



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

## Notice of Decision

Decision Date: May 9, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000029205



Dear [REDACTED]

On April 25, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 21, 2018 eligibility redetermination.

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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## Decision

Decision Date: May 9, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000029205



## Issues

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

Did NY State of Health issue a timely determination of your Medicaid eligibility based on your November 30, 2017 application?

Did NY State of Health properly determine you were not eligible for Medicaid?

Did NY State of Health properly determine that you were not eligible for the Essential Plan?

Did NY State of Health properly determine that you do not qualify to enroll in a qualified health plan outside of the open enrollment period?

## Procedural History

On November 30, 2017, you submitted an application for financial assistance with health insurance through NY State of Health (NYSOH). In that application, you stated that you were source of your income.

Also, on November 30, 2017, you uploaded two documents to your NYSOH account. The first was a letter from the Social Security Administration indicating your earnings record. The second was a redacted bank statement addressed to you.

On December 1, 2017, NYSOH issued a notice requesting income documentation for Medicaid, based on the November 30, 2017 application,

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stating that, because the income information in your application did not match what NYSOH received from state and federal data sources, additional information was required to confirm your eligibility. The notice further stated that you were to provide proof of your household income by December 15, 2017. A list of acceptable documents was provided on page four of the notice. The list stated that if you have self-employment income, you could submit a detailed record of business earning and expenses for the last three months, business pay rolls or records for the last three months, or a filed 1040 tax return, signed and dated from the previous year.

Also, on December 1, 2017, NYSOH reviewed and invalidated the documentation of income you submitted on November 30, 2017.

On December 2, 2017, NYSOH issued an invalid documentation notice, based on the documentation submitted on November 30, 2017, stating that the documentation did not confirm the information in your application and that more proof to verify the information was needed by December 30, 2017. A list of acceptable documents was provided on page four of the notice. The list stated that if you have self-employment income, you could submit a detailed record of business earning and expenses for the last three months, business pay rolls or records for the last three months, or a filed 1040 tax return, signed and dated from the previous year.

On December 7, 2017, you uploaded to your NYSOH account a notarized statement, indicating, in part, that the income amount on your November 30, 2017 application was accurate.

Also, on December 7, 2017, NYSOH reviewed and invalidated the documentation of income you submitted that same day.

On December 8, 2017, NYSOH issued an invalid documentation notice, based on the documentation submitted on December 7, 2017, stating that the documentation did not confirm the information in your application and that more proof to verify the information was needed by December 30, 2017. A list of acceptable documents was provided on page four of the notice. The list stated that if you have self-employment income, you could submit a detailed record of business earning and expenses for the last three months, business pay rolls or records for the last three months, or a filed 1040 tax return, signed and dated from the previous year.

No additional documentation was uploaded to your account prior to December 30, 2017.

On January 11, 2018, NYSOH issued a denial notice, stating that you did not qualify for health insurance through NYSOH. The notice stated, in part, that you did not qualify for Medicaid, the Essential Plan, or premium tax credit and cost-

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sharing reductions because you did not provide the income documentation needed to verify the income listed in your application. The notice further stated that you did not qualify for the Essential Plan, premium tax credit and cost-sharing reductions, or a qualified health plan at full cost because you did not complete the requirements for obtaining Medicaid and you cannot receive help paying for the cost of your insurance if your eligibility for Medicaid cannot be determined.

On February 19, 2018, you submitted an updated application for financial assistance with health insurance.

Also, on February 19, 2018, you uploaded to your NYSOH account a copy of your 1040 tax return.

Finally, on February 19, 2018, you faxed to NYSOH a letter stating, in part, that you were requesting immediate review and a finding of eligibility for coverage.

On February 20, 2018, NYSOH issued an eligibility redetermination notice, based on the February 19, 2018 application, stating that you do not qualify to select a health plan outside of the open enrollment period for 2018. The notice further stated that if you qualified for a Special Enrollment Period, you would be eligible for the advance payment for a premium tax credit up to \$427.00 per month, for a limited time because more information was needed to confirm the information in your application. This eligibility was effective as of April 1, 2018.

Also, on February 20, 2018, NYSOH reviewed and validated the 1040 tax return you submitted on February 19, 2018 and your application was re-run.

