



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

Notice of Decision

Decision Date: January 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023394

[REDACTED]

[REDACTED]

On December 11, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health’s March 17, 2017 eligibility determination notice and the April 6, 2017 eligibility determination 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 Account ID at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: January 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023394



Issues

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

Was your appeal of NY State of Health's March 17, 2017 eligibility determination notice and April 6, 2017 eligibility determination notice timely?

Did NY State of Health properly determine that you were eligible for the Essential Plan and ineligible for Medicaid, effective May 1, 2017?

Procedural History

On March 16, 2017, you submitted an application for financial assistance to NYSOH for your household.

On March 17, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan for a limited time, effective May 1, 2017. This notice directed you to submit proof of your household's income by June 14, 2017 in order to confirm your eligibility for financial assistance.

Also on March 17, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in an Essential Plan with a plan enrollment start date of May 1, 2017.

Additionally, on March 17, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from

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state and federal data sources and that additional information was needed to determine your spouse's and your children's eligibility for financial assistance. This notice directed you to submit proof of your household's income by March 31, 2017.

On March 29, 2017, income documentation was uploaded to your NYSOH account.

On April 5, 2017, NYSOH verified the income documentation and submitted an application on your behalf.

On April 6, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan, effective May 1, 2017. This notice also stated that your spouse and your two children were eligible for Medicaid, effective May 1, 2017.

On April 7, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in an Essential Plan with a plan enrollment start date of May 1, 2017.

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

On April 18, 2017, NYSOH verified the income documentation and submitted an application on your behalf.

On April 19, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan, effective June 1, 2017. This notice also stated that your spouse and your two children were eligible for Medicaid, effective April 1, 2017.

Also on April 19, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in an Essential Plan, effective May 1, 2017.

On October 16, 2017, you updated your household's application for financial assistance. Specifically, you updated your and your spouse's tax filing status. That day, NYSOH issued a preliminary eligibility determination stating that you were eligible for Medicaid, effective October 1, 2017. That day, you also selected a Medicaid Managed Care plan for enrollment.

Also on October 16, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your Medicaid and Medicaid Managed Care plan did not begin as of June 1, 2017.

On October 17, 2017, NYSOH issued a notice of eligibility determination, based on the October 16, 2017 application stating that you were eligible for Medicaid, effective October 1, 2017.

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Also on October 17, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a Medicaid Managed Care plan with a plan enrollment start date of December 1, 2017.

On December 11, 2017, you had a telephone hearing with Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open until December 26, 2017 to allow you the opportunity to submit supporting documents.

On December 11, 2017, the NYSOH Appeals Unit received via fax a copy of your spouse's October 27, 2017 social security benefit statement. On December 12, 2017, the NYSOH Appeals Unit received via fax a copy of your 2016 W-2. On December 26, 2017, the NYSOH Appeals Unit received via fax a copy of your and your spouse's jointly filed 2016 tax return. These documents were collectively marked as Appellant's Exhibit #1 and incorporated into the record. The record is now closed.

Findings of Fact

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

- 1) You testified that you are seeking to have your Medicaid Managed Care plan begin as of June 1, 2017. You explained that there was a mistake in your application, which resulted in you being found eligible for the Essential Plan, and you believe you should have been eligible for Medicaid all along as there have been no changes in your household income.
- 2) You testified that you are only appealing with regard to yourself as the rest of your family have Medicaid.
- 3) You testified that you expect to file your 2017 tax return as married filing jointly and will claim your two children as dependents on that return.
- 4) You testified that each of your children receives approximately \$106.00 per month in social security benefits. You further testified that your children do not file a tax return.
- 5) You testified that you earn \$650.00 per month in wages and receive \$106.00 per month in social security benefits.
- 6) You testified that your spouse earns \$650.00 per month in wages and received \$481.00 per month in social security benefits in 2017 until November 2017, when this changed to between \$300.00 and \$350.00 per month.

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- 7) You testified that you and your spouse will not be claiming any deductions on your 2017 tax return.
- 8) You testified that you and your spouse reside in Rockland County.
- 9) Your NYSOH account reflects that you and your spouse reside together.
- 10) During the hearing, you gave permission for the Hearing Officer to listen to recordings of phone calls you had with NYSOH.
- 11) Your NYSOH account reflects that on March 16, 2017, you contacted NYSOH and updated your household's application for financial assistance. The application that was submitted that day lists your spouse's tax filing status as head of household (with qualifying individual) and indicates that your spouse will claim your two children as dependents and your tax filing status as head of household (with qualifying individual). This application listed your annual expected income as \$7,800.00 and your spouse's annual expected income as \$17,388.00.
- 12) You testified that you could not recall what the tax filing status you reported to NYSOH was when you first submitted an application for financial assistance for your household, however, you and your spouse always do your taxes together.
- 13) The record reflects that on March 16, 2017, you placed a call to NYSOH. A review of the recording of that phone call reflects that you completed your household's application for financial assistance at that time with an NYSOH representative. The NYSOH representative inquired as to what your spouse's tax filing status was, you were not sure, so the NYSOH representative provided options of single, married filing jointly, and head of household. You indicated that your spouse files his tax return as head of household. The NYSOH representative then inquired as to your spouse's dependents, at which time you informed the NYSOH representative that your spouse claimed both your children as dependents. The NYSOH representative inquired as to your tax filing status. You advised the NYSOH representative that you will file your taxes as head of household.
- 14) The record reflects that on March 28, 2017, you placed a call to NYSOH. A review of the recording of that phone call reflects that you were calling to find out why you had a monthly premium instead of having Medicaid. The NYSOH representative explained that you had been found eligible for the Essential Plan based on the information that was in your application. When you inquired further, you were advised that you had been found eligible for the Essential Plan based on the income amount listed in your application. The NYSOH representative informed you that income documentation was needed to confirm your Essential Plan eligibility, and

that your eligibility was subject to change based on the income documentation you submitted.

- 15) On March 29, 2017, income documentation was uploaded to your NYSOH account consisting of your spouse's social security award letter showing a gross monthly benefit of \$481.00; a letter from your spouse's employer dated March 16, 2017 stating that your spouse earns a gross salary of \$650.00 per month; a letter from your employer dated March 16, 2017 stating that you earn a gross salary of \$650.00 per month; and social security award letters showing that you and both of your children each receive \$106.00 per month in social security benefits.
- 16) On April 5, 2017, NYSOH verified the income documentation that was uploaded to your NYSOH account on March 29, 2017. NYSOH calculated your spouse's annual expected income to be \$17,388.00 and your annual expected income to be \$9,072.00. NYSOH submitted an application on your household's behalf that day. On April 6, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan and that your spouse and children were eligible for Medicaid.
- 17) On April 10, 2017, income documentation was uploaded to your NYSOH account consisting of a resubmission of the March 16, 2017 letter from your spouse's employer stating that your spouse earns a gross salary of \$650.00 per month.
- 18) On April 18, 2017, NYSOH verified the income documentation that was uploaded to your NYSOH account on April 10, 2017 and submitted an application on your household's behalf.
- 19) The record reflects that on April 19, 2017 you contacted NYSOH to find out the status of your household's application for financial assistance. The NYSOH representative advised you that everyone in your household was fine and that you needed to select a plan for your spouse and your children. The NYSOH representative advised you that you would have a \$20.00 premium and that your spouse and your children would not have to pay anything. The NYSOH representative never informed you that you had the Essential Plan or that your spouse and children had been found eligible for Medicaid. When you inquired as to why you had a premium and your spouse and children did not and further inquired if this was because you were making more money, the NYSOH representative indicated in the affirmative, without any further explanation. There is no indication in the recording that the NYSOH representative reviewed your application or the eligibility determination in order to answer your question.
- 20) The record reflects that on October 16, 2017, you contacted NYSOH and updated your household's application for financial assistance. The

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application that was submitted that day lists your and your spouse's tax filing status as married filing jointly. This application listed your annual expected income as \$7,800.00 and your spouse's annual expected income as \$7,800.00.

- 21) Your NYSOH account reflects that as a result of the October 16, 2017 application update, you were found eligible for Medicaid and selected a Medicaid Managed Care plan for enrollment that day.
- 22) The record reflects that you filed a formal request for an appeal on October 16, 2017.
- 23) You testified that you thought there was a mistake with your coverage from the time you first were found eligible for health insurance through NYSOH, however, you did not file an appeal until October 2017. This was because you had asked multiple NYSOH representatives why you were not found eligible for Medicaid and were advised that this was because of the income listed in your applications. It was not until October 2017 that you learned there was a mistake in your application which resulted in you being found eligible for the Essential Plan and not Medicaid.
- 24) You submitted your spouse's social security benefit statement dated October 27, 2017 which shows that as of September 2017 his gross benefit is \$492.00 per month.
- 25) You submitted a copy of your 2016 W-2 which shows gross earnings of \$7,800.00.
- 26) You submitted a copy of your and your spouse's jointly filed 2016 tax return which shows that you and your spouse had total income of \$14,500.00 and adjusted gross income of \$13,475.00 in 2016 and claimed your two children as dependents.

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

Applicable Law and Regulations

Valid Appeal Requests

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a

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failure by the Exchange to provide timely notice of an eligibility determination (45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

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

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

Household Composition

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

With regard to the Essential Plan, the household size is determined using the above methodology for individuals who file a tax return. (New York's Basic Health Plan Blueprint, p. 19-20, as approved January 2017; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

For Medicaid, the household size of an individual who expects to file a tax return and who does not expect to be claimed as a tax dependent, the household consists of the taxpayer and all persons the taxpayer expects to claim as a dependent (42 CFR §435.603(f)(1). Except that in the case of a married couple living together, each spouse is included in the Medicaid household of the other spouse, regardless of whether they expect to file a joint tax return (42 CFR § 435.603(f)(4)).

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

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§ 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 and \$24,300.00 for a four-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 \$12,060.00 for a two-person household and \$24,600.00 for a four-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).

Modified Adjusted Gross Income

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

With regard to eligibility for financial assistance through the Marketplace, a tax filer's household income includes the MAGI of all the individuals in the taxpayer's household who are required to file a federal tax return for the taxable year (26 CFR § 1.36B-1(e)(1); 42 CFR § 435.603(d)(1)). The MAGI-based income of a child who is not required to file a tax return is not included in household income (42 CFR § 435.603(d)(2)).

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

In the case of a married couple living together, each spouse is included in the Medicaid household of the other spouse, regardless of whether they expect to file a joint tax return (42 CFR § 435.603 (f)(4)).

In general, household income means the aggregate modified adjusted gross income of every person who is included in the taxpayer's family and is required to file a federal tax return (26 CFR § 1.36B-1(e)).

A person is not required to file a tax return if their gross income is less than the sum of the exemption amount plus the basic standard deduction allowable for that person (26 USC § 6012(1)(A)). For the 2017 year, a dependent who had yearly gross earned income greater than \$6,350.00 or gross unearned income greater than \$1,050.00 would be required to file a tax return (see IRS Revenue Procedure 2016-55).

Medicaid Effective Date

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 2010,13ADM-03(III)(F)).

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

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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; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

Legal Analysis

The first issue is whether your appeal of NYSOH's March 17, 2017 eligibility determination notice and April 6, 2017 eligibility determination notice was timely.

The record reflects that you first contacted NYSOH to file a formal appeal regarding your eligibility on October 16, 2017.

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

For an appeal to have been valid on the issue of your eligibility for the Essential Plan, as stated in the March 17, 2017 eligibility determination notice and April 6, 2017 eligibility determination notice, an appeal should have been filed by May 16, 2017 and June 5, 2017, respectively.

The record reflects that you filed your appeal on October 16, 2017, which is beyond the 60-day deadline.

Although your appeal was untimely on its face, you testified that, although you believed there was an error regarding your eligibility for Medicaid following the initial determination that you were eligible for the Essential Plan. When you contacted NYSOH to question your eligibility, you were assured that your eligibility was correct based on the income information you provided.

The record reflects that on March 28, 2017 and April 19, 2017 you questioned NYSOH representatives regarding your eligibility for the Essential Plan, stating that you should have been found eligible for Medicaid. The NYSOH representatives on both March 28, 2017 and April 19, 2017 advised you that this was based on your reported income and assured you that your eligibility was correct. Additionally, the NYSOH representative on April 19, 2017 failed to advise you of your eligibility for the Essential Plan and your spouse's and children's eligibility for Medicaid, quoting only the amount of premiums.

Had you been provided correct information by the NYSOH representative on March 28, 2017 or April 19, 2017, you could have filed an appeal within the 60-day time frame. Therefore, your failure to timely submit the appeal was due to exceptional circumstances and should not preclude the appeal.

The second issue is whether NYSOH properly determined that you were eligible for the Essential Plan and ineligible for Medicaid, effective May 1, 2017.

In the application submitted on March 16, 2017, you indicated that your spouse would file his tax return with a tax filing status of head of household (with a qualifying individual) and that he would claim your two children as dependents, and that you would file your tax return with a tax filing status of head of household (with a qualifying individual) and would not claim any dependents. You also indicated that your spouse's annual expected income was \$17,388.00 and that your annual expected income was \$7,800.00.

For purposes of determining Medicaid eligibility, you were in a two-person household based on the information contained in the March 16, 2017 application. Although you indicated that you and your spouse did not plan to file a joint tax return, your spouse was counted as a household member because you are married and reside together. However, since you did not indicate that you would be claiming your children as dependents, they were not included in your household size.

