



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

## Notice of Decision

Decision Date: March 20, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025582

[REDACTED]

Dear [REDACTED],

On February 14, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's April 13, 2017 disenrollment notice and the December 2, 2017 enrollment confirmation notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the 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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## Decision

Decision Date: March 20, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025582

[REDACTED]

## Issues

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

Is your appeal of the April 13, 2017 disenrollment notice timely?

Did NY State of Health (NYSOH) properly determine your enrollment in a qualified health plan and application of advance premium tax credit (APTC) was effective no earlier than January 1, 2018?

## Procedural History

On January 27, 2017, NYSOH issued an eligibility determination notice stating you were eligible to enroll in the Essential Plan, for a limited time, effective March 1, 2017. The notice directed you to provide proof of your income to confirm your eligibility by April 26, 2017 or you might lose your insurance or receive less help paying for coverage.

Also on January 27, 2017, NYSOH issued an enrollment notice confirming you were enrolled in an Essential Plan, effective March 1, 2017.

On April 12, 2017, NYSOH systematically redetermined your eligibility for health insurance.

On April 13, 2017, NYSOH issued an eligibility determination notice stating that based on the April 12, 2017 systemic update, you were no longer eligible for Medicaid, Child Health Plus, the Essential Plan, receive advance premium tax credits or cost-sharing reductions and you also could not purchase a qualified

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health plan. This was because notices about your eligibility and coverage that were sent to you by regular mail were returned to NYSOH by the US Postal Service marked as undeliverable. This notice was effective as of June 1, 2017.

Also on April 13, 2017, NYSOH issued a disenrollment notice stating your Essential Plan coverage would end on April 30, 2017, because you were no longer eligible to enroll in the plan.

On May 24, 2017, NYSOH received your updated application for financial assistance with health insurance.

On May 25, 2017, NYSOH issued a notice stating that your application for health insurance had been reviewed, but the income information in your application did not match what NYSOH received from state and federal data sources. You were requested to submit additional proof of your income by June 8, 2017 to confirm your eligibility.

Also on May 25, 2017 you submitted income documentation to your NYSOH account. On May 26, 2017, that documentation was reviewed and invalidated as it was unreadable.

On May 27, 2017, NYSOH issued a notice stating that the documentation you submitted had been reviewed but did not confirm the information in your application. You were requested to submit additional proof of income by June 8, 2017.

On June 7, 2017 you submitted income documentation to your NYSOH account. On June 8, 2017 and again on June 15, 2017 those documents were reviewed by NYSOH and invalidated.

On June 9, 2017 and June 16, 2017, NYSOH issued notices stating that the documentation you submitted had been reviewed but did not confirm the information in your application. You were requested to submit additional proof of income by June 23, 2017.

No additional documentation was submitted by June 23, 2017.

On July 4, 2017, NYSOH systematically updated your account and an application was submitted on your behalf based on information available from state and federal data sources.

On July 5, 2017, NYSOH issued an eligibility determination notice, based on the system updated July 4, 2017 application, stating you were eligible to purchase a qualified health plan at full cost, effective August 1, 2017. You were directed to pick a plan before September 2, 2017.

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According to your NYSOH account, no plan was selected by September 2, 2017.

On September 8, 2017, you submitted additional income documentation.

On September 12, 2017, NYSOH issued a notice stating that the submitted documents could not be reviewed because they were received more than thirty days after the due date. The notice directed you to update your account to see if you were still eligible for health insurance through NYSOH.

On November 6, 2017, NYSOH received your updated application for financial assistance with health insurance. At that time, you listed your household income as \$ 20,280.00.

On November 7, 2017, NYSOH issued a notice stating that your application for health insurance had been received, but the income information in your application did not match what NYSOH received from state and federal data sources. You were requested to submit additional proof of your income by November 21, 2017 to confirm your eligibility.

On November 11, 2017, you submitted additional income documentation. Those documents were reviewed on November 13, 2017 and based on that documentation your income was increased from \$20,280.00 to \$54,315.69 annually. Your application was updated with this increased household income and an application for financial assistance with your health insurance was submitted on your behalf.

On November 14, 2017, NYSOH issued an eligibility determination notice, based on the updated November 13, 2017 application, stating you were eligible to receive up to \$23.00 monthly in APTC, effective December 1, 2017.

On December 1, 2017, NYSOH received your updated application for financial assistance with health insurance. At that time, you listed your expected household income for 2018 as \$43,000.00.

On December 2, 2017, NYSOH issued an eligibility determination notice, based on your December 1, 2017 updated application, stating you were eligible to receive up to \$210.00 in APTC monthly, effective January 1, 2018.

Also on December 2, 2017, NYSOH issued an enrollment notice, based on your December 1, 2017 plan selection, confirming you were enrolled in a bronze-level qualified health plan, with a monthly premium of \$205.99 after application of \$210.00 of APTC, with the plan enrollment start date and application of APTC effective January 1, 2018.

On December 11, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as you were disenrolled from your Essential Plan as of April 30,

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2017 and that your enrollment in a qualified health plan was effective no earlier than January 1, 2018.

On February 14, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

## **Findings of Fact**

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

- 1) On January 27, 2017, NYSOH received your updated application for health insurance. You were determined conditionally eligible for the Essential Plan pending receipt of documentation to confirm your income. You were directed to submit proof of your income by April 26, 2017.
- 1) You were enrolled in an Essential Plan effective March 1, 2017.
- 2) According to your NYSOH account, the March 17, 2017 eligibility determination notice and the March 18, 2017 enrollment confirmation notice were returned to NYSOH by the US Postal Service marked "Return to Sender, Attempted – Not Known – Unable to Forward" on April 7, 2017 and April 3, 2017 respectively.
- 3) According to your NYSOH account, the returned mail was uploaded to your NYSOH account on April 12, 2017 and on April 13, 2017 NYSOH issued eligibility determination and disenrollment notices stating that your coverage in your Essential Plan would end on April 30, 2017 due to the returned mail.
- 4) On May 24, 2017, you updated your account and applied for financial assistance with health insurance.
- 5) According to your NYSOH account on May 25, 2017 and June 7, 2017 you submitted income documentation. The documentation you submitted was reviewed by NYSOH and invalidated. NYSOH notified you that the submissions were insufficient and extended the date to submit further proof of income to June 23, 2017. No additional documentation was received by June 23, 2017.
- 6) On July 4, 2017, NYSOH systematically updated your account based on information available from state and federal data sources. On July 5, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a qualified health plan at full cost, effective August 1,

2017. According to your NYSOH account, you did not pick a health plan by the September 2, 2017 deadline.

- 7) According to your NYSOH account, on September 8, 2017, you submitted additional income documentation. NYSOH could not review this documentation because it was submitted more than 30 days after the due date.
- 8) On November 6, 2017, you submitted an updated application for financial assistance with health insurance. On that application, you listed an expected household income of \$20,280.00. NYSOH requested proof of income documentation to support the income listed in that November 6, 2017 application.
- 9) According to your NYSOH account, on November 11, 2017 you submitted two bi-weekly earnings statements from your employer, [REDACTED]. The first statement is dated October 20, 2017 with gross pay of \$2,121.88 and the second statement is dated November 3, 2017 with gross pay of \$2,056.25. The November 3, 2017 statement indicated that your year to date gross pay at that time was \$43,081.65.
- 10) According to your NYSOH account, on November 13, 2017 your documentation was reviewed and validated. Your income in your application was adjusted to \$54,315.69 based on the earning statements you submitted. An application for financial assistance was submitted on your behalf with this adjusted household income amount.
- 11) According to your NYSOH account, on November 14, 2017, an eligibility determination notice was issued stating that you were eligible for \$23.00 in APTC effective December 1, 2017.
- 12) According to your NYSOH account, no qualified health plan was selected following this eligibility determination.
- 13) According to your NYSOH account, on December 1, 2017, which was during the open enrollment period for 2018, you applied for financial assistance with health insurance. In that application you listed your expected household income for 2018 as \$43,000.00. Based on that application, NYSOH issued an eligibility determination notice stating that you were eligible for up to \$210.00 a month in APTC, effective January 1, 2018.
- 14) According to your NYSOH account and your testimony, on December 1, 2017, you selected a bronze-level qualified health plan with a plan enrollment and application of APTC effective January 1, 2018.

- 15) You testified that you are not appealing the December 2, 2017 eligibility determination notice.
- 16) You testified that you are appealing the April 13, 2017 disenrollment notice which ended your coverage in the Essential Plan as of April 30, 2017. You are also appealing that your qualified health plan did not start as of December 1, 2017.
- 17) You testified that there were no medical bills incurred during the May 1, 2017 to December 31, 2017 time period. However, you are concerned about a tax penalty for not having health insurance during this period.

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

## **Applicable Law and Regulations**

### Valid Appeal Requests

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) a failure by NYSOH to provide timely notice of an eligibility determination; and (4) a denial of a request for a special enrollment period (45 CFR § 155.505, 45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

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

### Verification of Eligibility for the 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).

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NYSOH must verify the eligibility of an applicant for the Essential Plan consistent with the standards set in 45 CFR § 155.315 and § 155.320 (New York's Basic Health Plan Blueprint, pgs. 16-17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf>; 42 CFR § 600.345(a)(2)).

An applicant is required to attest to their household's projected annual income. (45 CFR § 155.320(c)(3)(ii)(B)). For all individuals whose household income is needed, NYSOH must request tax return data from the Secretary of the Treasury and data regarding Social Security benefits from the Commissioner of Social Security to confirm that the information the applicant is attesting to is accurate (45 CFR § 155.320(c)(1)(i); 45 CFR § 155.320(c)(3)(ii)(A)).

If income data is unavailable, or if an applicant's attestation is not reasonably compatible with the income data NYSOH obtains, NYSOH must request additional information from the applicant to resolve the inconsistency (45 CFR § 155.320 (c)(3)(iii), (iv)).

NYSOH must provide the applicant with notice of the inconsistency in their account and 90 days to provide satisfactory documentary evidence to resolve the inconsistency (45 CFR § 155.315 (f)(2)). If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine the applicant's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation (45 CFR § 155.315(f)(2), (g)).

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any updates in eligibility to the Essential Plan effective the first day of the following month for changes received by NYSOH from the first to the fifteenth of any month (45 CFR § 155.420(b)(1)(i); see also 42 CFR § 600.320(c)). For updates 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 § 155.420(b)(1)(ii); see also 42 CFR § 600.320(c)).

#### Redetermination During a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that its policy will be that any change made after the 15<sup>th</sup> of any month will not be effective until the first of the second following month (45 CFR § 155.330(f)(2)).

When an eligibility redetermination results in a change in the amount of advance payments of the premium tax credit (APTC) for the benefit year, NYSOH must recalculate the amount of APTC in such a manner as to account for any advance

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payments already made on behalf of the tax filer, such that the recalculated advance payment amount is projected to result in total advance payments for the benefit year that correspond to the tax filer's total projected premium tax credit for that benefit year (45 CFR § 155.330(g)).

### Advance Payments of Premium Tax Credit - Eligibility

Advance payments of the 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)).

### Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health plan is 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 NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i)). 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 your appeal of the April 13, 2017 disenrollment notice was timely.

NYSOH issued an eligibility determination notice on April 13, 2017 stating that you were no longer eligible for health insurance through NYSOH because notices about your eligibility and coverage that were mailed to you were returned to NYSOH by the US Postal Service marked as undeliverable. Also on April 13, 2017, NYSOH issued a disenrollment notice stating your coverage through your Essential Plan would end on April 30, 2017, because you were no longer eligible to enroll in that plan. During the period of May 24, 2017 up to September 8, 2017 there were several updates to your account, submission of documentation regarding income and related notices issued by NYSOH.

Pursuant to the above cited regulations, applicants and enrollees must request a hearing within 60 days of the date of their notice of eligibility determination by NYSOH.

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For an appeal to have been timely regarding the April 13, 2017 eligibility determination and disenrollment notices, an appeal should have been filed no later than June 12, 2017. According to your account, a formal appeal was not filed in this matter until December 11, 2017, long after the 60-day period in which to appeal had passed. The same 60-day period to appeal would apply to any notices issued by NYSOH during the period of May 24, 2017 up to September 8, 2017.

Therefore, given the facts of the case, there has been no timely appeal of the April 13, 2017 disenrollment notice, and your appeal on the issue of your April 30, 2017 disenrollment from your Essential Plan is DISMISSED.

The second issue under review is whether NYSOH properly determined that your enrollment in a qualified health plan, as well as the application of APTC, was effective no earlier than January 1, 2018.

The record shows that you contacted NYSOH on November 6, 2017 and you updated the information in your NYSOH account. On that application you listed your expected household income for 2017 as \$20,280.00. This information could not be confirmed by NYSOH based on information available from state and federal data sources. You were requested to submit proof of income by November 21, 2017.

On November 11, 2017 you submitted two bi-weekly earnings statements from your employer, [REDACTED]. Those statements indicated you were steadily employed and as of the November 3, 2017 statement, your year to date gross pay was \$43,081.65. It is noted that this amount is over twice the income listed on your November 7, 2017 updated application that attested to expected yearly income of \$20,280.00. Based on the income documentation you submitted, NYSOH increased your expected household income for 2017 to \$54,315.69. The eligibility determination notice of November 14, 2017 stated you were eligible for \$23.00 in monthly APTC and that this eligibility was effective December 1, 2017.

It is noted that you receive your notices by regular mail and that it is likely that you may not have received the November 14, 2017 notice in a timely manner so that you could have made a plan selection before November 15, 2017, which would have resulted in a December 1, 2017 start date. However, if your November 6, 2017 application had been accurate in estimating your household income for 2017, NYSOH would not have needed to request proof of income. The record indicates that the understatement of your expected 2017 household income delayed your ability to select a health plan. The record further shows that you did not make any plan selection following the November 14, 2017 eligibility determination.

You then updated your application on December 1, 2017, which was within the open enrollment period for coverage for the 2018 calendar year. In the application submitted on December 1, 2017 you attested to an expected household income for 2018 of \$43,000.00. NYSOH did not request proof of income for that amount and you were found eligible for APTC of \$210.00 a month effective January 1, 2018. On December 1, 2017, you selected a bronze-level qualified health plan, with a plan enrollment start date and application of APTC both effective January 1, 2018.

Pursuant to the above cited regulations, the effective date of coverage by a qualified health plan is determined by the date on which an applicant selects a plan for enrollment. For selections received by NYSOH from the first to the fifteenth of any month NYSOH must generally ensure that coverage is effective the first day of the following month. 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.

According to your NYSOH account, you were eligible to make a qualified health plan full cost selection following the July 5, 2017 eligibility determination notice. The record reflects that you did not make a plan selection. You also did not make a qualified health plan selection following the November 14, 2017 eligibility determination notice that stated you were eligible for \$23.00 in APTC for December 2017.

The evidence establishes that following the December 1, 2017 updated application, you selected your bronze-level qualified health plan that day. Since you selected your plan on December 1, 2017, it properly took effect the first day of the month following December 2017; that is, on January 1, 2018.

Therefore, NYSOH's December 2, 2017 eligibility determination notice and enrollment confirmation notices are AFFIRMED because they properly began your enrollment in your bronze-level qualified health plan as well as your advance premium tax credits on January 1, 2018.

Sometimes after an appeal decision, an appellant can claim an exemption from the requirement to have health insurance. You might qualify for a health coverage exemption in 2017 if you didn't have health coverage while you were waiting for an appeal decision about coverage eligibility **and** your appeal was eventually successful.

You must claim this exemption through the United States Department of Health and Human Services (HHS). Currently, NYSOH does not accept hardship exemption applications.

You will find the information you need to claim the exemption due to an appeal decision at <https://www.healthcare.gov/exemptions->

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[tool/#/results/2016/details/eligible-based-on-appeal](#). You can also call 1-800-318-2596.

**Important:** If you do not get a response from HHS to your exemption application in time to file your tax return, write the word “pending” in column “c” and file your return. If HHS does not approve your exemption, you will need to file an amended return later.

## **Decision**

Your appeal of the April 13, 2017 eligibility determination and disenrollment notices are **DISMISSED**.

The December 2, 2017 eligibility determination notice is **AFFIRMED**.

The December 2, 2017 enrollment confirmation notice is **AFFIRMED**.

**Effective Date of this Decision: March 20, 2018**

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

This decision does not change your eligibility.

You were disenrolled from your Essential Plan, effective April 30, 2017.

Your enrollment in your bronze-level qualified health plan, and your eligibility for APTC properly began as of January 1, 2018.

## **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.

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

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

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

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

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

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

You can contact us in any of the following ways:

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

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## **Summary**

Your appeal of the April 13, 2017 eligibility determination and disenrollment notices are **DISMISSED**.

The December 2, 2017 eligibility determination notice is **AFFIRMED**.

The December 2, 2017 enrollment confirmation notice is **AFFIRMED**.

This decision does not change your eligibility.

You were disenrolled from your Essential Plan, effective April 30, 2017.

Your enrollment in your bronze-level qualified health plan, and your eligibility for APTC properly began as of January 1, 2018.

## **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 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.

## **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.

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