

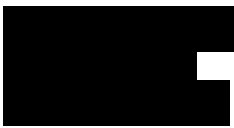


STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: June 28, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006640



Dear [REDACTED],

On June 8, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 28, 2016 eligibility determination.

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 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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Issues

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

Did NY State of Health properly determine that you were eligible to enroll in the Essential Plan effective March 1, 2016?

Did NY State of Health properly determine that you were no longer eligible for Medicaid, effective February 29, 2016?

Procedural History

On January 25, 2016, NY State of Health (NYSOH) received your updated application for financial assistance.

On January 26, 2016, NYSOH issued an eligibility determination based on the January 25, 2016 application, stating that you are eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective March 1, 2016, and that you no longer qualified for Medicaid, effective February 29, 2016.

On January 27, 2016, NYSOH received another updated application for financial assistance.

On January 28, 2016, NYSOH issued an eligibility determination again stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective March 1, 2016.

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On January 29, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of the January 28, 2016 eligibility determination insofar as you were not eligible for Medicaid.

On June 8, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open at the end of the hearing for fifteen days to give you time to submit documentation showing when your former job ended, and your first paystub from your new job. No documentation was submitted by the close of the fifteenth day, June 23, 2016. 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 2016 taxes with a tax filing status of single. You will claim no dependents on that tax return.
- 2) You testified that you are seeking to be eligible for Medicaid going forward, not retroactively.
- 3) The application that was submitted on January 27, 2016, which requested financial assistance, listed annual household income of \$18,440.00, consisting of income you earn from your employment.
- 4) You testified that this amount was correct at the time.
- 5) However, you also testified that this income was based on a previous job, which ended on approximately May 18, 2016. You testified that you received your last paycheck for that job on approximately May 25, 2016, in the amount of \$145.00
- 6) You testified that you started a new job on May 20, 2016, and that you received your first paycheck for this job on June 6, 2016. You testified that you work 32 hours a week, and earn \$7.50 an hour, plus tips. You testified that the tips average out to about \$20.00 - \$30.00 per day, and that you work 4 days a week. You testified that you will be paid every two weeks.
- 7) The Hearing Officer left the record open at the end of the hearing and directed you to submit documentation stating when your previous job ended, when your new job began, your new rate of pay, and also a copy of your first paystub. The Hearing Officer further directed you to submit your June 2016 paystubs to NYSOH as soon as you had them. No documentation was submitted to the Appeals Unit, and no documentation has been uploaded to your NYSOH account.

- 8) Your application states that you will not be taking any deductions on your 2016 tax return, and you testified that this is correct.
- 9) You testified that you do not have any outstanding medical bills from the time period from March 1, 2016 through the date of the hearing.

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

Applicable Law and Regulations

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 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), 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 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>).

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).

Medicaid

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise

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eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application, that was the 2016 FPL, which is \$11,880.00 for a one-person household (81 Fed. Reg. 4036).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you were eligible for the Essential Plan, effective March 1, 2016.

The application that was submitted on January 27, 2016 listed an annual household income of \$18,440.00, and the eligibility determination relied upon that information.

You are in a one-person household. You expect to file your 2016 income taxes as single and will claim no dependents on that tax return.

The Essential Plan is provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is between 138% 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. Since an annual household income of \$18,440.00 is 156.67% of the 2015 FPL, NYSOH properly found you to be eligible for the Essential Plan with a \$20.00 monthly premium.

The second issue is whether NYSOH properly determined that you were not eligible for Medicaid.

Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$11,880.00 for a one-person household. Since \$18,440.00 is 155.22% of the 2016 FPL, NYSOH

properly found you to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

However, you testified at the hearing that you have changed jobs since your application. You testified that, as of May 20, 2016, you are now working 32 hours per week at \$7.50 an hour plus tips, and that you are paid biweekly. You were directed by the hearing officer to submit documentation to show proof of your new income, and you were given fifteen days to submit this documentation. At the close of the fifteen days, no documentation had been submitted to the Appeals Unit nor had any documentation been uploaded to your NYSOH account.

Therefore, since the January 28, 2016 eligibility determination properly stated that, based on the information you provided, you were eligible for the Essential Plan, it was correct and is AFFIRMED.

If you wish to have your eligibility redetermined by NYSOH, you must update your application for financial assistance in your NYSOH account, and submit proof of your income to NYSOH.

Decision

The January 28, 2016 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: June 28, 2016

How this Decision Affects Your Eligibility

This decision does not impact your current eligibility.

You were eligible for the Essential Plan as of March 1, 2016.

You were not eligible for Medicaid as of March 1, 2016.

If you want your eligibility to be redetermined, you must update your NYSOH account and submit documentation of your income so that NYSOH can make a determination of your eligibility.

If You Disagree with this Decision (Appeal Rights)

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).

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 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 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.

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

You can contact us in any of the following ways:

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

Summary

The January 28, 2016 eligibility determination notice is AFFIRMED.

This decision does not impact your current eligibility.

You were eligible for the Essential Plan as of March 1, 2016.

You were not eligible for Medicaid as of March 1, 2016.

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If you want your eligibility to be redetermined, you must update your NYSOH account and submit documentation of your income so that NYSOH can make a determination of your eligibility.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