NYSOH uses modified adjusted gross income when determining eligibility for financial assistance. A tax filer's household income includes the modified adjusted gross income of all the individuals in the taxpayer's household who are required to file a federal tax return for the taxable year.

As your spouse was properly considered your household member, his income was required to be included when determining your household's modified adjusted gross income. Therefore, NYSOH correctly determined your household income to be \$25,188.00.

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 at or below 138% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$16,020.00. Since an annual household income of \$25,188.00 is 157.23% of the 2016 FPL, NYSOH properly found you eligible for the Essential Plan, effective May 1, 2017, based on the March 16, 2017 application.

Since the March 17, 2017 eligibility determination properly stated that, based on the information you provided, you were eligible for the Essential Plan, it is correct and is AFFIRMED.

On April 5, 2017, NYSOH recalculated your spouse's annual expected income to be \$17,388.00 and your annual expected income to be \$7,800.00 based on the income documentation you submitted. That day, NYSOH submitted an application for financial assistance on your behalf.

The resulting eligibility determination issued was based on a two-person household, consisting of yourself and your spouse, with an annual expected income of \$25,881.00. This was because this application continued to list your spouse's tax filing status as head of household (with qualifying individual) claiming your two children as dependents and your tax filing status as head of household (with qualifying individual).

However, the record reflects that on March 28, 2017 you contacted NYSOH to inquire as to why you had been found eligible for the Essential Plan rather than Medicaid. The NYSOH representative informed you that this was because of the income listed in your application. The NYSOH representative did not review your application nor did she provide you information regarding your household size in the March 16, 2017 application.

You credibly testified that you will file your 2017 tax return with a tax filing status of married filing jointly and you will claim your two children as dependents on that return. You also provided a copy of your 2016 tax return which shows that you have previously filed your tax returns with a tax filing status of married filing jointly and have claimed your two children as dependents. Therefore, you are in a four-person household.

Had you been properly informed regarding the basis for your eligibility determination, you could have corrected your application at that time.

Furthermore, the income documentation you submitted which was uploaded to your NYSOH account on March 29, 2017 reflects that your household's annual expected income was \$22,644.00 (\$7,800.00 from your wages, \$7,800 from your spouse's wages, \$5,772.00 in your spouse's social security benefits, and \$1,272.00 in your social security benefits), not \$25,881.00 as NYSOH calculated.

Therefore, the income amount and household size that were relied upon in the April 6, 2017 eligibility determination notice are not supported by the record and the eligibility determination is RESCINDED insofar as it found you eligible for the Essential Plan.

Your case is RETURNED to NYSOH to redetermine your eligibility as of April 5, 2017 based on a household of four residing in Rockland County with an annual expected income of \$22,644.00 and to permit you to select a plan for enrollment, as though you had selected a plan for enrollment on April 5, 2017, with a plan enrollment start date of May 1, 2017.

Decision

The March 17, 2017 eligibility determination notice is AFFIRMED.

The April 6, 2017 eligibility determination notice is RESCINDED insofar as it found you eligible for the Essential Plan.

Your case is RETURNED to NYSOH to redetermine your eligibility as of April 5, 2017 based on a household of four residing in Rockland County with an annual expected income of \$22,644.00 and to permit you to select a plan for enrollment, as though you had selected a plan for enrollment on April 5, 2017, with a plan enrollment start date of May 1, 2017.

Effective Date of this Decision: January 22, 2018

How this Decision Affects Your Eligibility

This is not a final determination of your eligibility.

Your case is being sent back to NYSOH to redetermine your eligibility as of April 5, 2017 based on the information you provided during your hearing.

Once NYSOH has redetermined your eligibility, you will be permitted to select a plan for enrollment with a plan enrollment start date of May 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 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:

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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 March 17, 2017 eligibility determination notice is AFFIRMED.

The April 6, 2017 eligibility determination notice is RESCINDED insofar as it found you eligible for the Essential Plan.

Your case is RETURNED to NYSOH to redetermine your eligibility as of April 5, 2017 based on a household of four residing in Rockland County with an annual expected income of \$22,644.00 and to permit you to select a plan for enrollment, as though you had selected a plan for enrollment on April 5, 2017, with a plan enrollment start date of May 1, 2017.

This is not a final determination of your eligibility.

Your case is being sent back to NYSOH to redetermine your eligibility as of April 5, 2017 based on the information you provided during your hearing.

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).

Once NYSOH has redetermined your eligibility, you will be permitted to select a plan for enrollment with a plan enrollment start date of May 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 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).

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।

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 srε wo, frε 1-855-355-5777. ye&εtumi 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.

אַײַדיש (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.

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).