



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

Notice of Decision

Decision Date: August 12, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007446

[REDACTED]

Dear [REDACTED],

On August 5, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 28, 2016 eligibility redetermination 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 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 is:

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

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

Procedural History

On January 27, 2016, NY State of Health (NYSOH) received your updated application for financial assistance.

On January 28, 2016, NYSOH issued an eligibility determination based on your updated application, stating that you and your spouse were eligible to enroll in the Essential Plan, effective March 1, 2016. It further stated that you and your spouse no longer qualified for Medicaid as of February 29, 2016.

On February 26, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of that eligibility determination insofar as you and your spouse were not eligible for Medicaid. You also requested that your aid under Medicaid continue during the appeal process, which NYSOH granted through September 30, 2016.

On August 5, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. A Spanish Interpreter (ID# [REDACTED]) assisted throughout

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the hearing. 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 expect to file your 2016 taxes with a tax filing status of married filing jointly. You will not claim any dependents on that tax return.
- 2) You are seeking insurance for you and your spouse only.
- 3) You testified and your NYSOH account reflects that you removed your son from your application on January 27, 2016. As a result of the change in the size of your household, your and your spouse's eligibility was redetermined.
- 4) The application that was submitted on January 27, 2016, in which you requested financial assistance, listed annual household income of \$24,000.00, consisting solely of your earnings. You testified that this amount was correct.
- 5) Your application states that you will not be taking any deductions on your 2016 tax return.
- 6) Your application states that you live in Kings County, New York.

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

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§ 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 \$15,930.00 for a two-person household (80 Fed. Reg. 3236, 3237).

Individuals who have 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).

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)).

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 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 100% of the 2016 FPL, which is \$16,020.00 for a two-person household (81 Fed. Reg. 4036).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you and your spouse 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 \$24,000.00 and the eligibility determination relied upon that information.

You and your spouse are in a two-person household. This is because you expect to file your 2016 income taxes as married filing jointly and will not be claiming any 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, 100% of the relevant FPL was \$15,930.00 for a two-person household. Since an annual household income of \$24,000.00 is 150.66% of the 2015 FPL, NYSOH properly found you and your spouse to be eligible for the Essential Plan at a minimum cost of \$20.00 each in monthly premium.

The second issue is whether NYSOH properly determined that you and your spouse 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 \$16,020.00 for a two-person household. Since \$24,000.00 is 149.81% of the 2016 FPL, NYSOH properly found you and your spouse to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

Since the January 28, 2016 eligibility redetermination notice properly stated that, based on the information you provided, you and your spouse were eligible for the Essential Plan, it was correct and is AFFIRMED.

Decision

The January 28, 2016 eligibility redetermination notice is AFFIRMED.

Effective Date of this Decision: August 12, 2016

How this Decision Affects Your Eligibility

You and your spouse remain eligible for the Essential Plan at a minimum cost of \$20.00 each in monthly premium. That premium may increase if you each select dental and vision coverage, too.

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You and your spouse are not eligible for Medicaid.

Your case is returned to NYSOH to facilitate your selection of and enrollment in an Essential Plan as soon as is practicable.

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 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
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Summary

The January 28, 2016 eligibility redetermination notice is AFFIRMED.

You and your spouse remain eligible for the Essential Plan at a minimum cost of \$20.00 each in monthly premium. That premium may increase if you each select dental and vision coverage, too.

You and your spouse are not eligible for Medicaid.

Your case is returned to NYSOH to facilitate your selection of and enrollment in an Essential Plan as soon as is practicable.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

