



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

Notice of Decision

Decision Date: February 15, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012634

[REDACTED]

Dear [REDACTED]

On January 31, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 19, 2016 eligibility determination 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 are:

Did NY State of Health properly determine that you were conditionally eligible to enroll in the Essential Plan effective December 1, 2016?

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

Procedural History

On December 30, 2015, NY State of Health (NYSOH) issued an eligibility determination notice stating that you were eligible for Medicaid effective December 1, 2015. You subsequently enrolled in a Medicaid Managed Care plan effective January 1, 2016.

On October 9, 2016, NYSOH issued a notice that it was time to renew your health insurance. That notice stated that based on information from federal and state sources, you were eligible for the Essential Plan 1 effective December 1, 2016. The determination stated you were enrolled in a plan for \$20.00 per month. This was because federal and state data sources showed your income was between \$17,655.00 and \$23,540.00. The notice further stated you would have a higher monthly premium if you enrolled in a plan with dental and vision services.

On October 17, 2016, a disenrollment notice was issued terminating your Medicaid Managed Care plan effective November 30, 2016.

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On October 17, 2016, an enrollment confirmation notice was issued confirming your enrollment in the Essential Plan with a \$20.00 per month premium effective December 1, 2016.

On October 18, 2016, NYSOH received your updated application for financial assistance. That day, a preliminary eligibility determination was prepared finding you eligible for the Essential Plan with a \$0.00 per month premium effective December 1, 2016.

Also on October 18, 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 October 19, 2016, NYSOH issued an eligibility determination based on the October 18, 2016 application, stating that you are eligible to enroll in the Essential Plan for a limited time, effective December 1, 2016. The notice stated the eligibility was conditional and you would need to provide proof of your income before January 16, 2017. The notices stated that you were not eligible for Medicaid because your household income was over the allowable income limit for that program.

On October 20, 2016, NYSOH received your income documentation.

On October 26, 2016, NYSOH granted Aid to Continue through the length of your appeal and you were enrolled into your Medicaid Managed Care plan effective December 1, 2016.

On January 31, 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 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 single. You will claim no dependents on that tax return.
- 2) You are seeking insurance for yourself.
- 3) The application that was submitted on October 18, 2016, which requested financial assistance, listed annual household income of \$16,454.88, consisting of what you earn from your employment. You testified that this amount was correct.

- 4) You testified, and provided documentation, that your gross monthly income for September, 2016 was \$2,194.45. See Document [REDACTED]
- 5) You testified you now receive \$12.50 an hour for 2017, and work on average have 50 hours a week.
- 6) You are paid bi-weekly.
- 7) Your application states that you will not be taking any deductions on your 2016 tax return. You testified you will be taking approximately \$54.00 in student loan interest deductions.
- 8) You testified you would like to have your eligibility redetermined for Medicaid.
- 9) Your application states that you live in Queens County.

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).

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 the 2016 FPL, which is \$ 11,880.00 for a one-person household (80 Fed. Reg. 3236, 3237).

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 conditionally eligible for the Essential Plan, effective December 1, 2016.

The application that was submitted on October 18, 2016 listed an annual household income of \$16,454.88 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.

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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 \$16,454.88 is 139.8% of the 2015 FPL, NYSOH properly found you to be eligible for the Essential Plan.

A person who has a household income that is at or below 150% of the FPL has a \$0.00 premium contribution

As a result, the October 19, 2016 eligibility determination notice was proper based upon the information you provided NYSOH and is therefore AFFIRMED in respect to your eligibility for the Essential Plan effective December 1, 2016.

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 \$16,454.88 is 138.51% 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 October 19, 2016 eligibility determination notice properly stated that, based on the information you provided, you were ineligible for Medicaid, it was correct and is AFFIRMED.

Decision

The October 19, 2016 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: February 15, 2017

How this Decision Affects Your Eligibility

You were properly determined eligible for the Essential Plan.

You are not eligible for Medicaid.

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

Summary

The October 19, 2016 eligibility determination notice is **AFFIRMED**.
You were properly found eligible for the Essential Plan.

You are not eligible for Medicaid.

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A Copy of this Decision Has Been Provided To:

