

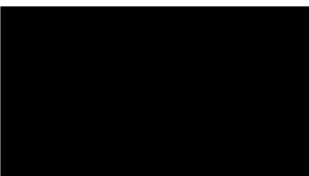


STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: May 21, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026932



Dear [REDACTED]

On April 30, 2018, you and your Authorized Representative, [REDACTED] appeared by telephone at a hearing on your appeal of NY State of Health's December 28, 2017 eligibility determination notice, the March 3, 2018 eligibility determination and disenrollment notices, and the March 13, 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: May 21, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026932



Issues

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

Did NY State of Health (NYSOH) properly determine that you were eligible for the Essential Plan with a \$20 monthly premium, for a limited time, effective February 1, 2018?

Did NYSOH properly determine that you were not eligible for Medicaid as of your December 27, 2017 application?

Did NYSOH properly determine that you were eligible to receive up to \$384.00 per month in advance payments of the premium tax credit based on your March 2, 2018 application?

Did NYSOH properly determine that you were eligible to receive cost-sharing reductions, based on your March 2, 2018 application?

Did NYSOH properly determine that you were no longer eligible for the Essential Plan, effective March 31, 2018?

Did NYSOH properly determine that you were newly eligible for a qualified health plan at full cost, effective April 1, 2018?

Procedural History

On December 27, 2017, you applied for health insurance and financial assistance through NYSOH.

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On December 28, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for the Essential Plan with a \$20.00 monthly premium, for a limited time, effective February 1, 2018. The notice directed you to provide proof of your household income by March 27, 2018.

On January 8, 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 12, 2018, NYSOH issued an enrollment confirmation notice stating that you were enrolled in an Essential Plan, effective February 1, 2018.

On March 1, 2018, you faxed in proof of your household's income.

On March 3, 2018, NYSOH issued an eligibility determination notice, based on your updated income documentation, stating that you were eligible to receive up to \$384.00 in advance payments of the premium tax credit (APTC) as well as cost-sharing reductions if you enrolled in a silver level qualified health plan, both effective April 1, 2018. That notice also stated that you were not eligible for Essential Plan or Medicaid because your annual household income was over the allowable income limits for those programs.

Also on March 3, 2018, NYSOH issued a disenrollment notice stating that you were disenrolled from your Essential Plan, effective March 31, 2018.

On March 12, 2018, you updated your NYSOH account. Specifically, you changed your tax filing status from married filing jointly to married filing separate.

On March 13, 2018, NYSOH issued an eligibility determination notice stating that you are newly eligible for a qualified health plan at full cost, effective April 1, 2018. That notice also stated that you were not eligible for Essential Plan or Medicaid because your annual household income was over the allowable income limits for those programs. This notice further stated, in relevant part, that you were not eligible for a tax credit and cost-sharing reductions because you told NYSOH that you are married and you will file taxes separately from your spouse.

On March 16, 2018, NYSOH issued a notice of enrollment, confirming your enrollment in a gold-level qualified health plan, effective April 1, 2018.

On March 28, 2018, you had a scheduled telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. However, you were unable to proceed with the hearing at that time and the Hearing Officer agreed to reschedule your hearing.

On April 30, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you appointed [REDACTED],

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[REDACTED] as your authorized representative. You and your authorized representative clarified that you were seeking Medicaid or any financial assistance through this appeal because you were subsequently found ineligible for the Essential Plan and APTC with cost-sharing reductions after your initial appeal was filed. The Hearing Officer agreed to amend your appeal accordingly. The record was developed and held open up to May 14, 2018, to allow you time to submit supporting documents.

As of May 14, 2018, the Appeals Unit did not receive any documents from you and none were viewable in your NYSOH account. Therefore, the record was closed that same day and this decision is based on the record as developed at the time of the hearing.

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 will claim no dependents on that tax return.
- 2) You are seeking insurance for yourself.
- 3) The application that was submitted on December 27, 2017 listed an annual household income of \$27,500.00, consisting of \$1,875.00 per month your spouse receives in Social Security benefits and \$5,000.00 your spouse receives annually in IRA distributions.
- 4) The application that was submitted on March 2, 2018 listed an annual income of \$34,253.78, consisting of \$2,023.00 per month your spouse receives in Social Security benefits and \$9,977.78 your spouse receives annually in IRA distributions.
- 5) The application that was submitted on March 12, 2018 listed an annual income of \$37,903.36, consisting of \$900.00 you earned from employment, \$2,749.48 your spouse earned from employment, \$2,023.00 per month your spouse receives in Social Security benefits, and \$9,977.78 your spouse receives annually in IRA distributions. You testified that this amount was correct.
- 6) Your account reflects that you and/or your authorized representative updated your account online under the username "[REDACTED]" on March 12, 2018. This application stated that you intended to file your taxes married filing single. You testified that this was incorrect.