On February 21, 2018, NYSOH issued an eligibility redetermination, based on the February 20, 2018 application, stating that you may be able to enroll in coverage if you qualify for a Special Enrollment Period. The notice further stated that if you qualified for a Special Enrollment Period, you were eligible for a tax credit up to \$377.00 per month 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 Medicaid, in part, because you were 65 years of age or older and not a parent or caretaker relative of a child younger than 19 years of age. Additionally, the notice stated that you were not eligible for the Essential Plan because in order to qualify for the Essential Plan you must be under 65 years of age, not eligible to enroll in other coverage, and have income below \$24,120.00.

On February 22, 2018, your letter, faxed to NYSOH on February 19, 2018 and requesting an appeal, was reviewed and an appeal request was added to your account.

On April 25, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

## **Findings of Fact**

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

- 1) You testified that you wanted a full review of your eligibility for financial assistance, with a start date of November 15, 2017.
- 2) You testified that you expect to file your tax return for 2018 with a tax filing status of single. You will claim no dependents on that tax return.
- 3) The record reflects that you were born [REDACTED] you were [REDACTED] when NYSOH issued its eligibility redetermination notice on February 21, 2018.
- 4) You testified, and provided documentation, that you were self-employed.
- 5) On December 1, 2017, December 2, 2017, and December 8, 2017, NYSOH issued notices requesting additional income information to confirm your eligibility. Beginning on page four of each of the notices, a section titled "Request for Additional Information – Documents List" indicated the forms of acceptable proof of household income that NYSOH would accept for various sources of income. For self-employment income, NYSOH listed: 1) Detailed records of business earnings and expenses (e.g. business bank account records, invoices, checks) for the last three (3) months; 2) Business pay rolls and records (e.g., balance sheets from accounting software, Excel or Word documents detailing income/expenses) for the last three (3) months; or 3) Filed 1040 tax return, signed and dated, from the previous year if representative of attested income.
- 6) Your February 20, 2018 application indicates that your expected annual income is \$19,281.00
- 7) You testified, and provided documentation, that your adjusted gross income for 2017 was \$18,863.00, which consisted of \$19,781.00 of income with \$918.00 subtracted as the deductible part of self-employment tax.
- 8) You testified that you expect your income to increase in 2018.
- 9) You testified, and your application states, that you live in Monroe County.

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10) You testified that you needed health insurance due to [REDACTED].

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

## **Applicable Law and Regulations**

### Timely Notice of Medicaid Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide adult Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

### Medicaid

An individual is eligible for enrollment in Medicaid through NYSOH (called MAGI-based Medicaid) when he or she meets certain nonfinancial criteria and has a household income that is at or below the applicable Medicaid income standard (45 CFR § 155.305(c); N.Y. Soc. Serv. Law § 366(1)(b)).

In general, to qualify for MAGI-based Medicaid through NYSOH, you must also be one of the following:

- An adult aged 19-64 who is not eligible for Medicare Part A or Part B,
- A pregnant woman or infant,
- A child aged 1-18, or
- A parent or caretaker relative

(45 CFR § 155.305(c); N.Y. Soc. Serv. Law § 366(1)(b)).

If an individual does not fall into one of these categories, he or she may still be eligible for non-MAGI-based Medicaid coverage through their Local Department

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of Social Services or the New York City Human Resources Administration (see N.Y. Soc. Serv. Law § 366(1)(c)).

### 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 \$12,060.00 for a one-person household (82 Fed. Reg. 8831).

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)).

### De Novo Review

NYSOH Appeals Unit must review each appeal de novo and “consider all relevant facts and evidence adduced during the appeals process” (45 CFR § 155.535(f)). “De novo review means a review of an appeal without deference to prior decisions in the case” (45 CFR § 155.500).

### 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](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 qualified health plan, 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 qualified health plan 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 qualified health plan 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 qualified health plan 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, or change in eligibility for cost-sharing reductions.

(7) The qualified individual or enrollee, or his or her dependent, gains access to new qualified health plan 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 qualified health plan 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 qualified health plan; 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. NYSOH has not elected to adopt this subsection at this time.

(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 qualified health plan (45 CFR § 155.420(c)(1)).

