



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

Notice of Decision

Decision Date: May 7, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028703



Dear [REDACTED]

On April 18, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 9, 2018 eligibility determination and enrollment confirmation notices.

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.

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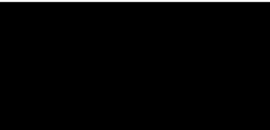


STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: May 7, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028703



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 your son [REDACTED] was eligible to receive up to \$153.00 per month in advance payments of the premium tax credit (APTC) effective March 1, 2018?

Did NYSOH properly determine your child is not eligible to enroll in coverage outside of the 2018 open enrollment period?

Procedural History

On December 13, 2017, you applied for health insurance and financial assistance through NYSOH on behalf of your two sons.

On December 14, 2017, NYSOH issued a notice of eligibility determination stating your son [REDACTED] (hereinafter "your son") was eligible to receive \$0.00 per month in APTC, effective January 1, 2018.

Also on December 14, 2017, NYSOH issued a notice of enrollment confirmation, confirming your son's enrollment in a child-only bronze level qualified health plan (QHP), beginning January 1, 2018, with a monthly premium of \$137.33.

On January 22, 2018, NYSOH redetermined your children's eligibility.

On January 23, 2018, NYSOH issued a notice of eligibility determination stating your son was eligible to receive up to \$153.00 per month in APTC, effective February 1, 2018.

Also on January 23, 2018, NYSOH issued a notice of enrollment confirmation, confirming your son's enrollment in his child-only bronze level QHP, beginning January 1, 2018, with a monthly premium of \$137.33.

On February 8, 2018, you updated your NYSOH account. That day, a preliminary eligibility determination was prepared stating that your son was eligible to receive up to \$153.00 per month in APTC, effective March 1, 2018.

Also on February 8, 2018, you spoke to NYSOH's Account Review Unit and appealed that preliminary eligibility determination, insofar as you were not able to apply this APTC to your son's child-only QHP. You also appealed to be able to re-enroll him in coverage outside of the 2018 open enrollment period.

On February 9, 2018, NYSOH issued an eligibility determination notice stating that your son was eligible to receive up to \$153.00 per month in APTC, effective March 1, 2018. The notice also stated your son should sign into your NYSOH account to review available plans, and that, if he was already enrolled in a plan, he might be able to stay with that plan if it was still an available option. The notice stated he had until April 29, 2018 to select a plan for enrollment.

Also on February 9, 2018, NYSOH issued a disenrollment notice, stating your son's enrollment in his child-only QHP was ending, effective February 28, 2018, because he asked for his coverage to end on February 8, 2018.

That same day, NYSOH issued an enrollment confirmation notice, stating your son did not qualify to select a QHP outside of the open enrollment period for 2018.

On April 18, 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 through May 3, 2018, to allow you time to submit supporting documents.

On April 26, 2018, NYSOH received your supporting documents by fax. The documents were incorporated into the record as Appellant's [REDACTED] and the record is now closed.

Findings of Fact

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

- 1) You testified that you expect to file your tax return for 2018 with a tax filing status of head of household with qualifying individual. You will claim one dependent on that tax return.
- 2) You are seeking insurance for your son, [REDACTED] who you will be claiming as a dependent.
- 3) The application that was submitted on February 8, 2018 listed annual household income of \$47,416.00 consisting of \$39,000.00 you earn from your employment and \$8,416.00 your son earns from his employment.
- 4) You testified the income amount listed for your son is accurate, but that you believe you will earn closer to \$32,000.00 in 2018.
- 5) You testified you are paid weekly, and that your hourly rate varies because you work [REDACTED] where you sometimes [REDACTED], and sometimes [REDACTED].
- 6) You testified your son works year-round, but also attends college, and he works more hours when he is on break than during the academic year.
- 7) You testified you do not have any reason to believe your income will increase or decrease in 2018.
- 8) You testified you contribute to a 401K retirement plan each week.
- 9) Your application states that you will not be taking any deductions on your 2018 tax return.
- 10) Your application states that you live in Erie County.
- 11) Your application reflects your son was enrolled in a child-only QHP as of January 1, 2018.
- 12) Your application reflects your son's date of birth is [REDACTED].
- 13) You testified you received the January 23, 2018 notice stating your son was eligible for a tax credit of \$153.00, so you called NYSOH to try to apply that credit to his child-only QHP.
- 14) You testified the NYSOH representative told you the only way to apply the credit to your son's QHP premium was to disenroll and then re-enroll him.

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- 15) You testified that, after this was done, your son's monthly premium went up, instead of down, and that the new premium amount was not affordable.
- 16) You testified you are looking to be able to enroll him back into coverage, even if it means paying the \$137.00 you were previously paying.
- 17) You testified you are looking only for coverage going forward at this point.
- 18) After the hearing, you faxed an eight-page document to the Appeals Unit, consisting of the following:
 - a. A one-page cover sheet;
 - b. A copy of the first page of your IRS Form 1040 for the year 2017, showing your son listed as a dependent, and showing your adjusted gross income for 2017 was \$32,164.00;
 - c. A copy of the first and second page of your son's IRS Form 1040 for the year 2017, showing adjusted gross income of \$8,874.00;
 - d. Four paystubs from your job for the following dates and gross taxable wages:
 - i. April 4, 2018: \$755.21;
 - ii. April 11, 2018: \$460.03;
 - iii. April 18, 2018: \$465.37;
 - iv. April 25, 2018: \$620.24.

Together, these documents are marked and entered into the record as "Appellant's Exhibit One."

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

Applicable Law and Regulations

Advance Payments of Premium Tax Credit

APTC are generally available to a person who is eligible to enroll in a 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 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)).

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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 250% but less than 300% of the 2017 FPL, the expected contribution is between 8.10% and 9.56% of the household income (26 CFR § 1.36B-3(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2017-36).

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

Child-Only Qualified Health Plans

An insurance issuer must provide a "child-only" plan to coincide with each "metal level" plan the issuer offers (platinum, gold, silver, bronze). These plans are open only to individuals who, at the beginning of the plan year, have not yet attained the age of 21 (42 USC § 18022(f)).

Enrollment in a Qualified Health Plan

NYSOH must provide annual open enrollment periods during which time qualified individuals may enroll in a QHP and enrollees may change QHPs (45 CFR § 155.410(a)(1)).

For the benefit year beginning on January 1, 2018, the national annual open enrollment period began on November 1, 2017 and extended through December 15, 2017 (45 CFR § 155.410(e)(3)). NY State extended this enrollment period through January 31, 2018 for applications processed through NYSOH (https://www.health.ny.gov/press/releases/2017/2017-09-07_open_enrollment_dates.htm).

Special Enrollment Periods

After each open enrollment period ends, NYSOH provides special enrollment periods to qualified individuals. During a special enrollment period, a qualified individual may enroll in a QHP, and an enrollee may change their enrollment to another plan. This is generally permitted when one of the following triggering events occur:

- (1) The qualified individual or his or her dependent either:
 - (i) Loses minimum essential coverage.
 - (ii) Is enrolled in any non-calendar year group health plan or individual health insurance coverage, even if the qualified individual or his or her dependent has the option to renew such coverage.
 - (iii) Loses pregnancy-related coverage.
 - (iv) Loses medically needy coverage as described under section 1902(a)(10)(C) of the Social Security Act only once per calendar year.
- (2)(i) The qualified individual gains a dependent or becomes a dependent through marriage, birth, adoption, placement for adoption, or placement in foster care, or through a child support order or other court order.
 - (ii) the enrollee loses a dependent or is no longer considered a dependent through divorce or legal separation as defined by State law in the State in which the divorce or legal separation occurs, or if the enrollee, or his or her dependent, dies.

- (3) The qualified individual, or his or her dependent, becomes newly eligible for enrollment in a QHP because he or she gains citizenship, status as a national, or lawful present or is no longer incarcerated.
- (4) The qualified individual's or his or her dependent's, enrollment or non-enrollment in a QHP is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, misconduct, or inaction of an officer, employee, or agent of NYSOH, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities.
- (5) The enrollee or, his or her dependent adequately demonstrates to NYSOH that the QHP in which he or she is enrolled substantially violated a material provision of its contract in relation to the enrollee;
- (6) The enrollee or enrollee's dependent is newly eligible or ineligible for advance payments of the premium tax credit (APTC), or has a change in eligibility for cost-sharing reductions.
- (7) The qualified individual or enrollee, or his or her dependent, gains access to a new QHP as a result of a permanent move and either—
- (i) Had minimum essential coverage for one or more days during the 60 days preceding the date of the permanent move, or
 - (ii) Was living outside of the United States or in a United States territory at the time of the permanent move;
- (8) The qualified individual or dependent who gains or maintains status as an Indian may enroll in a QHP or change from one plan to another, once per month.
- (9) The qualified individual or enrollee, or his or her dependent, demonstrates to the Exchange, in accordance with guidelines issued by HHS, that the individual meets other exceptional circumstances as the Exchange may provide;
- (10) A qualified individual or enrollee—
- (i) Is a victim of domestic abuse or spousal abandonment, including a dependent or unmarried victim within a household, is enrolled in minimum essential coverage and seeks to enroll in coverage separate from the perpetrator of the abuse or abandonment; or
 - (ii) Is a dependent of a victim of domestic abuse or spousal abandonment, on the same application as the victim, may enroll in coverage at the same time as the victim;

(11) A qualified individual or dependent—

(i) Applies for coverage through NYSOH during the annual open enrollment period or due to a qualifying event, is assessed as potentially eligible for Medicaid or Child Health Plus and is determined ineligible for Medicaid or Child Health Plus either after open enrollment has ended or more than 60 days after the qualifying event; or

(ii) Applies for coverage at their Local Department of Social Services or Human Resources Administration during the annual open enrollment period, and is determined ineligible for Medicaid or Child Health Plus after open enrollment has ended;

(12) The qualified individual or enrollee, or his or her dependent, adequately demonstrates to NYSOH that a material error related to plan benefits, service area, or premium influenced the qualified individual's or enrollee's decision to purchase a QHP; or

(13) At the option of NYSOH, the qualified individual provides satisfactory documentary evidence to verify his or her eligibility for an insurance affordability program or enrollment following termination of enrollment due to a failure to verify such status within 90 days.

(45 CFR § 155.420(d)).

Generally, if a triggering life event occurs, the qualified individual or enrollee has 60 days from the date of a triggering event to select a QHP (45 CFR § 155.420(c)(1)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your son was eligible to receive up to \$153.00 per month in APTC, effective March 1, 2018.

The application that was submitted on February 8, 2018 listed an annual household income of \$47,416.00 and the eligibility determination relied upon that information.

Your son is in a two-person household. You expect to claim him on your 2018 tax return as a dependent, but also expect that he will be filing a tax return.

Your son resides in Erie County, where the second lowest cost silver plan available for an adult through NYSOH costs \$520.91 per month.

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An annual income of \$47,416.00 is 291.97% of the 2017 FPL for a two-person household. At 291.97% of the FPL, the expected contribution to the cost of the health insurance premium is 9.32% of income, or \$368.66 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 son's county (\$520.91 per month) minus your son's expected contribution (\$368.26 per month), which equals \$152.65 per month. Therefore, rounding to the nearest dollar, NYSOH correctly determined your son to be eligible for up to \$153.00 per month in APTC, based on the income information in your February 8, 2018 application. The February 9, 2018 eligibility determination is therefore AFFIRMED.

You testified that, when you tried to apply this APTC to your son's plan, NYSOH told you they first had to disenroll him from coverage, and then re-enroll him but, when they did this, the resulting premium was even higher than what you were previously paying. This was because your son was enrolled in a child-only QHP as of January 1, 2018, and when NYSOH disenrolled him from this coverage, the plans that became available were QHPs for adults, which have higher premiums.

Child-only QHPs are available to individuals who have not yet reached the age of 21 years as of the beginning of the plan year (January 1). In this case, your son was enrolled into a child-only plan as of January 1, 2018, and he remains eligible for this plan for the 2018 coverage year because he was still under 21 years of age as of January 1, 2018. It was not until [REDACTED] that your son attained [REDACTED].

