



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

Notice of Decision

Decision Date: February 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011525

[REDACTED]

Dear [REDACTED],

On January 12, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 19, 2016 eligibility redetermination notice.

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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Decision

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011525



Issue

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

Did New York State of Health (NYSOH) properly determine that you were not eligible to enroll in the Essential Plan as of August 18, 2016?

Procedural History

On August 10, 2016, you submitted a financial assistance application through NYSOH.

On August 10, 2016, you uploaded your July 28, 2016 earnings statement to your NYSOH account (see Document [REDACTED]).

On August 11, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, that you were eligible to enroll in the Essential Plan for a limited time effective as of September 1, 2016. The notice directed you to submit income documentation by October 3, 2016, to confirm your eligibility.

Also on August 11, 2016, NYSOH issued an enrollment notice confirming that as of August 10, 2016, you were enrolled in an Essential Plan with an enrollment start date of January 1, 2016. The notice also directed you to submit income documentation by October 3, 2016, to confirm your eligibility.

On August 17, 2016, you uploaded employment documentation to your NYSOH account (see Document [REDACTED]).

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On August 17, 2016, NYSOH issued a notice stating that the documentation submitted does not confirm the information in your application. The notice directed you to send in more proof to verify the information by October 3, 2016.

On August 18, 2016, you contacted NYSOH and updated your account. NYSOH rendered a preliminary eligibility determination finding you eligible for up to \$186.00 of advance premium tax credit and cost-sharing reductions effective October 1, 2016, and that you were no longer eligible for the Essential Plan.

Also on August 18, 2016, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as you were no longer eligible for the Essential Plan as of October 1, 2016.

On August 19, 2016, NYSOH issued an eligibility determination notice stating that you were newly eligible to receive up to \$186.00 of advance premium tax credit and cost-sharing reductions, effective as of October 1, 2016. The notice also stated that you are not eligible for coverage through the Essential Plan.

Also on August 19, 2016, NYSOH issued a cancellation notice stating that your Essential Plan would end effective October 1, 2016.

On January 12, 2017, you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. 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 are appealing your eligibility for the Essential Plan.
2. You testified and your NYSOH account reflects that you are applying for health insurance for yourself.
3. You testified and your NYSOH account reflects that you plan on filing a 2016 federal income tax return, with the tax status of single, and will not be claiming any dependents on that tax return.
4. According to your August 18, 2016 application, you attested to an expected yearly income of \$27,000.00.
5. You testified that you do not expect to claim any deductions on your 2016 federal income tax return.

6. You testified that you employed at [REDACTED] from January 1, 2016 through June 30, 2016.
7. You testified that you were issued approximately \$400.00 per week from January 1, 2016 through May 31, 2016, and \$50.00 per week from June 1, 2016 through June 30, 2016.
8. You are currently employed at [REDACTED] and have been working there since [REDACTED] (see Document [REDACTED]).
9. You testified that you are issued approximately \$1,040.00 from [REDACTED] on a biweekly basis.

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).

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Legal Analysis

The issue under review is whether NYSOH properly determined that you were not eligible to enroll in an Essential Plan as of August 18, 2016.

You expected to file your 2016 federal tax return, with the tax status single, and expected to not claim any dependents on that return. Therefore, you are in a one-person household for purposes of this analysis.

In the application that was submitted on August 18, 2016 you attested to an annual household income of \$27,000.00 and the eligibility determination notice issued on August 19, 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. The income threshold to enroll in the Essential Plan was \$23,540.00 on the date of your application.

On the date of your application, the relevant FPL was \$11,770.00 for a one-person household. Since \$27,000.00 is 229.40% of the 2015 FPL, NYSOH properly found you to be not eligible to enroll in the Essential Plan as of August 19, 2016.

Therefore, the August 19, 2016 eligibility redetermination notice properly stated you were no longer eligible to enroll in the Essential Plan, effective October 1, 2016.

However, you testified that \$27,000.00 may not accurately represent your expected household income. You testified that you were employed at [REDACTED] from January 1, 2016 through June 30, 2016. Furthermore, you were issued approximately \$400.00 per week from January 1, 2016 through May 31, 2016, and \$50.00 per week from June 1, 2016 through June 30, 2016. The record indicates that you have been employed at [REDACTED] since May 23, 2016, and are issued \$1,040.00 on a biweekly basis.

Based on the available record your expected 2016 income is $((\$400.00 \times 21 \text{ weeks}) + (\$50.00 \times 4 \text{ weeks}) + (\$1,040.00 \times 16 \text{ biweekly}))$, which equals \$25,240.00. The total income that you testified to exceeds the income threshold of \$23,540.00 to be eligible to enroll in the Essential Plan. Therefore, your case will not be RETURNED to NYSOH to redetermine your eligible to enroll in the Essential Plan.

Decision

The August 19, 2016 eligibility redetermination notice is AFFIRMED.

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Effective Date of this Decision: February 10, 2017

How this Decision Affects Your Eligibility

NYSOH properly determined that you were not eligible to enroll in the Essential Plan as of August 19, 2016.

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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Summary

The August 19, 2016 eligibility redetermination notice is AFFIRMED.

NYSOH properly determined that you were not eligible to enroll in the Essential Plan as of August 19, 2016.

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:

