



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

Notice of Decision

Decision Date: February 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010366

[REDACTED]

Dear [REDACTED],

On January 5, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 20, 2016 eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this letter.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(b).

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 the NY State of Health are:

Did New York State of Health (NYSOH) properly determine that you and your spouse were eligible to enroll in the Essential Plan as of June 20, 2016?

Did NYSOH properly determine that you and your spouse were not eligible for Medicaid as of June 20, 2016?

Procedural History

On June 19, 2016, you submitted a financial assistance application through NYSOH.

On June 20, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to enroll in the Essential Plan effective as of August 1, 2016.

Also on June 20, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as the amount of financial assistance you and your spouse were determined eligible to receive.

On June 22, 2016, you uploaded additional income documentation to your NYSOH account ([REDACTED]).

On June 23, 2016, NYSOH issued an enrollment notice confirming that as of June 22, 2016, you and your spouse were enrolled in an Essential Plan with an enrollment start date of July 1, 2016.

On January 5, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the proceeding. The record is complete and closed.

Findings of Fact

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

1. You testified and your NYSOH account reflects that you are applying for health insurance through NYSOH for yourself and your spouse.
2. You testified and your NYSOH account reflects that you plan on filing a 2016 federal income tax return, jointly with your spouse, and will not be claiming any dependents on that tax return.
3. According to your June 19, 2016 application, you attested to an expected yearly income of \$26,940.00.
4. You testified and your NYSOH account reflects that your spouse will not receive any income in 2016.
5. On June 22, 2016, you uploaded biweekly earnings statements from your employer, [REDACTED]. The statements indicated that you were issued:
 - (a) \$1,235.64 in federal taxable wages on May 6, 2016;
 - (b) \$1,035.53 in federal taxable wages on May 20, 2016;
 - (c) \$1,099.98 in federal taxable wages on June 3, 2016;
 - (d) \$1,106.69 in federal taxable wages on June 17, 2016[REDACTED]).
6. You testified that because of your medical condition and prescriptions that must be taken on a daily basis, the out-of-pocket expenses associated with the Essential Plan make it unaffordable.
7. You testified that you and your spouse want to be found eligible for Medicaid.

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

Applicable Law and Regulations

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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 \$15,930.00 for a two-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 the Marketplace 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)), N.Y. Soc. Serv. 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 \$16,020.00 for a two-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

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(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 and your spouse were eligible for the Essential Plan as of June 20, 2016.

You expect to file your 2016 federal tax return jointly with your spouse and not claim any dependents on that return. Therefore, you are in a two-person tax household.

In the application that was submitted on June 19, 2016 you attested to an annual household income of \$26,940.00 and the eligibility determination issued on June 20, 2016 relied on that information.

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 \$15,930.00 for a two-person household. Since \$26,940.00 is 169.11% of the 2015 FPL, NYSOH properly found you and your spouse to be eligible to enroll in the Essential Plan.

The second issue is whether NYSOH properly determined that you were not eligible for Medicaid as of June 20, 2016.

Medicaid can be provided through the Marketplace to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) 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 \$26,940.00 is 168.16% of the 2016 FPL, NYSOH properly found you and your spouse to be not eligible for Medicaid on an expected annual income basis, using the information provided in your application.

Financial eligibility for Medicaid for applicants is based on current monthly household income and family size. To be eligible for Medicaid, you and your spouse would need to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,843.00 per month.

The record reflects that you were issued (\$1,099.98 (+) \$1,106.69) \$2,206.67 in federal taxable wages in June 2016. Your income exceeded the monthly income threshold.

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).

Therefore, NYSOH properly found you and your spouse eligible to enroll in the Essential Plan and not eligible for Medicaid.

Decision

The June 20, 2016 eligibility determination is AFFIRMED.

Effective Date of this Decision: February 6, 2017

How this Decision Affects Your Eligibility

You and your spouse remain eligible to enroll in the Essential Plan.

You and your spouse remain not eligible for Medicaid.

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.

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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- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The June 20, 2016 eligibility determination is AFFIRMED.

You and your spouse remain eligible to enroll in the Essential Plan.

You and your spouse remain not eligible for Medicaid.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