Your son should have remained eligible to enroll in his child only QHP. However, he was not eligible to apply the \$153.00 in APTC to this plan. This is because the amount of tax credit an individual is eligible for is based on the cost of the second-lowest silver plan available for an individual in the county where that individual lives. The second-lowest cost silver plan for an adult is \$520.91 in Erie County, whereas the second-lowest cost child-only silver plan is \$229.65.

For this reason, since your son's expected contribution to his health insurance is \$368.26 per month, (based on the income figures provided in your February 8, 2018 application), the maximum amount of APTC he would be eligible to receive toward the cost of a child-only plan is \$0.00. This is because the amount your son is expected to contribute per month (\$368.25) is greater than the cost of the second-lowest cost child-only silver plan in Erie County (\$229.65).

However, at the hearing, you testified you expect your 2018 income to be lower than what you indicated in your February 8, 2018 application. You testified you expect your son to earn approximately \$8,416.00, which was the amount listed in the February 8, 2018 application. However, you testified you expect your income to be similar to what it was in 2017 (\$32,000.00) and, after the hearing, you

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submitted four current, consecutive paystubs to prove this. The total of these four weekly paystubs was \$2,300.85, which amounts to an average weekly pay of \$575.21. This equates to an expected annual income of \$29,910.92 (\$575.21 times 52 weeks). Therefore, your total expected annual household income for 2018 is \$38,326.92 (\$29,910.92 plus \$8,416.00).

Based on the foregoing, your case is RETURNED to redetermine your son's eligibility for financial assistance, based on a household of two with an expected annual income of \$38,326.92, residing in Erie County.

If your son remains eligible for APTC, NYSOH is directed to redetermine his eligibility based on both the cost of a child-only QHP AND the cost of an adult QHP. NYSOH will notify you in writing of your child's new eligibility.

The second issue under review is whether NYSOH properly determined your son is not eligible to enroll in a QHP outside of the 2018 open enrollment period.

NYSOH provided an open enrollment period from November 1, 2017 until January 31, 2018. A QHP was selected for enrollment on December 13, 2017, with a plan start date of January 1, 2018. As such, your son initially enrolled in coverage during the 2018 open enrollment period.

However, on February 8, 2018, you updated your NYSOH account and your son's eligibility changed. Also on that day, your son was disenrolled from coverage. You testified you contacted NYSOH on that day because you received a notice stating he was not eligible for \$153.00 in APTC, and you wanted to apply that credit to the cost of his QHP coverage. You testified the NYSOH representative told you this could only be done if they disenrolled your son and then re-enrolled him. However, when this was done, the premium amount changed (as discussed above). Additionally, on February 9, 2018, NYSOH issued an enrollment confirmation notice stating your child was not eligible to enroll in a QHP outside of the open enrollment period.

Once the annual open enrollment period ends, a health plan enrollee must qualify for a special enrollment period to enroll in, or change to another health plan offered in NYSOH. To qualify for a special enrollment period, a person must experience a triggering event.

A special enrollment period can be granted if a qualified individual's enrollment or non-enrollment in a QHP is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, misconduct, or inaction of an officer, employee, or agent of NYSOH, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities.

The record reflects you never wanted to disenroll your son from coverage, but only to apply his APTC to his monthly premium. You should have been informed

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that this was not possible, based on the plan he was enrolled in; or been given the option to reenroll him in his child-only plan once it was discovered that the APTC could not be applied. However, the NYSOH representative you spoke with on February 8, 2018 instead disenrolled your son from coverage, and did not explain to you that the APTC for which he was eligible could not be applied to his child-only plan. As a result, your son was left without coverage, and since it was outside of the open enrollment period, he was not permitted to re-enroll.

Since the record indicates your son's non-enrollment into a QHP was the direct result of errors made on the part of a NYSOH representative when you called to try to apply APTC to your son's premium, your son should have been granted a special enrollment period as of your February 8, 2018 application.

Additionally, it is noted that the February 9, 2018 eligibility determination notice, while not specifically stating your son was eligible for a special enrollment period, stated that he had until April 29, 2018 to select a health plan for enrollment. This alone should have qualified him to re-enroll in coverage.

Therefore, NYSOH's February 9, 2018 enrollment confirmation notice is MODIFIED to state your son was eligible for a special enrollment period.

Your case is RETURNED to NYSOH to assist you in enrolling your son into a QHP, once his financial eligibility has been redetermined. You may choose to enroll him into a QHP with coverage beginning as early as March 1, 2018. Alternatively, you may choose to enroll him in coverage going forward only. You have 60 days from the date of the new eligibility determination to select a QHP for your son.

Decision

The February 9, 2018 eligibility determination is AFFIRMED.

Your case is RETURNED to NYSOH to redetermine your son's [REDACTED] eligibility for financial assistance based on a two-person household with an expected annual income of \$38,326.92, residing in Erie County.

NYSOH is directed to determine your son's eligibility for APTC toward the cost of BOTH a child-only QHP AND an adult QHP.

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

The February 9, 2018 enrollment confirmation notice is MODIFIED to state your son was eligible for a special enrollment period.

Your case is RETURNED to NYSOH to assist you in enrolling your son into either a child-only OR adult QHP, once his financial eligibility has been redetermined. You may choose to enroll him into a QHP with coverage beginning as early as March 1, 2018. Alternatively, you may choose to enroll him in coverage going forward only. You have 60 days from the date of the new eligibility determination to select a QHP for your son.

Effective Date of this Decision: May 7, 2018

How this Decision Affects Your Eligibility

NYSOH properly determined your son to be eligible for \$153.00 in APTC, effective March 1, 2018, based on the income listed in your February 8, 2018 application.

Based on the updated financial information provided after the hearing, your case is being sent back to NYSOH to redetermine your son's eligibility for finance assistance. NYSOH has been directed to determine his eligibility based on the cost of BOTH a child-only health plan AND an adult health plan.

NYSOH will promptly notify you in writing of your son's new eligibility.

Once your son's eligibility has been determined, NYSOH will assist you in enrollment your son into a child-only or adult QHP, based on your choice. You may choose to enroll your son into coverage beginning March 1, 2018. Alternatively, you may choose to enroll him into coverage going forward only.

You have 60 days from the date of the new eligibility determination to select a QHP for your son.

You will be responsible for any premium payments that result from your son's re-enrollment into coverage.

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):

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- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
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Summary

The February 9, 2018 eligibility determination is AFFIRMED.

Your case is RETURNED to NYSOH to redetermine your son [REDACTED] eligibility for financial assistance based on a two-person household with an expected annual income of \$38,326.92, residing in Erie County.

NYSOH is directed to determine your son's eligibility for APTC toward the cost of BOTH a child-only QHP AND an adult QHP.

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

The February 9, 2018 enrollment confirmation notice is MODIFIED to state your son was eligible for a special enrollment period.

Your case is RETURNED to NYSOH to assist you in enrolling your son into either a child-only OR adult QHP, once his financial eligibility has been redetermined. You may choose to enroll him into a QHP with coverage beginning as early as March 1, 2018. Alternatively, you may choose to enroll him in coverage going forward only. You have 60 days from the date of the new eligibility determination to select a QHP for your son.

NYSOH properly determined your son to be eligible for \$153.00 in APTC, effective March 1, 2018, based on the income listed in your February 8, 2018 application.

Based on the updated financial information provided after the hearing, your case is being sent back to NYSOH to redetermine your son's eligibility for finance assistance. NYSOH has been directed to determine his eligibility based on the cost of BOTH a child-only health plan AND an adult health plan.

NYSOH will promptly notify you in writing of your son's new eligibility.

Once your son's eligibility has been determined, NYSOH will assist you in enrollment your son into a child-only or adult QHP, based on your choice. You may choose to enroll your son into coverage beginning March 1, 2018. Alternatively, you may choose to enroll him into coverage going forward only.

You have 60 days from the date of the new eligibility determination to select a QHP for your son.

You will be responsible for any premium payments that result from your son's re-enrollment into coverage.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:



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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. 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.