- 7) You testified that you filed your taxes for 2017 as married filing jointly and expect to file your tax return for 2018 the same way.
- 8) You testified, that your monthly income for March 2018 was \$1,200.00 from your spouse's IRA distributions and \$2,023.00 from your spouse's Social Security benefits.
- 9) Although the Hearing Officer left the record open up to May 14, 2018 for you to provide proof your income for the month of March including that your employment ended [REDACTED] and your spouse's employment is per diem and he earned \$0 in income for March 2018, you failed to submit that documentation by the deadline.
- 10) Your application states and you confirmed that you will not be taking any deductions on your 2018 tax return.
- 11) Your application states that you live in Onondaga County.
- 12) Your authorized representative testified that it is unfair to include your spouse's income in the eligibility determination and that you and your spouse have other living expenses that make a full cost qualified health plan unaffordable.

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

Applicable Law and Regulations

Household Composition

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

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

Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable FPL or, in

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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).

A person who has a household income greater than 150% of the FPL or below 200% of the FPL has a \$20.00 per month premium contribution (New York's Basic Health Plan Blueprint, as approved January 2016).

The Essential Plan is considered minimum essential coverage; therefore, a person who is eligible for the Essential Plan is not eligible for any premium tax credit because they are eligible for minimum essential coverage through the individual market (see 26 CFR § 1.36B-2(c)(1), 26 USC § 5000A(f)(1)(C)).

Medicaid

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

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

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)).

“Adjusted gross income” means, in the case of an individual taxpayer, gross federal taxable income minus certain specific deductions, such as expenses reimbursed by an employer, losses from sale or exchange of property, losses from premature withdrawal of funds from time savings accounts, deductions attributable to royalties, and certain retirement savings (26 USC § 62(a)). Living expenses, such as rent and utilities are not an allowable deduction in computing adjusted gross income (*id.*).

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)).

Additionally, a tax filer who is married must file a joint return with his or her spouse in order to qualify for APTC (45 CFR §§ 155.305(f), 155.310(d); 26 CFR § 1.36B-2).

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 200% but less than 250% of the 2017 FPL, the expected contribution is between 6.34% and 8.10% 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)).

Legal Analysis

The first issue is whether NYSOH properly determined you were eligible for the Essential Plan, with a \$20.00 monthly premium, for a limited time, effective February 1, 2018.

The application that was submitted on December 27, 2017 listed an annual household income of \$27,500.00 and the eligibility determination relied upon that information.

During the hearing, your authorized representative testified that it is unfair to include your spouse's income in the eligibility determination and that you and your spouse have other living expenses that make a full cost qualified health plan unaffordable.

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Since the Internal Revenue Service rules do not allow living expenses such as rent, utilities, cable, and phone to be deducted from the calculation of your adjusted gross income, they cannot be deducted when the NYSOH computes your modified adjusted gross income for eligibility purposes. Additionally, in the case of a married couple living together, each spouse is included in the household of the other spouse. Therefore, NYSOH correctly determined your household income to be \$27,500.00.

You are in a two-person household. You expect to file your 2018 income tax return as married filing jointly and will claim no dependents on that tax return.

The Essential Plan is generally 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. 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.

On your December 27, 2017 application, the relevant FPL was \$16,240.00 for a two-person household. Since an annual household income of \$27,500.00 is 169.33% of the 2017 FPL, NYSOH correctly found you to be eligible for the Essential Plan with a \$20.00 monthly premium.

The second issue is whether NYSOH properly determined that you were ineligible for Medicaid as of your December 27, 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 your December 27, 2017 application, the relevant FPL was \$16,240.00 for a two-person household. Since \$27,500.00 is 169.33% of the 2017 FPL, NYSOH properly found you to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

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

Your December 27, 2017 application shows that your household income for the month of December was \$2,291.67 consisting of your spouse's social security benefits and IRA distributions.

To be eligible for Medicaid, you would need to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,387.00 per month. Since the record shows that your household received \$2,291.67 in December

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2017, you do not qualify for Medicaid based on monthly income as of the date of your December 27, 2017 application.

Since the December 28, 2017 eligibility determination notice properly stated that, based on the information you provided, you were eligible for the Essential Plan and ineligible for Medicaid, it is correct and is AFFIRMED.

The third issue is whether NYSOH properly determined that you were eligible for up to \$384.00 per month in APTC as of your March 2, 2018 application.

The application that was submitted on March 2, 2018 listed an annual household income of \$34,253.78 and the eligibility determination relied upon that information.

You are in a two-person household. You expect to file your 2018 income tax return as married filing jointly and will claim no dependents on that tax return.

You reside in Onondaga County, where the second lowest cost silver plan available for an individual through NYSOH costs \$576.11 per month.

An annual income of \$34,253.78 is 210.92% of the 2017 FPL for a two-person household. At 210.92% of the FPL, the expected contribution to the cost of the health insurance premium is 6.72% of income, or \$191.82 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 an individual in your county (\$576.11 per month) minus your expected contribution (\$191.82 per month), which equals \$384.29 per month. Therefore, rounding to the nearest dollar, NYSOH correctly determined you to be eligible for up to \$384.00 per month in APTC.

The fourth issue under review is whether NYSOH properly determine you eligible for cost-sharing reductions as of your March 2, 2018 application.

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 \$34,253.78 is 210.92% of the applicable FPL, NYSOH correctly found you to be eligible for cost sharing reductions.

The fifth issue under review is whether NYSOH properly determined you were no longer eligible for the Essential Plan, effective March 31, 2018.

The Essential Plan is generally 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 your March 2, 2018 application, the relevant FPL was \$16,240.00 for a two-

person household. Since an annual household income of \$34,253.78 is 210.92% of the 2017 FPL, NYSOH correctly found you to be ineligible for the Essential Plan.

Since the March 3, 2018 eligibility determination notice properly stated that, based on the information you provided, you were eligible for the up to \$384.00 per month in APTC and cost-sharing reductions, effective April 1, 2018, and no longer eligible for the Essential Plan, effective March 31, 2018, it is correct and is **AFFIRMED**.

Based on the above information, the March 3, 2018, disenrollment notice stating that you were disenrolled from the Essential Plan, effective March 31, 2018 is also **AFFIRMED**.

The sixth issue under review is whether NYSOH properly determined that you were newly eligible for a qualified health plan at full cost, effective April 1, 2018.

In the eligibility determination notice issued on March 13, 2018, NYSOH stated that you are newly eligible for a qualified health plan at full cost, effective April 1, 2018. The notice stated that you were not eligible for a tax credit and cost-sharing reductions. This was because your March 12, 2018 application stated that you expect to file your taxes as married filing single.

To qualify for APTC, a person who is married must either file taxes jointly with his or her spouse or qualify as “not married” at the close of the tax year. Cost-sharing reductions are available only to those who meet the requirements for APTC.

Your account reflects that you and/or your authorized representative updated your account online under the username “[REDACTED]” on March 12, 2018. This application stated that you intended to file your taxes married filing single.

Therefore, NYSOH was correct when it found that you were not eligible for APTC due to your tax filing status as stated in your application.

Cost-sharing reductions are available only to those who meet the requirements for APTC. Since you did not qualify for APTC, NYSOH correctly found that you were not eligible for cost-sharing reductions.

Since NYSOH correctly determined that you were newly eligible for a qualified health plan at full cost and not eligible for APTC or cost-sharing reductions, the March 13, 2018 eligibility determination notice is **AFFIRMED**.

However, you testified that the tax filing status listed on your application was incorrect. You testified that you filed your taxes for 2017 as married filing jointly and expect to file your tax return for 2018 the same way.

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The application that was submitted on March 13, 2018 listed an annual household income of \$37,903.36 and you testified that this information was correct. Your application states and you confirmed that you will claim no dependents on that tax return.

Based on your testimony, your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance based on a two-person household, with a tax filing status of married filing jointly, residing in Onondaga County with an annual income of \$37,903.36.

Decision

The December 28, 2017 eligibility determination notice is AFFIRMED.

The March 3, 2018 eligibility determination notice is AFFIRMED.

The March 3, 2018 disenrollment notice is AFFIRMED.

The March 13, 2018 eligibility determination notice is AFFIRMED.

Your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance based on a two-person household, with a tax filing status of married filing jointly, residing in Onondaga County with an annual income of \$37,903.36.

Effective Date of this Decision: May 21, 2018

How this Decision Affects Your Eligibility

NYSOH properly found you eligible for the Essential Plan, effective February 1, 2018.

NYSOH properly found you eligible for up to \$384.00 per month in APTC, and cost-sharing reductions, effective April 1, 2018.

NYSOH properly found you ineligible for the Essential Plan, effective March 31, 2018.

NYSOH properly found you eligible for a qualified health plan at full cost, effective April 1, 2018.

Your case is sent back to the NYSOH to redetermine your eligibility based on a two-person household, with a tax filing status of married filing jointly, residing in Onondaga County with an annual income of \$37,903.36.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

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

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

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

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

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

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to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

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

You can contact us in any of the following ways:

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

Summary

The December 28, 2017 eligibility determination notice is AFFIRMED.

NYSOH properly found you eligible for the Essential Plan, effective February 1, 2018.

The March 3, 2018 eligibility determination notice is AFFIRMED.

NYSOH properly found you eligible for up to \$384.00 per month in APTC, and cost-sharing reductions, effective April 1, 2018.

NYSOH properly found you ineligible for the Essential Plan, effective March 31, 2018.

The March 3, 2018 disenrollment notice is AFFIRMED.

The March 13, 2018 eligibility determination notice is AFFIRMED.

NYSOH properly found you eligible for a qualified health plan at full cost, effective April 1, 2018.

Your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance based on a two-person household, with a tax filing status of married filing jointly, residing in Onondaga County with an annual income of \$37,903.36.

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 مجانًا.

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. yeb&tumi ama wo obi a okyer& 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.