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

Notice of Decision

Decision Date: June 08, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000015860

[redacted]

Dear [redacted],

On May 19, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 3, 2017 eligibility determination notice, the January 19, 2017 disenrollment notice, and February 2, 2017 enrollment 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 is:

Did NY State of Health properly determine that you were eligible to enroll in the Essential Plan effective February 1, 2017?

Did NY State of Health properly determine that you were not eligible for Medicaid, as of February 1, 2017?

Did NY State of Health properly determine you were no longer eligible to remain enrolled in your Essential Plan effective February 1, 2017?

Did NY State of Health properly determine your enrollment in the Essential Plan with a $0.00 per month premium was effective March 1, 2017?

Procedural History

On January 2, 2017, NY State of Health (NYSOH) received your updated application for financial assistance.

On January 3, 2017, NYSOH issued an eligibility determination notice stating you were eligible to enroll in the Essential Plan with a $20.00 premium per month for a limited time, effective February 1, 2017. You were asked to provide proof of your income by April 2, 2017.

On January 3, 2017, an enrollment notice was issued confirming your enrollment in the Essential Plan with a $20.00 per month premium starting February 1, 2017.

On January 18, 2017, NYSOH received your updated application for financial assistance.

On January 19, 2017, NYSOH issued a notice stating the information in your application did not match what NYSOH received from state and federal data sources. You were asked to provide proof of your current income by February 2, 2017.

Also on January 19, 2017, a disenrollment notice was issued stating your enrollment in the Essential Plan would end on February 1, 2017. The notice stated this was because you were no longer eligible to enroll in that plan.

On February 1, 2017, NYSOH received your updated application for financial assistance.

On February 2, 2017, NYSOH issued an eligibility determination based on the February 1, 2017 application, stating that you are eligible to enroll in the Essential Plan, with a $0.00 premium effective March 1, 2017.

Also on February 2, 2017, an enrollment notice was issued confirming your February 1, 2017, enrollment in an Essential Plan starting March 1, 2017.

On February 2, 2017, a notice was issued stating your request on February 1, 2017 for help paying medical bills for the months of November 1, 2016 through December 31, 2016 was denied, because the program you were eligible for cannot pay of any care you received in the past.

On February 14, 2017, you contacted NYSOH's Account Review Unit and requested an appeal of the start date of your Essential Plan, requesting a start date of February 1, 2017.

On May 19, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and kept open 15 days for you to provide proof of your monthly gross income for the months of January and February, 2017.

As of the close of the record on June 3, 2017, NYSOH did not receive any further documentation and as such the record will be considered complete as of the date of your telephone hearing.

Findings of Fact

A review of the record supports the following findings of fact:

1) You testified that you expect to file your 2017 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 record supports you submitted an application over the phone with a NYSOH representative on January 2, 2017.

4) The application that was submitted on January 2, 2017, which requested financial assistance, listed annual household income of $18,278.00, consisting of income you earn from your employment. You testified that this amount was correct.

5) You enrolled in an Essential Plan on January 2, 2017, for a February 1, 2017.

6) You testified you did not pay your first month's premium to your Essential Plan for February 1, 2017.

7) The application you submitted online on your own on January 18, 2017 listed an annual expected household income of $18,278.00, but with a monthly household income of $1,300.00 earned in the month of January, 2017. This application requested that your eligibility be determined using monthly income.

8) The application you submitted over the phone to a NYSOH representative on February 1, 2017, attested to an expected annual household income of $17,350.00.

9) You did not provide paystubs or a letter from your employer stating gross wages for the months of January, and February, 2017.

10) You submitted an enrollment to the Essential Plan with a $0.00 per month premium on February 1, 2017.

11) You testified you are paid bi-weekly, and that your hours vary. You testified you are paid $12.00 an hour.

12) Your application states that you will be taking deductions on your 2016 tax return in the amount of $122.00 for student loan interest.

13) You testified because of not having been enrolled in the Essential Plan effective February 1, 2017, you incurred a medical bill in the amount of approximately $3,000.00.

14) 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).

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).

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; *see* https://www.medicaid.gov/basic-health-program/basic-health-program.html).

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible

for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); *see also* 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

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).

On the date of your application, that was the 2017 FPL, which is $12,060.00 for a one-person household (82 Fed. Reg. 8831).

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 February 1, 2017.

The application that was submitted on January 2, 2017 listed an annual household income of $18,278.00 and the eligibility determination relied upon that information.

You are in a one-person household. You expect to file your 2017 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 Federal Poverty Level (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 an annual household income of $18,278.00 is 153.86% of the 2016 FPL, NYSOH properly found you to be eligible for the Essential Plan effective February 1, 2017.

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 $18,278.00 is 153.86% 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.

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.

As of the close of the record you did not provide the requested income documentation showing your gross wages for the months of January and February 2017, a determination on your eligibility on monthly basis is not possible.

Since the January 3, 2017 eligibility determination properly stated that, based on the information you provided, you were eligible for the Essential Plan, and ineligible for Medicaid effective February 1, 2017, it was correct and is AFFIRMED.

The third issue is whether NYSOH properly determined you were no longer eligible to enroll in the Essential Plan effective February 1, 2017.

You enrolled in an Essential Plan with a $20.00 premium on January 2, 2017, for a February 1, 2017, start date.

You testified you did not pay the first month’s premium responsibility for that plan.

On January 18, 2017, you updated your application online. For this application, you attested again to an annual expected household income of $18,278.00 but with a monthly income in January of $1,300.00.

As discussed above, a monthly income of $1,300.00 for a one-person household would place you below the $1,367.00 income threshold for Medicaid for 2016. This income amount determined you could be eligible for Medicaid on a monthly basis as a result of the income amount you provided. You were asked to provide additional income documentation to confirm this.

To be eligible for the Essential Plan, an individual must not be otherwise eligible for minimum essential coverage except through the individual market. Medicaid is considered minimum essential coverage for purposes of eligibility for the Essential Plan.

Since based on your updated application on January 18, 2017, NYSOH properly determined you were no longer eligible for the Essential Plan effective February 1, 2017, the January 19, 2017 disenrollment notice is AFFIRMED.

The fourth issue is whether NYSOH properly determined that your enrollment in the Essential Plan with a $0.00 premium was effective March 1, 2017.

You testified, and the record indicates, that you updated your NYSOH application on February 1, 2017. As a result, you were found eligible for the Essential Plan as of March 1, 2017, and enrolled into a plan that day.

The date on which enrollment in an Essential Plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

On February 1, 2017, you selected an Essential Plan, so your enrollment properly took effect on the first day of the first month following February, 2017; that is, on March 1, 2017.

Therefore, the February 2, 2017 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective March 1, 2017, is correct and must be AFFIRMED.

Decision

The January 3, 2017 eligibility determination notice is AFFIRMED.

The January 19, 2017 disenrollment notice is AFFIRMED.

The February 2, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: June 08, 2017

How this Decision Affects Your Eligibility

You were eligible for the Essential Plan effective February 1, 2017.

You were ineligible for Medicaid effective February 1, 2017.

You were no longer eligible for the Essential Plan effective February 1, 2017.

Your enrollment in the Essential Plan 2, began March 1, 2017.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:

  Health Insurance Marketplace
  Attn: Appeals
  465 Industrial Blvd.
  London, KY 40750-0061

- By fax: 1-877-369-0129

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 January 3, 2017 eligibility determination notice is AFFIRMED.

You were eligible for the Essential Plan effective February 1, 2017.

You were ineligible for Medicaid effective February 1, 2017.

The January 19, 2017 disenrollment notice is AFFIRMED.

You were no longer eligible for the Essential Plan effective February 1, 2017

The February 2, 2017 enrollment confirmation notice is AFFIRMED.

Your enrollment in the Essential Plan 2, began March 1, 2017.

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).

Legal Authority

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A Copy of this Decision Has Been Provided To:

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Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。 如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您免费提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجانًا.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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).

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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