



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

Notice of Decision

Decision Date: September 05, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017651

[REDACTED]

Dear [REDACTED],

On August 15, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 18, 2017 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 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 and your spouse were not eligible for the Essential Plan?

Did NY State of Health properly determine that you and your spouse were eligible for Medicaid?

Procedural History

On March 13, 2017, NY State of Health (NYSOH) received your application for financial assistance with health insurance. You also uploaded two documents to your NYSOH account on this date.

On March 14, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, for a limited time, effective April 1, 2017. That notice also directed you and your spouse to submit household income documentation by April 1, 2017 to confirm your eligibility.

Also on March 14, 2017, NYSOH issued a plan enrollment notice confirming your and your spouse's enrollment in the Essential Plan, effective March 1, 2017.

On March 17, 2017, NYSOH validated the income documentation that was uploaded onto your NYSOH account on March 13, 2017, and a new application was submitted on your and your spouse's behalf.

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On March 18, 2017, NYSOH issued an eligibility determination stating that you and your spouse were eligible for Medicaid, effective March 1, 2017.

Also on March 18, 2017, NYSOH issued a plan disenrollment notice confirming your and your spouse's disenrollment from the Essential Plan, effective April 30, 2017.

On March 28, 2017, NYSOH issued a plan enrollment notice stating that you and your spouse were enrolled in a Medicaid Managed Care plan, effective May 1, 2017.

On April 6, 2017, you spoke to NYSOH's Account Review Unit and appealed the March 18, 2017 eligibility determination insofar as you and your spouse were found eligible for Medicaid, and not the Essential Plan.

On April 7, 2017, NYSOH issued an eligibility determination stating that you and your spouse were eligible for enroll in the Essential Plan with a \$20.00 monthly premium, for a limited time, effective May 1, 2017. This notice further stated that you and your spouse had been granted Aid to Continue until a decision was made on your appeal.

Also on April 7, 2017, NYSOH issued a plan enrollment notice confirming your and your spouse's enrollment in the Essential Plan, effective May 1, 2017.

On August 15, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and the record was held open until August 30, 2017 to allow you time to submit supporting income documentation.

On August 30, 2017, the NYSOH's Appeals Unit received a six-page fax from you containing the supporting income documentation. The supporting income documentation was entered into the record as "Appellant's Exhibit #1", and the record was closed the same day.

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 married filing jointly. You will claim no dependents on that tax return.
- 2) You are seeking insurance for yourself and your spouse.

- 3) The application that was submitted on March 13, 2017 listed annual household income of \$25,600.00, consisting of \$10,400.00 you earn from one employer, and \$15,200.00 you earn from another employer.
- 4) The March 13, 2017 application indicates that your spouse is currently not receiving any income. You testified that this was correct.
- 5) You testified that you currently work for two different employers.
- 6) You testified, and provided documentation on March 13, 2017, that from one employer you earn a gross amount of \$400.00 biweekly. You testified that this amount was correct.
- 7) Your March 13, 2017 application indicates that from your other employer your expected yearly income is \$15,200.00.
- 8) Also on March 13, 2017, you uploaded two biweekly paystubs from your other employer dated March 10, 2017 for a gross amount of \$421.36, and February 24, 2017 for a gross amount of \$392.86.
- 9) On March 17, 2017, NYSOH validated the income documentation you submitted and updated the income from your other employer from \$15,200.00 to \$10,584.86. This resulted in your expected household income to change from \$25,600.00 to \$20,984.00.
- 10) You testified that you make more than \$20,984.00 in yearly income.
- 11) You testified that NYSOH incorrectly calculated your expected annual income from your other employer.
- 12) You testified, and provided documentation on August 30, 2017, that you make \$825.00 a credit hour, and will [REDACTED] this year; which equals \$9,900.00 a year. You testified that you will make an additional \$1,235.00 for your [REDACTED] from this employer this year.
- 13) Your application states that you will not be taking any deductions on your 2017 tax return.
- 14) Your application states that you live in [REDACTED].
- 15) You testified that you would like you and your spouse to have the Essential Plan coverage back because many of the doctors that you and your spouse see do not accept Medicaid.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

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Applicable Law and Regulations

Verification Process

For all individuals, whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i), 42 CFR § 435.945).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f) 42 CFR § 435.952).

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 \$16,020.00 for a two-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>).

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)).

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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 2017 FPL, which is \$16,240.00 for a two -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 and your spouse were ineligible for the Essential Plan.

For all individuals, whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income.

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

You updated your NYSOH account on March 13, 2017. Your March 13, 2017 application listed an expected annual household income of \$25,600.00, consisting of \$10,400.00 you receive from one employer, and \$15,200.00 you earn from your other employer.

The income amount that was entered into this application did not match federal and state data sources. As a result, NYOSH asked that you submit additional documentation to confirm your household income.

Also on March 13, 2017, you uploaded four biweekly paystubs to your NYSOH account; two from your one employer, and two from your other employer.

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On March 17, 2017, NYSOH validated the income documentation you had submitted, and changed your expected annual income from your one employer from \$15,200.00 to \$10,584.86. Subsequently, an updated application was submitted on your and your spouse's behalf. This change decreased your expected annual household income from \$25,600.00 to \$20,984.86.

The Essential Plan is provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income that is between 138% and 200% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$16,020.00 for a two-person household. Since an annual household income of \$20,984.86 is 130.99% of the 2016 FPL, NYSOH properly found you and your spouse to be ineligible for the Essential Plan based on the income documentation you submitted.

The second issue is whether NYSOH properly determined that you and your spouse were 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 \$16,240.00 for a two-person household. Since \$20,984.86 is 129.22% of the 2017 FPL, NYSOH properly found you and your spouse to be eligible for Medicaid on an expected annual income basis, using the information provided in your application.

NYSOH validated your income documentation from one of your employer and reevaluated your expected annual income from \$15,200.00 to \$10,584.86 for that employer. However, during the hearing, you testified that NYSOH calculated your income from this employer incorrectly, and you provided additional income documentation on August 30, 2017 to support your testimony. You submitted income documentation which indicates that you will [REDACTED] this year, and get paid \$825.00 per credit hour; which equals \$9,900.00 for the year. You further testified, and submitted income documentation indicating that you will make an additional \$1,235.00 from this employer this year from [REDACTED]. Therefore, your annual expected income from this employer is \$11,135.00 a year, and not \$10,584.86.

However, even with this new income documentation, your expected annual household income of \$21,535.00 is 132.60% of the 2017 FPL, and you and your spouse remain eligible for Medicaid on an expected annual income basis.

Therefore, the March 18, 2017 eligibility determination properly states that, based on the information you provided, you and your spouse are ineligible for the Essential Plan, and eligible for Medicaid; therefore, it must be AFFIRMED.

Decision

The March 18, 2017 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: September 05, 2017

How this Decision Affects Your Eligibility

You and your spouse remain eligible for Medicaid.

You and your spouse were properly found ineligible for the Essential Plan.

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 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).

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 March 18, 2017 eligibility determination notice is AFFIRMED.

You and your spouse remain eligible for Medicaid.

You and your spouse were properly found ineligible for the Essential Plan.

Legal Authority

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

A Copy of this Decision Has Been Provided To:



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 مجاناً.

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।

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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 महत्वपूर्ण 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 ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a okyerε kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 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.

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).