



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

Notice of Decision

Decision Date: October 14, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008074

[REDACTED]

Dear [REDACTED],

On September 19, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 1, 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 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).

This page intentionally left blank.



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

Decision

Decision Date: October 14, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008074

[REDACTED], [REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that you were eligible to enroll in the Essential Plan, effective March 1, 2016, and not eligible for full Medicaid benefits?

Procedural History

On September 1, 2015, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective August 1, 2015.

On December 20, 2015, NYSOH issued an eligibility determination notice based on information received by NYSOH. It stated that you were eligible to enroll in the Essential Plan, with no monthly premium, effective January 1, 2016. This was because your household income was less than the allowable income limit AND you were in the first five years of your qualified immigration status OR were living in the United States under the color of law (PRUCOL). The notice also stated that you were no longer qualified for Medicaid as of December 31, 2015.

On December 21, 2015, NYSOH issued a disenrollment notice stating that your Medicaid coverage would end effective December 31, 2015.

Also on December 21, 2015, NYSOH issued a notice of enrollment confirming that you had been automatically enrolled in an Essential Plan with coverage to begin effective January 1, 2016.

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).

On February 3, 2016, NYSOH received a revised application for health insurance.

On February 4, 2016, NYSOH issued an eligibility redetermination notice based on the information contained in the February 3, 2016 application. The notice stated that you were eligible to enroll in the Essential Plan, with no monthly premium, effective March 1, 2016. This was because your household income was less than the allowable income limit AND you were in the first five years of your qualified immigration status OR were PRUCOL.

On February 29, 2016, NYSOH received a revised application for health insurance.

Also on February 29, 2016, NYSOH received a copy of your I-551 Permanent Resident card.

On March 1, 2016, NYSOH issued an eligibility redetermination notice based on the information contained in the February 29, 2016 application. The notice stated that you were eligible to enroll in the Essential Plan, with no monthly premium, effective March 1, 2016. This was because your household income was less than the allowable income limit AND you were in the first five years of your qualified immigration status OR were PRUCOL.

On March 18, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of the March 1, 2016 eligibility determination notice insofar as you were not eligible for Medicaid.

On September 19, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and the closed at the end of the hearing.

Findings of Fact

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

- 1) Your application reflects that you live alone.
- 2) You testified that you are a Permanent Resident alien and have resided in the United States since about 2012.
- 3) You provided documentation in the form of your Permanent Resident card. The front of the card reflects that you have been a resident in the United States since [REDACTED] 2012.

- 4) The application that was submitted on February 29, 2016, which requested financial assistance, listed annual household income of \$300.00. You testified this income was earned as a student and was received from [REDACTED], and that you are otherwise not employed.
- 5) Your application states that you will not be filing taxes.
- 6) You testified that you want to have your Medicaid coverage reinstated since you incurred a hospital bill for outpatient services during 2016, which is not covered by the Essential Plan.
- 7) You testified that the hospital advised you to file an appeal in order to reinstate your Medicaid coverage during 2016 so that the remaining portion of your hospital bill could be covered.

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 Federal Register 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>).

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).

Qualified Immigrants

In NY State, qualified immigrants who were formerly eligible for Medicaid through the state, but not eligible for Medicaid under federal law, were transitioned to the Essential Plan as of January 1, 2016 (New York's Basic Health Plan Blueprint, p. 19, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>). This category of qualified immigrants includes individuals lawfully admitted for permanent residence in the United States who are still in their first five years of permanent residency (18 NYCRR § 349.3, 8 USC § 1613).

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 the 2016 FPL, which is \$11,880.00 for a one-person household (81 Fed. Reg. 4036.).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were eligible to enroll in the Essential Plan, effective March 1, 2016, and not eligible for Medicaid.

The application that was submitted on February 29, 2016 listed an annual household income of \$300.00 and the eligibility determination relied upon that information.

According to your application, you are in a one-person household. You live alone and do not expect to file income taxes during 2016.

The Essential Plan is provided through NYSOH to individuals who are lawfully present non-citizens who are ineligible for Medicaid or Child Health Plus as a result of their immigration status, and have a household income that is between 0% and 200% of the FPL. Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and

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).

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 for a one-person household for the Essential Plan was \$11,770.00 and the relevant FPL for Medicaid was \$11,880.00. Since an annual income of \$300.00 is 2.55% of the 2015 FPL and 2.53% of the 2016 FPL, you meet the financial eligibility criteria for both Medicaid and the Essential Plan.

As of January 1, 2016, legal permanent residents who were receiving Medicaid through NY State, but were not eligible for Medicaid under federal law due to being in the first five years of their permanent residency, must now receive coverage through the Essential Plan. The record indicates that NYSOH determined that you were in the first five years of your qualified immigration status and thus not eligible for Medicaid

You testified and provided documentation that you are a permanent Resident Alien, and have been a permanent resident since August 7, 2012. Since you are within the first five years of your qualified immigration status you were properly found ineligible for Medicaid on that basis.

Therefore, since the March 1, 2016 eligibility determination notice stated that you were eligible for the Essential Plan and ineligible for Medicaid on the basis of having been within the first five years of your qualified immigration status, it is correct and AFFIRMED.

Decision

The March 1, 2016 eligibility determination is AFFIRMED.

Effective Date of this Decision: October 14, 2016

How this Decision Affects Your Eligibility

You were properly found eligible for the Essential Plan, and ineligible for Medicaid, on the basis of your immigration status.

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.

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 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 March 1, 2016 eligibility determination is AFFIRMED.

You were properly found eligible for the Essential Plan, and ineligible for Medicaid, on the basis of your immigration status.

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).

A Copy of this Decision Has Been Provided To:

