



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

## Notice of Decision

Decision Date: February 23, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013267

[REDACTED]

Dear [REDACTED]

On February 15, 2017 you appeared by telephone at a hearing on your appeal of NY State of Health's October 8, 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 the 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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## Decision

Decision Date: February 23, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013267

[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 for Medicaid coverage for the treatment of emergency medical conditions only effective October 1, 2016?

## Procedural History

On August 16, 2016, NYSOH received your updated application for health insurance.

On August 17, 2016, NYSOH issued an eligibility determination notice, based on your August 16, 2016 application, stating that you were eligible to enroll in the Essential Plan for a limited time, effective September 1, 2016 as well as eligible for additional benefits through Medicaid. The notice stated that NYSOH was checking federal data sources to confirm your immigration status and that you would be contacted if you needed to send in proof that you have an eligible immigration status.

Also on August 17, 2016 NYSOH issued an enrollment confirmation notices confirming your enrollment in the Essential Plan 3, effective September 1, 2016.

On August 31, 2016, NYSOH issued an eligibility determination notice, stating that you were eligible to enroll in the Essential Plan for a limited time, effective October 1, 2016 as well as eligible for additional benefits through Medicaid. The notice further stated that you needed to submit documentation of your

immigration status by November 14, 2016 so that your eligibility could be confirmed.

On September 3, 2016, NYSOH received a copy of Form G-845, "Document Verification Request," which confirmed your Alien Registration Number.

On September 14, 2016, NYSOH issued an eligibility determination notice, stating that you were eligible for Medicaid coverage for the treatment of emergency medical conditions only, effective September 1, 2016. This was because your household income of \$14,160.00 was below the allowable limit and you are "not a citizen, qualified alien, or permanently residing in the United States under color of law (PRUCOL)."

Also on September 14, 2016, NYSOH issued a disenrollment notice, stating that your coverage in the Essential Plan will end effective September 30, 2016.

On September 30, 2016 an application for health insurance was submitted on your behalf and your eligibility was redetermined.

On October 8, 2016, NYSOH issued an eligibility redetermination notice, based on the September 30, 2016 application, stating that you remained eligible for Medicaid coverage for the treatment of emergency medical conditions only. This was because your household income of \$14,160.00 was below the allowable limit and you are "not a citizen, qualified alien, or permanently residing in the United States under color of law (PRUCOL)."

On November 14, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of those eligibility determinations insofar as you were not eligible for Medicaid because you were not lawfully present.

On February 15, 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) The record reflects that you expect to file your 2016 taxes with a status of single and you will claim no dependents on that tax return.
- 2) You are seeking insurance for yourself.
- 3) Your application states you are an immigrant non-citizen.

- 4) You uploaded a copy of your Employment Authorization card on October 21, 2015 with the status of C-33, which was verified on October 27, 2015.
- 5) Form G-845, which confirmed your Alien Registration Number, was uploaded to your NYSOH account on September 3, 2016.
- 6) The status of C-33, according to the United States Customs and Immigration Services (USCIS) and Social Security Administration (SSA) is in reference to a status classified as Deferred Action on Childhood Arrivals.
- 7) The application that was submitted on September 30, 2016, which requested financial assistance, listed annual household income of \$14,160.00, consisting of income you earn from employment.
- 8) You testified that your annual household income is greater than the \$14,160.00 listed on your application because in September 2016 you went from being self-employed and making \$300.00 every week to making \$800.00 every two weeks.
- 9) You testified that your gross monthly income in October 2016 was approximately \$1,600.00.
- 10) Your application states that you live in Kings 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).

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## Qualified Immigrants Transitioned to the Essential Plan

In New York 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

A person who meets certain nonfinancial criteria and has a household income that is at or below the applicable Medicaid income standard is eligible for Medicaid benefits (45 CFR § 155.305(c)). One of the non-financial criteria for Medicaid eligibility is the immigration status of the person applying for health insurance. A person is eligible for Medicaid when his or her immigration status is satisfactory and he or she meets all other requirements for 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 applications, 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).

## Qualified Health Plan

To enroll in a qualified health plan (QHP) through the Marketplace, an applicant must be a citizen or national of the United States or a non-citizen who is lawfully present in the United States and reasonably expects to become a citizen or remain a lawfully present noncitizen for the entire period for which enrollment is being sought (45 CFR § 155.305(a)(1)).

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## Immigration Status

Generally, no person except a United States citizen, a naturalized citizen, a qualified alien, and persons permanently residing in the United States under color of law (PRUCOL), is eligible for medical assistance from the state (NY Soc. Serv. Law § 122(1); 18 NYCRR § 360-3.2(j)).

A PRUCOL alien is a person who is residing in the United States with the knowledge and permission or acquiescence of the federal immigration agency and whose departure from the United States such agency does not contemplate enforcing (18 NYCRR §360-3.2(j)). The New York Department of Health regards aliens who have been issued an Employment Authorization Document (I-688B or I-766), and have the requisite category code, to be PRUCOL (08 OHIP/INF-4, dated August 4, 2008)).

The guide, “Key to I-766/I-688B, Employment Authorization Documents (EADs)”, defines certain codes on the USCIS Employment Authorization Documents” (08 MA/033, dated December 1, 2008, and as amended). It confirms that a person who has category code of “(c)(33)” has PRUCOL status for Medicaid and Child Health Plus only (*id.*).

## **Legal Analysis**

The only issue under review is whether NYSOH properly determined that you were eligible for Medicaid coverage for the treatment of emergency medical conditions only through NYSOH effective October 1, 2016.

On August 17, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan for a limited time, effective September 1, 2016. Your eligibility was contingent on you providing documentation of your immigration status.

On September 3, 2016, NYSOH received a copy of your Form G-845, “Document Verification Request,” which confirms your Alien Registration Number.

On September 14, 2016, NYSOH issued an eligibility determination notice, stating that you were eligible for Medicaid coverage for the treatment of emergency medical conditions only, effective September 1, 2016. This was because your household income was below the allowable limit and you are “not a citizen, qualified alien, or permanently residing in the United States under color of law (PRUCOL).”

Also on September 14, 2016, NYSOH issued a disenrollment notice, stating that your coverage in the Essential Plan will end effective September 30, 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).

You uploaded a copy of your Employment Authorization card on October 21, 2015 with the status of C-33, which was verified on October 27, 2015. Your employment authorization documentation states you are an immigrant non-citizen with a C-33 status. The status of C-33, according to the United States Customs and Immigration Services (USCIS) and Social Security Administration (SSA) is in reference to a status classified as Deferred Action on Childhood Arrivals. Individuals who have obtained an Employment Authorization card with the status of C-33 category are persons considered not “lawfully present” for purposes of the federal definition, and are therefore not recognized as eligible to receive federal funding under those programs.

In addition, while individuals who have been determined to be qualified aliens and 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, this is not the case for persons who received Deferred Action status.

Therefore, NYSOH was correct in finding you not eligible for coverage under the Essential Plan.

However, NY State has consistently recognized persons with Deferred Action status within the accepted meaning of “*PRUCOL alien*”; even though the federal government has not. The New York Court of Appeals ruled, in *Aliessa, et al. v. Novello* (96 NY 2d 418 [2001]), that New York must provide state-funded Medicaid to the lawfully residing immigrants who had been excluded from access to the federal Medicaid program.

Since your current Deferred Action status does confer PRUCOL status for individuals seeking Medicaid eligibility, we may review whether you met the financial criteria for Medicaid.

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.

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 (MAGI) that is at or below 138% of the FPL for the applicable family size. The application that was submitted on September 30, 2016, which requested financial assistance, listed annual household income of \$14,160.00, consisting of income you earn from employment. However, during the hearing you testified that this income amount was inaccurate because in September 2016 you went from being self-employed and making \$300.00 every week to making \$800.00 every two weeks.

Financial eligibility for Medicaid can also be based on current monthly household income and family size.

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You testified that in the month of October 2016 you received income of approximately \$1,600.00.

To be eligible for Medicaid, you would need to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,367.00 per month. Since the information you provided reflects that you earned \$1,600.00 in October 2016 you do not qualify for Medicaid on the basis of monthly income as of the date of your application.

Finally, federal regulations require that a person seeking enrollment in a qualified health plan through the NYSOH have United States citizenship or satisfactory or immigration status. Under the federal regulations, individuals with Deferred Action for Childhood arrivals status are not considered to be lawfully present for the purposes of obtaining coverage in a qualified health plan through NYSOH.

Accordingly, the October 8, 2016 eligibility determination notice properly found you to be ineligible for the Essential Plan or QHP based on you not being lawfully present, and improperly found you to be eligible for Medicaid coverage for the treatment of emergency medical conditions only based on reported income.

## **Decision**

The October 8, 2016 eligibility determination is MODIFIED to state that you are not eligible for the Essential Plan or enrollment in a QHP because you are not lawfully present and you are not eligible for Medicaid because your household income is over the maximum allowable income limit.

**Effective Date of this Decision:** February 23, 2017

## **How this Decision Affects Your Eligibility**

You are not eligible for the Essential Plan or enrollment in a QHP because you are not lawfully present.

Although you qualify as a PRUCOL alien for state-based Medicaid, you are not eligible for Medicaid at this time because your household income is over the maximum allowable income limit.

## **If You Disagree with this Decision (Appeal Rights)**

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 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 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 October 8, 2016 eligibility determination is MODIFIED to state that you are not eligible for the Essential Plan or enrollment in a QHP because you are not lawfully present and you are not eligible for Medicaid because your household income is over the maximum allowable income limit.

You are not eligible for Medicaid, the Essential Plan or enrollment in a QHP because you are not lawfully present.

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).

Although you qualify as a PRUCOL alien for state-based Medicaid, you are not eligible for Medicaid at this time because your household income is over the maximum allowable income limit.

## **Legal Authority**

We are issuing this determination in accordance with 45 CFR § 155.545.

**A Copy of this Decision Has Been Provided To:**

