



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

## Notice of Decision

Decision Date: April 05, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000026803

[REDACTED]

[REDACTED]

On March 15, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 4, 2018 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 NY State of Health Account ID at the top of this notice.

### Legal Authority

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

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

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: April 05, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000026803

[REDACTED]

## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health properly determine that you and your spouse were eligible to receive up to \$804.00 per month in advance payments of the premium tax credit, effective February 1, 2018?

## Procedural History

On September 30, 2017, you updated your household's application for financial assistance. Specifically, you indicated that you are pregnant. That day, NY State of Health (NYSOH) issued a preliminary eligibility determination with regard to that application stating that you were conditionally eligible for Medicaid and that you needed to submit documentation to prove your income within fifteen days, effective September 1, 2017, and that your spouse was eligible for up to \$256.00 per month in advance payments of the premium tax credit (APTC), effective November 1, 2017.

On October 16, 2017, income documentation was uploaded to your NYSOH account.

On October 17, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient proof of your household income.

On October 18, 2017, NYSOH issued a notice stating that the income documentation you provided did not confirm the information in your application.

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This notice directed you to submit additional proof of your household income by November 13, 2017.

On December 11, 2017, additional income documentation was uploaded to your NYSOH account.

On December 12, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient proof of your household income.

On December 13, 2017, NYSOH issued a notice stating that the income documentation you provided did not confirm the information in your application. This notice directed you to submit additional proof of your household income by December 28, 2017.

On January 2, 2018, additional income documentation was uploaded to your NYSOH account.

On January 3, 2018, NYSOH reviewed the income documentation you submitted, recalculated your household's income based on this documentation, and submitted an application on your behalf.

On January 4, 2018, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to receive up to \$804.00 per month in APTC, effective February 1, 2018. That notice also stated that you and your spouse were not eligible for cost-sharing reductions, the Essential Plan, or Medicaid because your annual household income was over the allowable income limits for those programs.

On January 5, 2018, you spoke to NYSOH's Account Review Unit and appealed that eligibility determination notice insofar as you were not eligible for Medicaid.

On January 23, 2018, NYSOH issued a notice stating that you were eligible for Medicaid for a limited time, effective February 1, 2018. This was because you had been granted Aid to Continue pending the outcome of your appeal.

On March 15, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open until March 29, 2018, to allow you time to submit supporting documents.

On March 22, 2018, the NYSOH Appeals Unit received via fax your supporting documents, consisting of four of your paystubs and eight of your spouse's paystubs. The documents were incorporated into the record as Appellant's Exhibit #1 and the record was closed.

## Findings of Fact

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

- 1) You testified that you expect to file your tax return for 2018 with a tax filing status of married filing jointly. You expect to claim one dependent, your child, on that tax return.
- 2) You testified that you are pregnant with one child and that you are due on [REDACTED].
- 3) You are seeking insurance for yourself and your spouse.
- 4) In the application you submitted on September 30, 2017 you attested to annual expected income for your household of \$38,858.00 consisting of \$16,250.00 in wages from your employment, \$22,308.00 in wages from your spouse's primary employer, and \$300.00 from September 1, 2016 through December 5, 2016 from your spouse's secondary employer.
- 5) You testified that you work for one employer and that you are paid on a biweekly basis. You explained that you are paid an hourly rate of \$12.88 and work between fifteen and twenty hours per week. You further testified that you do not believe your November 2017 and December 2017 paystubs are an accurate representation of your annual expected earnings because you work significantly more hours in those months than during the remainder of the year.
- 6) You testified that your spouse technically has two employers, however, he has not worked for his secondary employer since April of 2017 and is not currently scheduled to work for this second employer. You testified that your spouse is paid weekly by his primary employer, that he earns \$13.93 per hour and works thirty-five to forty hours per week.
- 7) You testified that you will not be taking any deductions on your 2018 tax return.
- 8) Your application states, and you confirmed, that you reside in Broome County.
- 9) On October 13, 2017, NYSOH received via United States Postal Service income documentation, which documents were uploaded to your NYSOH on October 16, 2017, consisting of:
  - a. your paystubs for pay dates:
    - i. September 15, 2017 for a gross pay amount of \$731.71;
    - ii. September 29, 2017 for a gross pay amount of \$660.34
  - b. your spouse's paystubs for his primary employer for pay dates:

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- i. September 13, 2017 for a gross pay amount of \$558.61;
  - ii. September 20, 2017 for a gross pay amount of \$609.68;
  - iii. September 27, 2017 for a gross pay amount of \$589.45;
  - iv. October 4, 2017 for a gross pay amount of \$646.04.
- 10) On October 17, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account because your spouse had not submitted any paystubs from his second employer.
- 11) On December 11, 2017, you uploaded income documentation to your NYSOH account consisting of your spouse's paystubs from his second employer for pay dates:
  - a. March 12, 2017 for a gross pay amount of \$73.95;
  - b. April 27, 2017 for a gross pay amount of 59.15;
  - c. May 11, 2017 for a gross pay amount of \$73.95 for a gross year to date amount of \$207.06.
- 12) On December 12, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account because the paystubs you submitted for your spouse were outdated.
- 13) On January 2, 2018, you uploaded your spouse's pay stub from his primary employer for pay date December 13, 2017 for a gross pay amount of \$664.45.
- 14) On January 3, 2018, NYSOH reviewed the income documentation you submitted and determined that this was sufficient proof of your household income. NYSOH recalculated your annual expected income to be \$18,096.65 and your spouse's annual expected income to be \$31,248.88.
- 15) Also on January 3, 2018, NYSOH submitted an application on your behalf. That application listed annual household income of \$49,645.53 consisting of \$18,096.65 you earn in wages and \$31,248.88 your spouse earns in wages from his primary job and \$300.00 your spouse earns in wages from his secondary job.
- 16) On January 3, 2018, you faxed documentation to NYSOH, which was uploaded to your NYSOH account on January 11, 2018 consisting of:
  - a. Your paystubs from pay dates:
    - i. November 24, 2017 for a gross pay amount of \$810.93;
    - ii. December 8, 2017 for a gross pay amount of \$826.03 and a gross year to date amount of \$17,782.20;
  - b. your spouse's paystubs from pay dates:
    - i. November 22, 2017 for a gross pay amount of \$604.84;

- ii. November 29, 2017 for a gross pay amount of \$564.50;
- iii. December 6, 2017 for a gross pay amount of \$730.85;
- iv. December 13, 2017 for a gross pay amount of \$664.45 and a gross year to date amount of \$29,151.12.

17) On March 12, 2018, additional paystubs were uploaded to your NYSOH account, which were sent to NYSOH via United States Postal Service with a post mark date of November 14, 2017 and a stamp indicating they were received by NYSOH on November 17, 2017, consisting of;

- a. your paystubs from pay dates:
  - i. October 13, 2017 for a gross pay amount of \$636.01;
  - ii. October 27, 2017 for a gross pay amount of \$455.83;
- b. your spouse's paystubs from pay dates:
  - i. October 4, 2017 for a gross pay amount of \$646.04;
  - ii. October 11, 2017 for a gross pay amount of \$578.00;
  - iii. October 18, 2017 for a gross pay amount of \$610.88;
  - iv. October 25, 2017 for a gross pay amount of \$535.60.

18) On March 22, 2018, the NYSOH Appeals Unit received via fax income documentation consisting of:

- a. your paystubs from pay dates:
  - i. February 2, 2018 for a gross pay amount of \$539.54 and a gross year to date amount of \$1,814.66
  - ii. February 16, 2018 for a gross pay amount of \$428.78;
  - iii. March 2, 2018 for a gross pay amount of \$551.12;
  - iv. March 16, 2018 for a gross pay amount of \$555.13 and a gross year to date amount of \$3,349.69;
- b. your spouse's paystubs for pay dates:
  - i. January 10, 2018 for a gross pay amount of \$1,504.66 and a gross year to date amount of \$2,360.54;
  - ii. January 17, 2018 for a gross pay amount of \$863.52;
  - iii. January 24, 2018 for a gross pay amount of \$599.14;
  - iv. January 31, 2018 for a gross pay amount of \$588.26 and a gross year to date amount of \$4,411.47;
  - v. February 28, 2018 for a gross pay amount of \$605.69;
  - vi. March 7, 2018 for a gross pay amount of \$552.04;
  - vii. March 14, 2018 for a gross pay amount of \$533.70;
  - viii. March 21, 2018 for a gross pay amount of \$541.87 and a gross year to date amount of \$8,320.39.

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

## Applicable Law and Regulations

### Household Composition – Advance Payments of Premium Tax Credit

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)).

### Advance Payments of Premium Tax Credit

APTC are generally available to a person who is eligible to enroll in a qualified health plan 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 qualified health plan, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 26 CFR § 1.36B-2, 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 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 application, that was the 2017 FPL, which is \$16,240.00 for a two-person household (82 Federal Register 8831).



For annual household income in the range of at least 300% but less than 400% of the 2017 FPL, the expected contribution is 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 qualified health plan 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 qualified health plan (45 CFR § 155.300(a), 45 CFR § 155.305(g)(1)).

### Household Composition – Essential Plan

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>).

### 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 Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

In an analysis of Essential Plan eligibility, the determination is based on the FPL in effect on the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). On the date of your application that was the 2017 FPL, which is \$16,240.00 for a two-person household (82 Fed. Reg. 8831).

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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/downloads/ny-blueprint.pdf>).

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)).

### Household Composition – Medicaid

In the case of an individual who expects to file a tax return and who does not expect to be claimed as a dependent 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)).

For purposes of Medicaid eligibility, the family size of either a pregnant woman or a person who is in the family of a pregnant woman includes not only the pregnant woman, but also the number of children she expects to deliver (42 CFR § 435.603(b); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

### Medicaid

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

In an analysis of Medicaid eligibility, the determination is based on the FPL "for the applicable budget period used to determine an individual's eligibility" (42 CFR § 435.4). On the date of your application, that was the 2017 FPL, which is \$16,240.00 for a two-person household (82 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).

### Medicaid for Pregnant Women

Medicaid can be provided through the Marketplace 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)), N.Y. Soc. Serv. Law § 366(1)(b)).

In New York, a pregnant woman is eligible for Medicaid at a household income of 223% of the federal poverty level (FPL) for the applicable family size (42 CFR §435.116 (c)(2); NY Department of Social Services Administrative Directive 13ADM-03).

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 \$20,420.00 for a three-person household (82 Fed. Reg. 8831).

Generally, Medicaid coverage begins on the first day of the month in which the applicant was found eligible (42 CFR § 435.915(b)).

### 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)).

## **Legal Analysis**

The issue is whether NYSOH properly determined that you and your spouse were eligible for up to \$804.00 per month in APTC.

You expect to file your 2018 income tax return as married filing jointly. You testified that you expect to claim your one child as a dependent on that tax return, however, your child has not yet been born. Therefore, for the purpose of

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determining you and your spouse's eligibility for APTC, you and your spouse are in a two-person household.

On January 3, 2018, NYSOH validated your income documentation as satisfactory documentation of your household income and an application for financial assistance was run on your behalf by an NYSOH representative. The NYSOH representative entered into your application earned income for yourself of \$18,096.65 and earned income for your spouse of \$31,248.88 from his primary employer and \$300.00 from his secondary employer for total annual expected household income of \$49,645.53.

NYSOH calculated your annual income by utilizing the two biweekly paystubs you submitted for pay dates September 15, 2017 and September 29, 2017 which indicated gross earnings of \$1,392.05, divided by four weeks for a weekly average of \$348.01, multiplied by 52 weeks for a total of \$18,096.65.

However, NYSOH failed to upload the income documentation you mailed which was post marked November 14, 2017. Had NYSOH properly uploaded this income documentation to your NYSOH account when it was received on November 17, 2017, your annual income would have been calculated to be \$14,193.92 (based on the combined gross of \$1,091.84 of the October 13, 2017 and October 27, 2017 paystubs, divided by four weeks for a weekly average of \$1,091.84 multiplied by 52 weeks).

NYSOH calculated your spouse's annual income from his primary employer to be \$31,248.88, however, it is unclear from the record how the NYSOH arrived at this determination and this is not supported by the paystubs your spouse submitted.

Utilizing the four consecutive paystubs viewable in your NYSOH account from your spouse's primary employer at the time of the January 3, 2018 calculation, his annual expected income should have been calculated to be \$31,249.14 (based on the combined gross of \$2,403.78 divided by four weeks for a weekly average of \$600.95 multiplied by 52 weeks).

However, NYSOH failed to upload the income documentation you mailed which was post marked November 14, 2017. Had NYSOH properly uploaded this income documentation to your NYSOH account when it was received on November 17, 2017, your spouse's annual income would have been calculated to be \$30,816.76 (the combined gross of \$2,370.52 from the October 4, 2017, October 11, 2017, October 18, 2017, and October 25, 2017 paystubs, divided by four weeks for a weekly average of \$592.63, multiplied by 52 weeks).

Additionally, the record reflects that your spouse was not earning income from his secondary employer. The application that was submitted on September 30, 2017 indicated that your spouse had earnings of \$300.00 from his secondary employer from September 1, 2016 through December 5, 2016. Additionally, the

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most recent paystubs submitted from this employer was for pay date May 11, 2017, therefore NYSOH improperly included the \$300.00 listed in your household income from your spouse's secondary employer in your 2018 annual expected income.

Therefore, NYSOH miscalculated your household's annual expected income by failing to take into account the documents you mailed which were received on November 17, 2017, failed to properly calculate your spouse's income based on the paystubs that were available in your NYSOH account as of January 3, 2018, and including income from your spouse's secondary employer from which he had no current income or any indication of anticipated income for 2018.