## **Legal Analysis**

The first issue is whether NYSOH issued a timely determination of your Medicaid eligibility as of your November 30, 2017 application.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. The applicant must be notified if the application does not contain sufficient information to permit NYSOH to conduct an eligibility determination. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

Following your application on November 30, 2017, NYSOH issued a notice requesting income documentation for Medicaid on December 1, 2017, stating that additional documentation showing proof of your income was needed to confirm your eligibility. On page four of that notice, a section titled “Request for Additional Information – Documents List” indicated the forms of acceptable proof of household income that NYSOH would accept from various sources of income. For self-employment income, NYSOH listed as acceptable form of income: 1) Detailed records of business earnings and expenses (e.g. business bank account records, invoices, checks) for the last three (3) months; 2) Business pay rolls and records (e.g., balance sheets from accounting software, Excel or Word documents detailing income/expenses) for the last three (3) months; or 3) Filed 1040 tax return, signed and dated, from the previous year if representative of attested income.

On November 30, 2017, a letter of your earning record from the Social Security Administration and a redacted bank statement was uploaded to your NYSOH account. On December 7, 2017, a notarized statement, stating, in part, that the income on your November 30, 2017 application was correct, was uploaded to your NYSOH account. Because your uploaded documents on November 30, 2017 and December 7, 2017, did not confirm to the acceptable forms of income that NYSOH provided to you in its notices, the submissions were invalidated. Following each of your invalidated submissions, NYSOH issued notices requesting additional income documentation and included the same list of acceptable proof of household income as the December 1, 2017 notice requesting income documentation for Medicaid. On February 19, 2018, your 1040 tax return was uploaded to your NYSOH account. Because this was one of the acceptable forms of income listed on NYSOH’s notices, it was reviewed and validated on February 20, 2018 and your application was re-run. Therefore, your application was not considered complete until February 19, 2018, because NYSOH did not have sufficient information to make an eligibility determination until that date.

The record reflects that NYSOH received your complete application for health insurance on February 19, 2018. NYSOH issued an eligibility redetermination notice on February 21, 2018, stating that you were not eligible for Medicaid in part because you were [REDACTED] or older and not a parent or caretaker relative of a child younger than 19 years of age. Since NYSOH issued an eligibility determination 2 day from the date your application was considered complete, the February 21, 2018 eligibility determination was timely.

The second issue is whether NYSOH properly determined that you were ineligible for Medicaid.

Medicaid through NYSOH (called MAGI-based Medicaid) is available to individuals who are between the ages of 19 and 64, who are not eligible for

Medicare Parts A or B; pregnant women or infants; children between the ages of 1 and 18; and parent or caretaker relatives.

According to your testimony and the information in your NYSOH application, you are single with no dependents and, therefore, not a parent or a caretaker relative of a dependent child.

On the date of your completed application, February 20, 2018, you were [REDACTED]. Since Medicaid can only be provided to adults between the ages of 19 and 65, NYSOH properly found you to be ineligible for Medicaid because you were over the allowable age limit for that program through NYSOH.

Since you are over the allowable age limit for MAGI-based Medicaid, and not a parent or caretaker relative, NYSOH properly determined that you are not eligible for Medicaid through NYSOH.

The third issue under review is whether NYSOH properly determined you were ineligible for the Essential Plan.

The Essential Plan is generally provided through NYSOH to individuals who are residents of New York State, not otherwise eligible for minimum essential coverage except through the individual market, are citizens or lawfully present non-citizens, have a household modified adjusted gross income that is between 138% and 200% of the FPL for the applicable family size, and are 64 years old or younger.

On the date of your completed application, February 20, 2018, you were [REDACTED]. Since the Essential Plan can only be provided to adults who are 64 years old or younger, NYSOH properly found you to be ineligible for the Essential Plan because you were over the allowable age limit for that program through NYSOH.

Since you are ineligible for Medicaid and the Essential Plan, and since your application was considered completed as of February 20, 2018, you would need to qualify for a Special Enrollment Period to be eligible to enroll in a qualified health plan and to receive financial assistance paying for that insurance. Therefore, the final issue under review is whether NYSOH properly determined that you do not qualify to enroll in a qualified health plan outside of the open enrollment period.

Although NYSOH issued an eligibility redetermination on February 20, 2018, that stated that you did not qualify to select a health plan outside of the open enrollment period for 2018, that was based on the incomplete application submitted on February 19, 2018. The record does not contain a notice of eligibility determination or redetermination on the issue of special enrollment period following your completed application of February 20, 2018.

Here, the lack of a notice of eligibility determination on the issue of special enrollment periods does not prevent the Appeals Unit from reaching the merits of the case or constitute material error. Under 45 CFR § 155.505(b), you are as entitled to appeal NYSOH failure to timely issue a notice of eligibility determination as you are to appeal an adverse notice of eligibility determination. Your credible testimony that you sought to have full review of your eligibility for financial assistance permits an inference that NYSOH did deny your special enrollment request.

Since the Appeals Unit review of NYSOH determinations is performed on a de novo basis, no deference would have been granted to the eligibility determination notice had it been issued.

NYSOH provided an open enrollment period from November 1, 2017 until January 31, 2018. On February 20, 2018, your eligibility was run based on your completed application. On February 21, 2018, NYSOH issued an eligibility redetermination notice stating that you were eligible for a tax credit up to \$377.00 per month as well as cost-sharing reductions if you enrolled in a silver level qualified health plan. However, you would need to qualify for a Special Enrollment Period to qualify to enroll because the open enrollment period had ended January 31, 2018.

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

A triggering event occurs when an individual 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.

On November 30, 2017, you first submitted an application for financial assistance with health insurance, during the open enrollment period. On December 1, 2017, NYSOH issued a notice requesting income documentation for Medicaid. On February 21, 2018, you were determined ineligible for Medicaid, after the open enrollment period had ended.

Since you applied during the open enrollment period for 2018, were assessed as potentially eligible for Medicaid, and then determined ineligible for Medicaid after open enrollment ended, you experienced a triggering event granting a Special Enrollment Period. As a result, you should have been eligible for a Special Enrollment Period as of the date of your February 20, 2018 application.

Therefore, the February 21, 2018 eligibility redetermination notice is MODIFIED to indicate that you qualified for a Special Enrollment Period.

You testified and provided documentation that your income for 2017 was \$18,863.00. Since the record now contains a more accurate representation of what your household income is expected to be for 2018, your case is RETURNED to NYSOH for a redetermination of your eligibility based on a household of one person, [REDACTED] residing in Monroe County, with an expected household income of \$18,863.00 and for NYSOH to then assist you in enrolling into a qualified health plan. You may opt to enroll into a qualified health plan as of the date of your application, February 20, 2018, if you so choose. In the alternative, you may elect to enroll into coverage within 60 days from the date of this decision. You will be responsible for premium payments for any months you are enrolled into coverage.

## **Decision**

The February 21, 2018 eligibility notice is AFFIRMED insofar as it found you not eligible for Medicaid or the Essential Plan.

The February 21, 2018 eligibility redetermination notice is MODIFIED to indicate that you qualified for a Special Enrollment Period.

Your case is RETURNED to NYSOH for a redetermination of your eligibility based on a household of one person, [REDACTED] residing in Monroe County, with an expected household income of \$18,863.00.

Your case is also RETURNED to NYSOH to assist you in enrolling into a qualified health plan. You may opt to enroll into a qualified health plan as of the date of your application, February 20, 2018, if you so choose. In the alternative, you may elect to enroll into coverage within 60 days from the date of this decision. You will be responsible for premium payments for any months you are enrolled into coverage.

**Effective Date of this Decision:** May 9, 2018

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

NYSOH properly determined that you were ineligible for the Essential Plan and Medicaid.

This is not a final determination of your eligibility for financial assistance. Your case is being sent back to NYSOH for a redetermination of your eligibility based on a household of one person, [REDACTED], residing in Monroe County, with an

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expected household income of \$18,863.00 and to assist you in enrolling into a qualified health plan. You may opt to enroll into a qualified health plan as of the date of your application, February 20, 2018, if you so choose. In the alternative, you may elect to enroll into coverage within 60 days from the date of this decision. You will be responsible for premium payments for any months you are enrolled 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.

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

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

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

You can contact us in any of the following ways:

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

## **Summary**

NYSOH properly determined that you were ineligible for the Essential Plan and Medicaid.

The February 21, 2018 eligibility redetermination notice is MODIFIED to indicate that you qualified for a Special Enrollment Period.

This is not a final determination of your eligibility for financial assistance.

Your case is RETURNED to NYSOH for a redetermination of your eligibility based on a household of one person, [REDACTED], residing in Monroe County, with an expected household income of \$18,863.00.

Your case is also RETURNED to NYSOH to assist you in enrolling into a qualified health plan. You may opt to enroll into a qualified health plan as of the date of your application, February 20, 2018, if you so choose. In the alternative, you may elect to enroll into coverage within 60 days from the date of this decision. You will be responsible for premium payments for any months you are enrolled into coverage.

## **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).

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**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।

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### **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.