



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

Notice of Decision

Decision Date: March 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013582

[REDACTED]

Dear [REDACTED],

On February 22, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 29, 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 (NYSOH) properly determine that you were eligible to enroll in the Essential Plan for a limited time, effective January 1, 2017?

Did NYSOH properly determine that you were not eligible for Medicaid, as of November 28, 2016?

Procedural History

On November 28, 2016, NYSOH received several applications for financial assistance. In response to the last application, NYSOH prepared a preliminary eligibility determination stating that you were eligible for a limited time to enroll in the Essential Plan with a \$0.00 per month premium, effective January 1, 2017. You were requested to provide additional information to confirm the information provided in your application to continue your eligibility.

Also on November 28, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of that eligibility determination insofar as you were not found eligible for Medicaid.

On November 29, 2016, NYSOH issued an eligibility determination based on the final application received on November 28, 2016. The notice stated that you were eligible to enroll in the Essential Plan with a \$0.00 per month premium for a limited time, effective January 1, 2017. Your eligibility for the Essential Plan was conditional pending receipt of income documentation by February 26, 2017.

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On February 22, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and remained open as the Hearing Officer directed you to provide as additional evidence to corroborate your testimony: all earning statements that you received from your employer, [REDACTED], during the month of November 2016. The record was to be closed at 5:00 p.m. on February 23, 2017, or upon the receipt of the above referenced documents, whichever occurred earlier.

That same day, you provided to the Appeals Unit through facsimile through two earning statements issued to you by [REDACTED] during the month of November 2016.

Accordingly, the record was closed on February 22, 2017.

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 only yourself.
- 3) The final application that was submitted on November 28, 2016, which requested financial assistance, listed annual household income of \$21,207.00 which consisted solely of income you earn from your employment from [REDACTED]. You testified that this amount was correct.
- 4) The November 28, 2016 application reflected that you anticipated taking deductions of (1) \$1,700.00 for tuition and fees you incurred during 2016, and (2) \$175.00 per month during 2016 for payments of student loan interest.
- 5) You testified during the hearing that you incurred a \$1,700.00 bill for tuition to [REDACTED], but that you pay only \$85.00 per month on a payment plan.
- 6) You testified that while you also incurred student loan debt, you are not paying the principal on the loans since they are currently being deferred. You testified that you have not paid any interest on the loans since about September or October of 2016.

- 7) At the request of the Hearing Officer, you provided to NYSOH Appeals Unit two earning statements issued to you by your employer, [REDACTED], reflecting that you received (1) \$1,020.25 on November 10, 2016 and (2) \$941.88 on November 25, 2016.
- 8) You live in Onondaga 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 2016 FPL, which is \$11,880.00 for a one-person household (81 Fed. Reg. 4036).

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>).

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 for a limited time, effective January 1, 2017.

The final application that was submitted on November 28, 2016 listed an annual household income of \$17,407.00, which was comprised of (1) \$21,207.00 of income you earn from your employment from [REDACTED], (2) a \$1,700.00 deduction for tuition and fees you anticipated incurring during 2016, and (3) a \$2,100.00 deduction (\$175.00 x 12 months) during 2016 for payments of student loan interest. 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 \$17,407.00 is 146.52% of the 2016 FPL, NYSOH properly found you to be eligible for the Essential Plan for a limited time, pending receipt of additional income documentation by February 26, 2017 to confirm your eligibility.

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

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family size. On the date of your application, the relevant FPL was \$11,880.00 for a one-person household. Since \$17,407.00 is 146.52% 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.

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

You provided to NYSOH Appeals Unit two earning statements issued to you by your employer, [REDACTED], reflecting that you received (1) \$1,020.25 on November 10, 2016 and (2) \$941.88 on November 25, 2016.

You credibly testified that while you owe \$1,700.00 in tuition for your attendance at [REDACTED], you only paid \$85.00 during the month of November 2016 pursuant to a payment plan you arranged with the college. You also credibly testified that while you have incurred some student loans, they are currently in a deferred status and you did not pay any amounts toward the interest during the month of November 2016.

Accordingly, the credible evidence of record reflects that your total income during the month of November 2016, after giving effect to the permitted deductions, was \$1,877.13.

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 documentation you provided shows that you earned \$1,877.13 in November 2016 you do not qualify for Medicaid on the basis of monthly income as of the date of your application.

Since the November 29, 2016 eligibility determination notice properly stated that, based on the information you provided, you were eligible for the Essential Plan for a limited time, and not eligible for Medicaid, it was correct and is AFFIRMED.

Decision

The November 29, 2016 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: March 17, 2017

How this Decision Affects Your Eligibility

You remain eligible for the Essential Plan for a limited time.

IMPORTANT:

Please note that you still need to provide income documentation to NYSOH in order to have your eligibility for Essential Plan confirmed going forward. Not providing this documentation could result in a loss of your coverage.

You are 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 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:

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P.O. Box 11729

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The November 29, 2016 eligibility determination notice is AFFIRMED.

You remain eligible for the Essential Plan for a limited time.

Please note that you still need to provide income documentation to NYSOH in order to have your eligibility for Essential Plan confirmed going forward. Not providing this documentation could result in a loss of your coverage.

You are not eligible for Medicaid.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