Since the January 4, 2018 eligibility determination notice is not supported by the documentation you provided, as well as your application and your testimony during the hearing, it is RESCINDED.

Based on the income documentation you submitted following your hearing as well as your testimony at the hearing, your annual expected household income is \$43,414.15 (the gross of your two most recent paystubs of \$1,106.25 divided by four weeks for a weekly average of \$276.56, multiplied by 52 weeks for a total of \$14,381.25 added to the gross of your spouse's four most recent paystubs of \$2,233.30 divided by four weeks for a weekly average of \$558.33 multiplied by 52 weeks for a total of \$29,032.90).

As you are pregnant, the record reflects that you are in a household consisting of yourself, your spouse, and your unborn child for Medicaid purposes. However, for Essential Plan and APTC purposes you are in a two-person household consisting of yourself and your spouse.

Your case is RETURNED to NYSOH to redetermine your eligibility for Medicaid as of January 4, 2018 based on a pregnant woman in a three-person household, residing in Broome County with an annual expected income of \$43,414.15. However, if you are not found eligible for Medicaid, NYSOH must redetermine your eligibility for the Essential Plan and APTC based on a two-person household.

Your spouse is in a two-person household consisting of himself and you for Essential Plan and APTC purposes.

Therefore, your case is RETURNED to NYSOH to redetermine your spouse's eligibility for financial assistance as of January 4, 2018 based on a two-person household residing in Broome County with an annual expected income of \$43,414.15.

The record reflects that you are due to give birth [REDACTED]. Following the birth of your child, you must update your household's application for financial

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assistance, so that your and your spouse's eligibility is determined based on the correct household size.

## **Decision**

The January 4, 2018 eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to redetermine your eligibility for Medicaid as of January 4, 2018 based on a pregnant woman in a three-person household, residing in Broome County with an annual expected income of \$43,414.15 and to allow you to select a plan for enrollment as though you had selected a plan on January 4, 2018. However, if you are not found eligible for Medicaid, NYSOH must redetermine your eligibility for the Essential Plan and APTC based on a two-person household.

Your case is RETURNED to NYSOH to redetermine your spouse's eligibility for financial assistance as of January 4, 2018 based on a two-person household residing in Broome County with an annual expected income of \$43,414.15.

**Effective Date of this Decision:** April 05, 2018

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

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

Your case is being sent back to NYSOH to redetermine your and your spouse's eligibility based on the income documentation you provided as well as information provided during your hearing.

You must update your household's application for financial assistance following the birth of your child to ensure that your and your spouse's eligibility is determined based on the correct household size.

## **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.

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

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

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

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

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:  
Health Insurance Marketplace  
Attn: Appeals  
465 Industrial Blvd.  
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  
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Albany, NY 12211

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- By fax: 1-855-900-5557

## **Summary**

The January 4, 2018 eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance as of January 4, 2018 based on a pregnant woman in a three-person household, residing in Broome County with an annual expected income of \$43,414.15 and to allow you to select a plan for enrollment as though you had selected a plan on January 4, 2018. However, if you are not found eligible for Medicaid, NYSOH must redetermine your eligibility for the Essential Plan and APTC based on a two-person household.

Your case is RETURNED to NYSOH to redetermine your spouse's eligibility for financial assistance as of January 4, 2018 based on a two-person household residing in Broome County with an annual expected income of \$43,414.15.

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

Your case is being sent back to NYSOH to redetermine you and your spouse's eligibility based on the income documentation you provided as well as information provided during your hearing.

You must update your household's application for financial assistance following the birth of your child to ensure that your and your spouse's eligibility is determined based on the correct household size.

## **Legal Authority**

We are sending you this notice in accordance with 45 CFR § 155.545.



**A Copy of this Decision Has Been Provided To:**



## **Getting Help in a Language Other than English**

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

### **Español (Spanish)**

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

### **中文 (Traditional Chinese)**

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

### **Kreyòl Ayisyen (Haitian Creole)**

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

### **中文 (Simplified Chinese)**

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

### **Italiano (Italian)**

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

### **한국어 (Korean)**

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

### **Русский (Russian)**

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

### **العربية (Arabic)**

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

### **বাংলা (Bengali)**

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

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

## **Français (French)**

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

## **हिंदी (Hindi)**

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

## **日本語 (Japanese)**

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

## **नेपाली (Nepali)**

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

## **Polski (Polish)**

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

## **Twi (Twi)**

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

## **(Urdu) اردو**

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

## **Tiếng Việt (Vietnamese)**

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

## **אידיש (Yiddish)**

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