



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

Notice of Decision

Decision Date: February 14, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010791

[REDACTED]

Dear [REDACTED],

On February 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 12, 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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NY State of Health Account ID: [REDACTED]
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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 August 1, 2016?

Did NY State of Health properly determine that you were not eligible for Medicaid, as of August 1, 2016?

Procedural History

On July 11, 2016, NY State of Health (NYSOH) received your updated application for financial assistance. That day, a preliminary eligibility determination was prepared with regard to that application, stating that you were eligible for the Essential Plan.

Also on July 11, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of that eligibility determination insofar as you were not eligible for Medicaid.

On July 12, 2016, NYSOH issued an eligibility determination based on the July 11, 2016 application, stating that you are eligible to enroll in the Essential Plan, effective August 1, 2016.

On February 6, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open for fourteen days to allow you the opportunity to submit income documents.

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On February 6, 2017, the Appeals Unit received via fax copies of your 2016 W-2 as well as your July 2016 paystubs. These documents were collectively marked as Appellant's Exhibit #1 and incorporated into the record. 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 are seeking insurance for yourself.
- 3) The application that was submitted on July 11, 2016, which requested financial assistance, listed annual household income of \$18,720.00, consisting of wages you earn from your employment. You testified that this amount was not correct.
- 4) You testified that your income for 2016 was approximately \$15,000.00.
- 5) You testified that you only had one employer in 2016.
- 6) You testified that you had no other sources of income in 2016.
- 7) You testified that you were paid weekly.
- 8) You testified that you were on medical leave from May 26, 2016 until mid-July 2016 and that you only received two paychecks in July 2016.
- 9) You provided documentation, that your monthly income for July 2016 was \$510.28.
- 10) You provided a copy of your 2016 W-2 which indicates wages for 2016 of \$15,278.47.
- 11) You testified that you may be taking a deduction on your 2016 tax return for student loan interest, however, you have not yet received documentation from your lender and do not know how much of a deduction you will claim.
- 12) Your application states that you live in New York County.

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

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 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 August 1, 2016.

The application that was submitted on July 11, 2016 listed an annual household income of \$18,720.00 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 \$18,720.00 is 159.05% of the 2015 FPL, NYSOH properly found you to be eligible for the Essential Plan.

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 \$18,720.00 is 157.58% 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.

Since the July 12, 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**.

However, at the hearing you testified that your annual household income is different than what was attested to in your application on July 11, 2016.

Furthermore, financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

On February 6, 2017, you faxed income documentation to your NYSOH account showing an income of \$15,278.47 as well as paystubs that show in July 2016 you received \$510.28.

Since the record now contains a more accurate representation of what your annual household income is as well as your July 2016 income, your case is RETURNED to NYSOH to redetermine your eligibility as of July 11, 2016 based on a one-person household, residing in New York County with an annual household income of \$15,278.47, and a monthly household income for July 2016 of \$510.28.

Decision

The July 12, 2016 eligibility determination notice is AFFIRMED.

Your case is RETURNED to NYSOH to redetermine your eligibility as of July 11, 2016 based on a one-person household, residing in New York County with an annual household income of \$15,278.47, and a monthly household income for July 2016 of \$510.28.

Effective Date of this Decision: February 14, 2017

How this Decision Affects Your Eligibility

This is not a final determination on your eligibility.

Your case is being sent back to NYSOH to redetermine your eligibility for 2016 coverage based on the information you provided during your hearing.

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

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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
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- By fax: 1-855-900-5557

Summary

The July 12, 2016 eligibility determination notice is **AFFIRMED**.

Your case is **RETURNED** to NYSOH to redetermine your eligibility as of July 11, 2016 based on a one-person household, residing in New York County with an annual household income of \$15,278.47, and a monthly household income for July 2016 of \$510.28.

This is not a final determination on your eligibility.

Your case is being sent back to NYSOH to redetermine your eligibility for 2016 coverage based on the information you provided during your hearing.

Legal Authority

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A Copy of this Decision Has Been Provided To:

