that you and your spouse were no longer eligible for health insurance through NYSOH because you did not respond to the renewal notice is AFFIRMED.

According to your NYSOH account and your spouse's testimony, on September 25, 2017 he updated the information in your NYSOH account and applied for financial assistance with your and his health insurance.

In that September 25, 2017 updated application, you and your spouse attested to a household income of \$30,078.00 and NYSOH relied on that information in determining your and your spouse's eligibility. Your spouse testified that your income is \$25,884.00 (\$2,157.00 in monthly SSDI benefits payments) and his income is \$4,194.00 which he earns as an adjunct instructor teaching several courses at a local community college. Therefore, your household income of \$30,078.00 is based on credible evidence in the record.

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 September 25, 2017 application, the relevant FPL was \$16,240.00 for a two-person household. Since \$30,078.00 is 185.21% of the 2017 FPL, NYSOH properly found you and your spouse to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

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

According to your NYSOH account and your spouse's testimony, you receive \$2,203.00 every month before the deduction of your Medicare premium.

To be eligible for Medicaid, you and your spouse 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 record indicates that you receive \$2,203.00 in SSDI benefit payment every month, you and your spouse do not qualify for Medicaid based on monthly income as of the date of your September 25, 2017 application.

Your spouse testified that you want Medicaid to continue to reimburse you for the monthly deduction for your Medicare premium. However, since you are not eligible for Medicaid, effective October 1, 2017, you would not be eligible for Medicaid premium assistance payments effective as of that date also.

Further, since you are enrolled in Medicare, you would not be eligible for the Essential Plan or advance premium tax credit or cost-sharing reductions, because individuals enrolled in Medicare cannot receive health coverage through NYSOH.

The second issue under review is whether NYSOH properly determined that your spouse was eligible for the Essential Plan with a \$20.00 monthly premium, effective October 1, 2017.

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 2016 FPL was \$16,020.00 for a two-person household. Since an annual household income of \$30,078.00 is 187.75% of the 2016 FPL, NYSOH properly found your spouse to be eligible for the Essential Plan.

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).

Since the September 26, 2017 eligibility determination notice properly stated that, based on the information you provided, you were ineligible for Medicaid because you were enrolled in Medicare and because your household income was over the allowable income level, and your spouse was eligible for the Essential Plan with

a \$20.00 monthly premium and ineligible for Medicaid, based on a household income of \$30,078.00, it is correct and is AFFIRMED.

Your spouse testified, and the record indicates, that he was determined eligible for the Essential Plan on September 25, 2017 and enrolled into a plan that day.

The date on which enrollment in an Essential Plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

On September 25, 2017, your spouse selected an Essential Plan, so his enrollment properly took effect on the first day of the second month following September 2017; that is, on November 1, 2017.

Therefore, the September 26, 2017 enrollment confirmation notice stating that your spouse's enrollment in Essential Plan 1 Plus Vision and Dental was effective November 1, 2017, is correct and must be AFFIRMED.

Decision

The September 17, 2017 eligibility determination notice is AFFIRMED.

The September 26, 2017 eligibility determination notice stating that you were ineligible for Medicaid because you were enrolled in Medicare and because your household income was over the allowable income level, and your spouse was eligible for the Essential Plan with a \$20.00 monthly premium and ineligible for Medicaid, based on a household income of \$30,078.00, is correct and is AFFIRMED.

The September 26, 2017 enrollment confirmation notice stating that your spouse's enrollment in Essential Plan 1 Plus Vision and Dental was effective November 1, 2017, is correct and must be AFFIRMED.

Effective Date of this Decision: January 18, 2018

How this Decision Affects Your Eligibility

Your eligibility for Medicaid ended effective October 1, 2017.

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 eligibility for Medicaid premium assistance payments ended October 1, 2017.

You spouse's eligibility for Medicaid ended October 1, 2017.

Your spouse's enrollment in his MMC plan ended effective September 30, 2017.

Your spouse was eligible for the Essential Plan with a \$20.00 monthly premium effective October 1, 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 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 case 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.

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).

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 September 17, 2017 eligibility determination notice is AFFIRMED.

The September 26, 2017 eligibility determination notice stating that you were ineligible for Medicaid because you were enrolled in Medicare and because your household income was over the allowable income level, and your spouse was eligible for the Essential Plan with a \$20.00 monthly premium and ineligible for Medicaid, based on a household income of \$30,078.00, it is correct and is AFFIRMED.

The September 26, 2017 enrollment confirmation notice stating that your spouse's enrollment in Essential Plan 1 Plus Vision and Dental was effective November 1, 2017, is correct and must be AFFIRMED.

Your eligibility for Medicaid ended effective October 1, 2017.

Your eligibility for Medicaid premium assistance payments ended October 1, 2017.

Your spouse's eligibility for Medicaid ended October 1, 2017.

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Your spouse's enrollment in his MMC plan ended effective September 30, 2017.

Your spouse was eligible for the Essential Plan with a \$20.00 monthly premium effective October 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。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

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

한국어 (Korean)

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

Русский (Russian)

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

العربية (Arabic)

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

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&btumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

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

Tiếng Việt (Vietnamese)

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

אידיש (Yiddish)

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