



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

Notice of Decision

Decision Date: March 30, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005924

[REDACTED]

Dear [REDACTED],

On March 23, 2016, you and your Authorized Representative appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 5, 2016 eligibility determination notice.

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

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

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

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

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

Did the Marketplace properly determine that you were eligible to enroll in the Essential Plan, effective February 1, 2016?

Procedural History

On January 4, 2016, the Marketplace received two updated applications for financial assistance. That day, a preliminary eligibility determination was prepared with regard to the last application, stating that you were eligible to enroll in the Essential Plan with no monthly premium.

Also on January 4, 2016, you contacted the Marketplace's Account Review Unit and requested an appeal of that eligibility determination insofar as you were not found eligible for Medicaid.

On January 5, 2016, the Marketplace issued an eligibility determination based on the January 4, 2016 application, stating that you are eligible to enroll in the Essential Plan with no monthly premium, effective February 1, 2016. It further stated that you qualify for additional benefits through Medicaid, which included "non-emergency transportation to medical appointments and family planning".

Also on January 5, 2016, the Marketplace issued a notice confirming your enrollment in an Essential Plan with UnitedHealthcare with a coverage start date of January 1, 2016.

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On January 6, 2016, the Marketplace received your I-551 Permanent Resident Card.

On March 23, 2016, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Your sister, [REDACTED], also appeared at the hearing as your Authorized Representative. 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 your sister, [REDACTED], to act as your Authorized Representative during the hearing.
- 2) Your application reflects that you will not be filing taxes during 2016. Your Authorized Representative testified that you have not filed taxes since you have resided in the United States as you have not earned any taxable income.
- 3) You are seeking insurance for only yourself.
- 4) The last application that was submitted on January 5, 2016, which requested financial assistance, listed an annual household income of \$0.00. Your Authorized Representative testified that this amount was correct, since you rely solely upon family support to meet your financial obligations.
- 5) Your application states that you live in New York County, New York.
- 6) Your Authorized Representative testified that you immigrated to the United States from [REDACTED] during April of 2014. She further testified that you have not worked since that time as a result of you having fallen ill.
- 7) Your Authorized Representative testified that you had been receiving Medicaid coverage during 2015, and wanted that to continue during 2016 since the daycare facility you have been attending does not accept the Essential Plan in which you are currently enrolled.
- 8) On January 6, 2016, you provided a copy of your I-551 Permanent Resident Card reflecting that you have been a resident in the United States since April 28, 2014.

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

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Applicable Law and Regulations

Essential Plan

The Marketplace 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 federal poverty level (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), N.Y. Soc. Serv. Law § 369-gg(3), 42 USC § 18051).

In an analysis of Essential Plan eligibility, the determination is based on the FPL for 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 2015 FPL, which is \$11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

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/basic-health-program.html>).

Legal Analysis

The sole issue under review is whether the Marketplace properly determined that you were eligible for the Essential Plan, effective February 1, 2016.

The application that was submitted on January 5, 2016 listed an annual household income of \$0.00 and the eligibility determination relied upon that information.

You are in a one-person household. You do not expect to file a tax return for 2016.

The Essential Plan is provided through the Marketplace to lawfully present non-citizens who are ineligible for Medicaid or CHP, as a result of their immigration status, and have a household modified adjusted gross income (MAGI) that is between 0% and 200% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$11,770.00 for a one-person household.

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Since an annual household income of \$0.00 is 0.00% of the 2015 FPL, the Marketplace properly found you to be eligible for the Essential Plan.

Since the January 5, 2016 eligibility determination notice properly stated that, based on the information you provided, you were eligible for the Essential Plan, it was correct and is AFFIRMED.

Decision

The January 5, 2016 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: March 30, 2016

How this Decision Affects Your Eligibility

You remain eligible for the Essential Plan.

You are not eligible for Medicaid coverage, other than for non-emergency transportation to medical appointments and family planning, as reflected in the January 5, 2016 eligibility determination notice.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 after the date 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 U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

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.

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

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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 5, 2016 eligibility determination notice is AFFIRMED.

You remain eligible for the Essential Plan.

You are not eligible for Medicaid coverage, other than for non-emergency transportation to medical appointments and family planning, as reflected in the January 5, 2016 eligibility determination notice.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[REDACTED]

[REDACTED]