



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: AP000000029353



Dear [REDACTED]

On April 17, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 12, 2018 eligibility determination notice, January 12, 2018 eligibility determination notice, and January 12, 2018 enrollment confirmation notice.

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

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

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

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

Decision Date: May 07, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000029353



## Issues

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

Was your appeal of NY State of Health's December 12, 2017 eligibility determination timely?

Did NY State of Health properly determine that you and your spouse were eligible to purchase a qualified health plan at full cost through NYSOH and ineligible for APTC, effective January 1, 2018?

Did NY State of Health properly determine that you and your spouse were ineligible for cost-sharing reductions?

Did NY State of Health properly determine that your and your spouse's eligibility for advance payments of the premium tax credit was effective February 1, 2018?

## Procedural History

On November 13, 2017, you applied for health insurance and financial assistance through NY State of Health (NYSOH).

On November 14, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to receive up to \$932.00 per month in advance payments of the premium tax credit (APTC) for a limited time, effective January 1, 2018. This notice directed you to submit proof of your household

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income and of your spouse's citizenship status by February 11, 2018 in order to confirm your eligibility for financial assistance.

Also on November 14, 2017, NYSOH issued a notice of enrollment confirmation stating that you and your spouse were enrolled in a qualified health plan with application of your APTC to your monthly premium, both effective January 1, 2018.

On December 1, 2017, you uploaded documentation to your NYSOH account.

Also on December 1, 2017, NYSOH reviewed the documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account.

On December 2, 2017, NYSOH issued a notice stating that the income documentation you submitted did not confirm the information in your application. This notice directed you to submit documentation of your household income and of your spouse's citizenship status by February 11, 2018.

Also on December 2, 2017, your spouse's citizenship documentation and your household income documentation were uploaded to your NYSOH account.

On December 4, 2017, NYSOH verified your spouse's citizenship documentation.

On December 5, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to receive up to \$932.00 per month in APTC for a limited time, effective January 1, 2018. This notice directed you to submit proof of your household income by February 11, 2018 in order to confirm your eligibility for financial assistance.

On December 11, 2017, NYSOH reviewed the income documentation you submitted, recalculated your household income based on this documentation, and submitted an application on your behalf.

On December 12, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were newly eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2018. The notice stated that you and your spouse were ineligible for APTC and cost-sharing reductions because your household income was over the allowable income limits for those programs.

Also on December 12, 2017, NYSOH issued a notice of enrollment confirmation stating that you and your spouse were enrolled in a qualified health plan with \$0.00 of APTC applied to your premium.

On January 11, 2018, you updated your household's application for financial assistance.

On January 12, 2018, NYSOH issued a notice of eligibility stating that you and your spouse were eligible to receive up to \$932.00 per month in APTC for a limited time, effective February 1, 2018. This notice directed you to submit proof of your household income by April 11, 2018 in order to confirm your eligibility for financial assistance with health insurance.

Also on January 12, 2018, NYSOH issued a notice of enrollment confirmation stating that you and your spouse were enrolled in a qualified health plan with a plan enrollment start date of January 1, 2018 and that APTC would be applied to your monthly premium as of February 1, 2018.

On February 26, 2018, you spoke to NYSOH's Account Review Unit and appealed the termination of your APTC for the month of January 2018.

On April 17, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open until May 1, 2018, to allow you time to submit supporting documents.

On April 20, 2018, NYSOH received your supporting documents by fax. The documents were incorporated into the record as Appellant's [REDACTED] and the record was closed.

## **Findings of Fact**

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

- 1) You testified that you expect to file your tax return for 2018 with a tax filing status of married filing jointly. You will not claim any dependents on that tax return.
- 2) The application that was submitted on November 13, 2017 listed annual household income of \$42,912.00, consisting of \$3,576.00 per month you receive in pension benefits. You testified that as of that time, this was correct.
- 3) You testified that you began receiving Social Security disability benefits in February 2018. You testified that in October 2017 you received information that you would be receiving retroactive Social Security disability benefits and that in mid-January 2018 you learned that you would be receiving monthly Social Security disability benefits.

- 4) You testified that you have been receiving a disability pension from your former employer since March 2015, consisting of \$3,3576.00 per month.
- 5) You testified that your spouse does not have any income.
- 6) Your application states that you will not be taking any deductions on your 2018 tax return. You testified that you have a student loan for your child for which you claim a deduction on your tax return, however, you could not recall the amount of the deduction.
- 7) Your application states, and you confirmed, that you live in Dutchess County.
- 8) On December 2, 2017 you uploaded a copy of a direct deposit summary which indicates that you receive a gross pension amount of \$3,576.00 per month from your former employer.
- 9) On December 11, 2018, NYSOH reviewed the income documentation you submitted and recalculated your annual expected income to be \$89,282.11, consisting of \$42,912.00 in pension payments and \$46,370.11 in wages.
- 10) Also on December 11, 2018, NYSOH submitted an updated application for financial assistance on your behalf. As a result, you and your spouse were found eligible for a full cost qualified health plan as of January 1, 2018.
- 11) You updated the income information in your NYSOH account on January 11, 2018.
- 12) You testified that you are seeking reinstatement of your and your spouse's APTC for the month of January 2018.
- 13) You testified, and your NYSOH account confirms, that you receive all of your notices from NYSOH by electronic mail.
- 14) You testified that you did not receive any electronic alerts notifying of any notice in your NYSOH account stating that you and your spouse had been determined eligible for a full cost qualified health plan as of January 1, 2018.
- 15) You testified that you did not know that you and your spouse had no APTC until you receive a premium bill in January 2018 which indicated that you owed additional payment for the month of January 2018 and an increased premium payment for February 2018.

- 16) NYSOH uploaded an evidence packet to your NYSOH account. Contained within that evidence packet under the heading of “electronic notice requirement” is a three-page memorandum dated August 21, 2017. The memorandum sets forth the federal requirements regarding use of electronic communications and asserts that NYSOH is in compliance with federal regulation and guidance on the use of electronic notices. The memorandum asserts that “the electronic notification rules do not require that exchanges track and monitor consumers actual receipt of electronic notices”.
- 17) NYSOH has submitted no evidence that an electronic alert was sent to you regarding the December 12, 2017 eligibility determination notice.
- 18) During the hearing, the Hearing Officer requested that you submit your Social Security award letters indicating the amount you receive in Social Security benefits and when you began receiving those benefits.
- 19) Following the hearing, you submitted a copy of your 2017 1099 from the Social Security Administration which indicates that you received \$67,325.70 in Social Security benefits in 2017 as well as a letter dated January 29, 2018 indicating that beginning February 2018 you would begin receiving \$2,264.00 per month in Social Security benefits.

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

## **Applicable Law and Regulations**

### Valid Appeal Requests

An applicant has the right to appeal to NYSOH’s Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

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

However, where an appeal request is untimely, the appeal request may be considered valid if the applicant or enrollee sufficiently demonstrates within a reasonable timeframe as determined by NYSOH that failure to timely submit the appeal was due to exceptional circumstances and should not preclude the appeal (45 CFR §155.520(d)(2)(i)(D)).

#### Advance Payments of Premium Tax Credit

APTC are generally available to a person who is eligible to enroll in a qualified health plan and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a qualified health plan, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 26 CFR § 1.36B-2, 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

The maximum amount of APTC that can be authorized equals:

- 1) the cost of the health insurance premium for the taxpayer's coverage family in the second lowest cost silver plan offered through NY State of Health in the county where the taxpayer resides

*minus*

- 2) the taxpayer's expected contribution amount

(see 26 USC § 36B, 26 CFR § 1.36B-3).

The taxpayer's expected contribution amount is the amount that the taxpayer is expected to spend on health insurance premiums. The expected contribution for 2018 is set by federal law at 2.01% to 9.56% of household income (26 USC § 36B(b)(3)(A), 26 CFR § 1.36B-3, IRS Rev. Proc. 2017-36).

In an analysis of APTC eligibility, the determination is based on the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested (45 CFR §§ 155.300(a), 155.305(f)(1)(i)). On the date of your application, that was the 2017 FPL, which is \$16,240.00 for a two-person household (82 Federal Register 8831).

For annual household income in the range of at least 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).

### 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)).

### 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.*).

### Verification of Eligibility for Advance Payments of the 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), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

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

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

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

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any changes in eligibility to APTC effective as of the first day of the month following the date of the notice (45 § 155.310(f), 45 CFR § 155.330(e), (f)(1)(i)).

### Electronic Notices

Applicants may choose to receive notices and information from NYSOH by either electronic or regular mail. If the individual elects electronic communications, NYSOH must send an email or other electronic communication alerting the individual when a notice has been posted to his or her account and send a notice by regular mail within three business days if the electronic communication cannot be delivered (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4), (5)).

### Redetermination During a Benefit Year

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

When an eligibility redetermination results in a change in the amount of advance payments of the premium tax credit (APTC) for the benefit year, NYSOH must

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

## **Legal Analysis**

The first issue is whether your appeal of NY State of Health's December 12, 2017 eligibility determination was timely.

On December 12, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to enroll in a qualified health plan at full cost through NYSOH, effective January 1, 2018.

The record reflects that you first contacted NYSOH to file a formal appeal regarding the December 12, 2017 eligibility determination notice on February 26, 2018.

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH.

For an appeal to have been valid on you and your spouse being ineligible for APTC as of January 1, 2018, an appeal should have been filed by February 10, 2018.

Although your appeal was untimely on its face, you testified, and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. Although NYSOH contends that it complied with federal mandates regarding electronic notices, there is no evidence in the file that NYSOH sent you an electronic alert notifying you of a new notice available in your account on December 12, 2017. You credibly testified that you did not receive an electronic alert regarding the eligibility determination notice which advised you that you and your spouse were eligible for a full cost qualified health plan effective January 1, 2018. There is also no evidence in the account documenting that any email alert was sent to you regarding this eligibility determination notice.

As you did not receive the December 12, 2017 eligibility determination notice, there is no indication that NYSOH ever made you aware of your and your spouse's ineligibility for APTC as of January 1, 2018 or your appeal rights.

You testified that you first became aware that you and your spouse were not eligible for APTC for January 2018 when you received a premium bill in January 2018 which indicated that you owed additional payment for the month of January 2018 and an increased premium payment for February 2018.

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As the records that you were not properly notified of the December 12, 2017 eligibility determination notice and you filed your appeal within 60-days of discovering that you and your spouse were without APTC for the month of January 2018, your failure to timely submit the appeal was due to exceptional circumstances and should not preclude the appeal.

The second issue is whether NYSOH properly determined that you and your spouse were eligible to purchase a qualified health plan and ineligible for APTC, effective January 1, 2018

You expect to file your 2018 income tax return as married filing jointly and will not claim any dependents on that tax return.

On December 11, 2017, NYSOH validated your direct deposit summary as satisfactory documentation of your income and an application for financial assistance was run on your behalf by an NYSOH representative. The NYSOH representative entered into your application earned income of \$46,370.11 in addition to your pension income of \$42,912.00. This resulted in an annual household income of \$89,282.11.

However, your direct deposition summary which the NYSOH allegedly relied upon when entering the income amounts, shows that you receive \$3,576.00 per month in gross pension payments from your former employer. Which results in gross income from a pension of \$42,912.00.

Therefore, the December 11, 2017 application was erroneously submitted to include your pension as well as earned income.

However, during the hearing, you testified that beginning in February 2018 you began receiving Social Security disability benefits. You submitted a letter from the Social Security Administration which indicates that as of February 2018 you were receiving \$2,264.00 per month in Social Security disability benefits.

Therefore, the record reflects that your annual expected income for 2018 is \$67,816.00, consisting of \$42,912.00 in pension benefits and \$24,904.00 in Social Security disability benefits (\$2,264.00 multiplied by 11 months).

Although you testified that you plan on claiming a deduction for student loan interest in 2018, you did not provide the amount of this deduction.

APTC is available to individuals who meet the non-financial requirements and have a household modified adjusted gross income that is between 200% and 400% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$16,240.00. Since an annual household income of \$67,816.00 is 417.59% of the 2017 FPL, NYSOH correctly found you and your

spouse to be eligible to enroll in a qualified health plan at full cost and ineligible for cost-sharing reductions.

The third issue is whether you and your spouse were properly determined ineligible for cost-sharing reductions. Cost-sharing reductions are available to a person who is eligible for APTC and has a household income no greater than 250% of the FPL. Since a household income of \$67,816.00 is 417.59% of the applicable FPL, NYSOH correctly found you and your spouse to be ineligible for cost sharing reductions.

Therefore, the December 12, 2018 eligibility determination notice which stated that you and your spouse were eligible to purchase a qualified health plan at full cost through NYSOH and ineligible for APTC and cost-sharing reductions, effective January 1, 2018 is correct and must be AFFIRMED.

The fourth issue is whether NYSOH properly determined that your and your spouse's eligibility for APTC was effective February 1, 2018

The record shows that January 11, 2018 you updated the information in your NYSOH account to state that your annual household income was \$42,912.00. On January 12, 2018, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for APTC of up to \$932.00 per month for a limited time, effective February 1, 2018 and an enrollment confirmation notice stating that APTC would be applied to your and your spouse's monthly premium effective February 1, 2018.

When an individual changes information in their application on or before the 15th of any month, NYSOH must make the redetermination that results from the change effective the first day of the following month. Additionally, any changes in APTC are to be made effective the date following the eligibility redetermination notice.

Since you updated your application on January 11, 2018, any changes in APTC would have been made effective as of February 1, 2018.

Therefore, NYSOH's January 12, 2018 eligibility determination notice and enrollment confirmation notice are AFFIRMED because they properly began your and your spouse's eligibility for APTC on February 1, 2018.

As stated above, your annual household income for 2018 is actually \$67,816.00, consisting of \$42,912.00 in pension benefits and \$24,904.00 in Social Security disability benefits (\$2,264.00 multiplied by 11 months). Therefore, your case is RETURNED to redetermine your and your spouse's eligibility based on a household of two people with an annual household income of \$67,816.00.

## **Decision**

The December 12, 2018 eligibility determination notice is AFFIRMED.

The January 12, 2018 eligibility determination notice is AFFIRMED.

The January 12, 2018 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to redetermine your and your spouse's eligibility based on a household of two people with an annual household income of \$67,816.00.

**Effective Date of this Decision:** May 7, 2018

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

NYSOH properly found you and your spouse eligible to purchase a qualified health plan at full cost and ineligible for APTC and cost-sharing reductions effective January 1, 2018 because your annual expected income for 2018 is over the allowable income limits for those programs.

NYSOH properly found that your redetermination for APTC for a limited time was effective February 1, 2018.

Your case is being sent back to redetermine your and your spouse's eligibility based on the update income information you provided at the hearing.

## **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.

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).

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

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

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

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

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

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

You can contact us in any of the following ways:

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

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## **Summary**

The December 12, 2018 eligibility determination notice is AFFIRMED.

NYSOH properly found you and your spouse eligible to purchase a qualified health plan at full cost and ineligible for APTC and cost-sharing reductions effective January 1, 2018 because your annual expected income for 2018 is over the allowable income limits for those programs.

The January 12, 2018 eligibility determination notice is AFFIRMED.

The January 12, 2018 enrollment confirmation notice is AFFIRMED.

NYSOH properly found that your redetermination for APTC for a limited time was effective February 1, 2018.

Your case is RETURNED to redetermine your and your spouse's eligibility based on a household of two people with an annual household income of \$67,816.00.

## **Legal Authority**

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



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



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

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

### **Español (Spanish)**

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

### **中文 (Traditional Chinese)**

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

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

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

### **中文 (Simplified Chinese)**

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

### **Italiano (Italian)**

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

### **한국어 (Korean)**

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

### **Русский (Russian)**

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

### **العربية (Arabic)**

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