



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

Notice of Decision

Decision Date: February 02, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023973

[REDACTED]

[REDACTED]

On December 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 3 and December 12, 2017 eligibility determinations.

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).

This page intentionally left blank.



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

Decision

Decision Date: February 02, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023973



Issues

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

2017

Did NY State of Health (NYSOH) properly determine that you and your spouse were eligible to receive up to \$377.00 per month in advance payments of the premium tax credit (APTC), effective December 1, 2017?

Did NYSOH properly determine that you and your spouse were not eligible for cost-sharing reductions?

Did NYSOH properly determine that you and your spouse were not eligible for the Essential Plan?

Did NYSOH properly determine that you and your spouse were not eligible for Medicaid?

Did NYSOH properly determine that your two children were eligible for Child Health Plus (CHP) with a monthly premium of \$30.00 each, effective December 1, 2017?

Did NYSOH properly determine that your two children were not eligible for Medicaid?

2018

Did NYSOH properly determine that you and your spouse were eligible to receive up to \$686.00 per month in APTC, effective January 1, 2018?

Did NYSOH properly determine that you and your spouse were not eligible for cost-sharing reductions?

Did NYSOH properly determine that you and your spouse were not eligible for the Essential Plan?

Did NYSOH properly determine that you and your spouse were not eligible for Medicaid?

Did NYSOH properly determine that your two children were eligible for CHP with a monthly premium of \$30.00 each, effective January 1, 2018?

Did NYSOH properly determine that your two children were not eligible for Medicaid?

Procedural History

On November 2, 2017, you updated your application for financial assistance. That day, a preliminary eligibility determination was prepared stating that you and your spouse were eligible to receive up to \$377.00 per month in APTC, and your children were eligible to enroll in CHP with a \$30.00 monthly premium each, effective December 1, 2017.

Also on November 2, 2017, you spoke to NYSOH's Account Review Unit and appealed, insofar as you, your spouse, and your children were not eligible for a higher level of financial assistance. You also requested Aid to Continue, pending the outcome of your appeal.

On November 3, 2017, NYSOH issued a notice of eligibility determination, based on the November 2, 2017 application, stating that you and your spouse were eligible for a limited time to receive up to \$377.00 per month in APTC, and your children were eligible for a limited time to enroll in CHP with a monthly premium of \$30.00 each, effective December 1, 2017. That notice also stated that you and your spouse were not eligible for cost-sharing reductions, the Essential Plan, or Medicaid, and your children were not eligible for Medicaid, because your income was over the allowable income limits for those programs. The notice also directed you to provide documentation of your household income by January 1, 2018 on behalf of your children, and by January 31, 2018 on behalf of you and your spouse.

On November 8, 2017, NYSOH issued a notice of eligibility determination, stating that you and your spouse were eligible for Medicaid, effective December 1, 2017. This because your request for Aid to Continue had been granted, pending the outcome of your appeal.

Also on November 8, 2017, NYSOH issued a notice of enrollment confirmation, confirming you and your spouse's enrollment in a Medicaid Managed Care plan, beginning December 1, 2017. This was also because your request for Aid to Continue had been granted.

On November 15, 2017, NYSOH issued a notice of enrollment, confirming that your children were enrolled in an MVP CHP plan, with a monthly premium of \$30.00 each, beginning December 1, 2017.

On December 11, 2017, you updated your NYSOH account.

On December 12, 2017, NYSOH issued a notice of eligibility determination, stating that you and your spouse were eligible to receive up to \$686.00 per month in APTC, and your children were eligible for CHP with a monthly premium of \$30.00 each, effective January 1, 2018. The notice also stated that you and your spouse were not eligible for cost-sharing reductions, the Essential Plan, or Medicaid, and your children were not eligible for Medicaid, because your income was over the allowable income limits for those programs.

On December 28, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, the issue was amended to include the December 12, 2017 eligibility determination as well. The record was developed during the hearing and held open through January 19, 2018, to allow you to submit supporting documents.

On January 18, 2018, you uploaded documentation to your NYSOH account. The record is now closed.

Findings of Fact

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

- 1) You testified that you expect to file your 2017 and 2018 taxes with a tax filing status of married filing jointly. You will claim two dependents on those tax returns.
- 2) You are seeking insurance for yourself, your spouse, and your two children.

- 3) Your NYSOH account reflects that your children were [REDACTED] and [REDACTED] at the time of your November 2 and December 11, 2017 applications.
- 4) The applications that were submitted on November 2 and December 11, 2017 listed annual household income of \$71,300.00, consisting of \$35,000.00 you earn from your employment and \$36,300.00 your spouse earns in employment.
- 5) You testified that this amount was correct for 2017, but that it is not correct for 2018. You testified that your spouse worked on a temporary assignment in 2017 between approximately March and June, which is where he earned the \$36,300.00. You testified that he has been unemployed since June 2017, and is still unemployed as of the end of December 2017.
- 6) You testified that your spouse had no other income in 2017, and did not receive any Unemployment Insurance Benefits (UIB) because he was paid as an [REDACTED]
- 7) You testified that you also work as an [REDACTED], and receive a 1099 at the end of the year. You testified that you contract with one organization and are paid bimonthly, but that no taxes are deducted from your earnings.
- 8) You testified that you expect your 2018 earnings to be consistent with what you earned in 2017.
- 9) You testified that you were not sure what your income, after expenses, was in the months of November and December 2017.
- 10) After the hearing, the record was left open so that you could provide documentation of your income in those months, but no documentation containing this information was received by the Appeals Unit.
- 11) You testified that your spouse had no income in the months of November and December 2017.
- 12) You testified that your children worked during the summer in 2017, but will not be filing income taxes, and your application confirms this.
- 13) You testified that you are not sure what, if any, deductions, you will be taking on your 2017 and 2018 income taxes, and that you would try to provide documentation after the hearing. However, no documentation containing this information was received by the Appeals Unit.

14) Your application states that you live in Orange County.

15) After the hearing, you uploaded a letter dated January 17, 2017 from [REDACTED] stating that your spouse was employed there on a temporary contract basis from March 1, 2017 through June 16, 2017 and that, during that time, he was paid a total of \$36,300.00 [REDACTED]
[REDACTED]

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

Applicable Law and Regulations

Advance Payments of Premium Tax Credit

APTC are generally available to a person who is eligible to enroll in a qualified health plan (QHP) and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a QHP, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

The maximum amount of APTC that can be authorized equals:

- 1) the cost of the health insurance premium for the taxpayer's coverage family in the second lowest cost silver plan offered through NY State of Health in the county where the taxpayer resides

minus

- 2) the taxpayer's expected contribution amount

(see 26 USC § 36B, 26 CFR § 1.36B-3).

The taxpayer's expected contribution amount is the amount that the taxpayer is expected to spend on health insurance premiums. The expected contribution for 2017 is set by federal law at 2.04% to 9.69% of household income (26 USC § 36B(b)(3)(A), IRS Rev. Proc. 2016-24).

The expected contribution for 2018 is set by federal law at 2.01% to 9.56% of household income (26 USC § 36B(b)(3)(A), 26 CFR § 1.36B-3, IRS Rev. Proc. 2017-36).

In an analysis of APTC eligibility, the determination is based on the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested (45 CFR §§ 155.300(a), 155.305(f)(1)(i)). On the date of your November 2, 2017 application, that was the 2016 FPL, which is \$24,300.00 for a four-person household (81 Federal Register 4036).

On the date of your December 11, 2017 application, that was the 2017 FPL, which is \$24,600.00 for a four-person household (82 Federal Register 8831).

For annual household income in the range of at least 250% but less than 300% of the 2016 FPL, the expected contribution is between 8.21% and 9.69% of the household income (26 CFR § 1.36B-3T(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2016-24). For annual household income in the range of at least 250% but less than 300% of the 2017 FPL, the expected contribution is between 8.10% and 9.56% of the household income (26 CFR § 1.36B-3(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2017-36).

People who use the APTC to help pay health insurance premiums must file a federal tax return and reconcile their expected income (stated on NYSOH application) with their actual income (stated on their federal income tax return). Those who take less tax credit in advance than they claim on the tax return may get the rest of it as an income tax refund or have their tax bill reduced. Those who take more tax credit in advance than they can claim on their tax return will owe the difference as additional income taxes (26 CFR § 1.36B-4).

Cost-Sharing Reductions

Cost-sharing reductions are available to a person who (1) is eligible to enroll in a QHP through NYSOH, (2) meets the requirements to receive APTC, (3) is expected to have an annual household income that does not exceed 250% of the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested, and (4) is enrolled in a silver-level QHP (45 CFR § 155.300(a), 45 CFR § 155.305(g)(1)).

Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable FPL or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or CHP 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).

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).

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 November 2, 2017 application, that was the 2016 FPL, which is \$24,300.00 for a four-person household (81 Fed. Reg. 4036.). On the date of your December 11, 2017 application, that was the 2017 FPL, which is \$24,600.00 for a four-person household (82 Fed. Reg. 8831).

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 both your applications, that was the 2017 FPL, which is \$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).

Child Health Plus

CHP is a sliding-scale-premium program for children who are in a household that is over income for regular Medicaid (see New York Public Health Law (NY PHL) § 2510 et seq. and 42 USC § 1397aa). Eligibility rules are set out in NY PHL § 2511(2), as well as in the NYS Department of Health 2008-2012 Contract and Plan Manual.

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

The amount of the premium payment, if any, that must be made on behalf of a child who enrolls in a CHP plan depends upon the child's family household income (NY PHL § 2510(9)(d)). No payments are required for eligible children

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).

whose family household income is less than 160% of the FPL (NY PHL § 2510(9)(d)(1)). If the family household income is 160% or higher, premiums range from \$9.00 per month to \$60.00 per month (NY PHL § 2510(9)(d)).

The CHP premium is \$30.00 per month for a child whose family household income is between 251% and 300% of the FPL, but no more than \$90.00 per month per family (NY PHL § 2510(9)(d)(iv)).

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

Medicaid for Children

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

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

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

Legal Analysis

2017 Eligibility

The first issue under review is whether NYSOH properly determined that you and your spouse were eligible for an APTC of up to \$377.00 per month in the month of December 2017.

The application that was submitted on November 2, 2017 listed an annual household income of \$71,300.00 and the eligibility determination relied upon that information. You testified that this amount was correct in 2017.

You are in a four-person household. You expect to file your 2017 income taxes as married filing jointly and will claim two dependents on that tax return.

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).

You reside in Orange County, where, in 2017, the second lowest cost silver plan available for a couple through NYSOH cost \$941.33 per month.

An annual income of \$71,300.00 is 293.42% of the 2016 FPL for a four-person household. At 293.42% of the FPL, the expected contribution to the cost of the health insurance premium is 9.50% of income, or \$564.46 per month.

The maximum amount of APTC that can be approved equals the cost of the second lowest cost silver plan available through NYSOH for a couple in your county (\$941.33 per month) minus your expected contribution (\$564.46 per month), which equals \$376.87 per month. Therefore, rounding to the nearest dollar, NYSOH correctly determined you and your spouse to be eligible for up to \$377.00 per month in APTC for the month of December 1, 2017.

The second issue under review is whether you and your spouse were properly found ineligible for cost-sharing reductions. Cost-sharing reductions are available to a person who has a household income no greater than 250% of the FPL. Since a household income of \$71,300.00 is 293.42% of the applicable FPL, NYSOH correctly found you to be ineligible for cost sharing reductions in the month of December 2017.

The third issue under review is whether NYSOH properly determined that you and your spouse were not eligible for the Essential Plan, as of your November 2, 2017 application.

The Essential Plan is provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income that is between 138% and 200% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$24,300.00 for a four-person household. Since an annual household income of \$71,300.00 is 293.42% of the 2016 FPL, NYSOH properly found you and your spouse to be ineligible for the Essential Plan, as of your November 2, 2017 application.

The fourth issue under review is whether NYSOH properly determined that you and your spouse were ineligible for Medicaid, as of your November 2, 2017 application.

Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$24,600.00 for a four-person household. Since \$71,300.00 is 289.84% 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.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. The record was left open so that you could provide proof of your income in the month of November 2017. However, no documentation of this information was provided, therefore it is not possible to determine your household's Medicaid eligibility on a monthly income basis.

The fifth issue under review is whether NYSOH properly determined that your children were eligible for CHP with a \$30.00 monthly premium each, effective December 1, 2017.

As discussed above, your children are in a four-person household with an annual income of \$71,300.00 for the year 2017. At the time of your November 2, 2017 application, your children were [REDACTED]. NYSOH relied upon this information.

A child is eligible to enroll in CHP if they meet the non-financial requirements, are not eligible for Medicaid, and have a household income below 400% of the FPL. Households with an income between 251% and 300% of the FPL are responsible for a \$30.00 per month CHP premium payment. On the date of your application, the relevant FPL was \$24,600.00 for a four-person household. Since \$71,300.00 is 289.84% of the 2017 FPL, NYSOH properly found your children to be eligible for CHP with a \$30.00 per month premium payment, effective December 1, 2017.

The sixth issue under review is whether NYSOH properly determined that your children were not eligible for Medicaid, as of your November 2, 2017 application.

Medicaid can be provided through NYSOH to children between the ages of one and nineteen who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is at or below 154% of the FPL for the applicable family size. Since \$71,300.00 is 289.84% of the 2017 FPL for a four-person household, NYSOH properly found your children to be not eligible for Medicaid.

Since the November 3, 2017 eligibility determination properly stated that, based on the information you provided, you and your spouse were eligible for up to \$377.00 per month in APTC, and your children were eligible for CHP with a \$30.00 monthly premium, it is correct and is AFFIRMED.

2018 Eligibility

The seventh issue under review is whether NYSOH properly determined that you and your spouse were eligible for an APTC of up to \$686.00 per month as of January 1, 2018.

The application that was submitted on December 11, 2017 stated that your expected annual household income for 2018 was \$71,300.00, and the December 12, 2017 eligibility determination relied on that information.

You are in a four-person household. You expect to file your 2017 income taxes as married filing jointly and will claim two dependents on that tax return.

You reside in Orange County, where, in 2018, the second lowest cost silver plan available for a couple through NYSOH costs \$1,236.50 per month.

An annual income of \$71,300.00 is 289.84% of the 2017 FPL for a four-person household. At 289.84% of the FPL, the expected contribution to the cost of the health insurance premium is 9.26% of income, or \$550.20 per month.

The maximum amount of APTC that can be approved equals the cost of the second lowest cost silver plan available through NYSOH for a couple in your county (\$1,236.50 per month) minus your expected contribution (\$550.20 per month), which equals \$686.30 per month. Therefore, rounding to the nearest dollar, NYSOH correctly determined you and your spouse to be eligible for up to \$686.00 per month in APTC as of January 1, 2018, based on the information in your December 11, 2017 application.

The eighth issue under review is whether you and your spouse were properly found ineligible for cost-sharing reductions. Cost-sharing reductions are available to a person who has a household income no greater than 250% of the FPL. Since a household income of \$71,300.00 is 289.84% of the applicable FPL, NYSOH correctly found you to be ineligible for cost sharing reductions, based on your December 11, 2017 application.

The ninth issue under review is whether NYSOH properly determined that you and your spouse were not eligible for the Essential Plan, as of your December 11, 2017 application.

The Essential Plan is provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income that is between 138% and 200% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$24,600.00 for a four-person household. Since an annual household income of \$71,300.00 is 289.84% of the 2017 FPL, NYSOH properly found you and your spouse to be ineligible for the Essential Plan, based on your December 11, 2017 application.

The tenth issue under review is whether NYSOH properly determined that you and your spouse were ineligible for Medicaid, as of your December 11, 2017 application.

Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$24,600.00 for a four-person household. Since \$71,300.00 is 289.84% 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.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. The record was left open so that you could provide proof of your income in the month of December 2017. However, no documentation of this information was provided, therefore it is not possible to determine your household's Medicaid eligibility on a monthly income basis.

The eleventh issue under review is whether NYSOH properly determined that your children were eligible for CHP with a \$30.00 monthly premium each, effective January 1, 2018.

At the time of your December 11, 2017 application, your children were [REDACTED], and your annual expected household income was listed as \$71,300.00. NYSOH relied upon this information.

A child is eligible to enroll in CHP if they meet the non-financial requirements, are not eligible for Medicaid, and have a household income below 400% of the FPL. Households with an income between 251% and 300% of the FPL are responsible for a \$30.00 per month CHP premium payment. On the date of your application, the relevant FPL was \$24,600.00 for a four-person household. Since \$71,300.00 is 289.84% of the 2017 FPL, NYSOH properly found your children to be eligible for CHP with a \$30.00 per month premium payment, effective January 1, 2018.

The twelfth issue under review is whether NYSOH properly determined that your children were not eligible for Medicaid, as of your December 11, 2017 application.

Medicaid can be provided through NYSOH to children between the ages of one and nineteen who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is at or below 154% of the FPL for the applicable family size. Since \$71,300.00 is 289.84% of the 2017 FPL for a four-person household, NYSOH properly found your children to be not eligible for Medicaid.

Since the December 12, 2017 eligibility determination properly stated that, based on the information you provided in your December 11, 2017 application, you and your spouse were eligible for up to \$686.00 per month in APTC, and your

children were eligible for CHP with a \$30.00 monthly premium, it is correct and is AFFIRMED.

However: During the hearing, you testified that the income provided in your December 11, 2017 application was your expected annual income for 2017, and not for 2018.

You testified that you, Michele, expect to earn the same amount of income in 2018. However, you testified, and provided documentation, that your spouse's temporary job ended in June 2017 (See Document [REDACTED]). You further testified that he is not currently employed, but he is not receiving UIB because he is an independent contractor and is paid as such. You testified that he is looking for work, but has no income at this time.

Therefore, based on your credible testimony and the documentation provided after the hearing, your case is RETURNED to NYSOH to redetermine your household's eligibility for financial assistance for 2018, based on a four-person household with an expected annual income of \$35,000.00, residing in Orange County.

NYSOH is directed to promptly notify you in writing of your new eligibility.

Decision

The November 3, 2017 eligibility determination notice is AFFIRMED.

The December 12, 2017 eligibility determination notice is AFFIRMED.

Your case is RETURNED to redetermine your household's eligibility for financial assistance, effective January 1, 2018, based on a four-person household with an expected annual income of \$35,000.00, residing in Orange County.

NYSOH will notify you in writing of your new eligibility.

Effective Date of this Decision: February 02, 2018

How this Decision Affects Your Eligibility

You and your spouse were eligible for up to \$377.00 in APTC in the month of December 2017.

You and your spouse were ineligible for cost-sharing reductions, the Essential Plan, and Medicaid in the month of December 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 children were eligible for CHP with a monthly premium of \$30.00 each in December 2017.

Your children were not eligible for Medicaid in December 2017.

Your case is being sent back to NYSOH to redetermine your household's eligibility for financial assistance for 2018, based on the information provided during and after the hearing.

You will be notified in writing of your new eligibility.

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:
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 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).

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 November 3, 2017 and December 12, 2017 eligibility determination notices are AFFIRMED.

Your case is RETURNED to redetermine your household's eligibility for financial assistance, effective January 1, 2018, based on a four-person household with an expected annual income of \$35,000.00, residing in Orange County.

NYSOH will notify you in writing of your new eligibility.

You and your spouse were eligible for up to \$377.00 in APTC in the month of December 2017.

You and your spouse were ineligible for cost-sharing reductions, the Essential Plan, and Medicaid in the month of December 2017.

Your children were eligible for CHP with a monthly premium of \$30.00 each in December 2017.

Your children were not eligible for Medicaid in December 2017.

Your case is being sent back to NYSOH to redetermine your household's eligibility for financial assistance for 2018, based on the information provided during and after the hearing.

You will be notified in writing of your new eligibility.

Legal Authority

We are sending you this notice in accordance with 45 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).

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&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

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

Tiếng Việt (Vietnamese)

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

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.

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).