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

Notice of Decision

Decision Date: September 6, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000017804

[redacted]

Dear [redacted],

On August 1, 2017, your spouse appeared by telephone at a hearing on your appeal of NY State of Health's February 3, 2017 notice of proposed 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 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: September 6, 2017

NY State of Health Account ID: [redacted]
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[redacted]

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 and your spouse were eligible to enroll in the Essential Plan with a $20.00 monthly premium, effective April 1, 2017?
>
> Did NYSOH properly determine that you and your spouse were not eligible for Medicaid, as of February 2, 2017?

Procedural History

On February 19, 2016, NYSOH issued a notice stating that you and your spouse were eligible to enroll in the Essential Plan with no monthly premium, effective April 1, 2016. You were subsequently enrolled into an Essential Plan.

On February 3, 2017, NYSOH issued a renewal notice stating that it was time to renew your NYSOH coverage. The notice further stated that you continued to qualify for coverage through the Essential Plan, with a $20.00 monthly premium, effective April 1, 2017. This was because state and federal data sources showed that your household income was between $24,030.00 and $32,040.00.

On February 17, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in a Healthfirst Essential Plan, with a $20.00 monthly premium each, beginning April 1, 2017.

On April 6, 2017, you contacted NYSOH's Account Review Unit and requested an appeal of the February 3, 2017 notice of proposed eligibility, insofar as you and your spouse were not eligible for the Essential Plan with no monthly premium, or for Medicaid.

On August 1, 2017, your spouse, [redacted] appeared at a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open through August 31, 2017 to provide her time to submit supporting documentation.

On August 28, 2017, six documents were uploaded to your NYSOH account. The record is now closed.

Findings of Fact

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

1) Your spouse 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) Your spouse testified that you are looking for your eligibility to be redetermined going forward, and not retroactive to April 1, 2017.

4) On February 2, 2017, NYSOH ran your eligibility for financial assistance and determined that you were eligible for the Essential Plan with a $20.00 monthly premium. This eligibility was based on income information that NYSOH obtained from state and federal data sources that showed that your household income was between $24,030.00 and $32,040.00.

5) No application updates were made by you after NYSOH's proposed eligibility determination was issued on February 3, 2017.

6) Your spouse testified that she works part-time and earns $800.00 per month before taxes. She testified that she is paid monthly.

7) Your spouse testified that you work part-time. She testified that she did not know how often you were paid or what you earned.

8) After the hearing, documentation was uploaded to your NYSOH account, consisting of the following:

a. A copy of one paycheck, made out to your spouse, that states "July 2017 pay roll" on the memo line. This check is for $658.09 (Document [redacted];
b. Copies of five paystubs submitted on your behalf, for the following dates and gross amounts:
    i. 7/2/17 - $517.40 (Document [redacted]);
    ii. 7/9/17 - $519.28 (Document [redacted]);
    iii. 7/16/17 - $489.76 (Document [redacted]);
    iv. 7/23/17 - $472.28 (Document [redacted]);
    v. 7/30/17 - $515.00, with a year-to-date income of $7,879.16 (Document [redacted]).

9) Your spouse testified that you were away for much of 2017, and that you came back at the end of May 2017 and started working in June 2017.

10) Your spouse testified that the two of you cannot afford to pay the monthly premiums for the Essential Plan.

11) Your application states that you will not be taking any deductions on your 2017 tax return.

12) Your application states that you live in [redacted].

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 $16,020.00 for a two-person household (81 Federal Register 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).

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 eligible for the Essential Plan with a $20.00 monthly premium each, effective April 1, 2017.

The February 3, 2017 notice of proposed eligibility was based on the information available in your NYSOH account, as well as income information obtained from state and federal data sources.

Your NYSOH account reflected, as of February 3, 2017, that you were in a two-person household and expected to file your income taxes as married, filing

jointly, with no dependents. Further, NYSOH determined that your household income was between the range of $24,030.00 and $32,040.00, based on information available from state and federal data sources.

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. Individuals with an income between 150% and 200% of the FPL for the applicable family size must pay a $20.00 monthly premium for Essential Plan coverage. On the date of your application, the relevant FPL was $16,020.00 for a two-person household. Since NYSOH determined that your income fell in the range of 150% and 200% of the applicable FPL ($24,030.00 and $32,040.00), NYSOH found you and your spouse to be eligible for the Essential Plan.

The February 3, 2017 renewal notice and notice of proposed eligibility advised you to update your NYSOH account by March 15, 2017 if you did not believe that the information the proposed eligibility was based on was correct. Since you did not update your NYSOH account, the proposed eligibility properly took effect on April 1, 2017, and you and your spouse were properly enrolled into the Essential Plan with a $20.00 premium each.

The second issue under review is whether NYSOH properly determined that you and your spouse were not eligible for Medicaid, as of February 2, 2017.

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 NYSOH determined that your household income was between $24,030.00 and $32,040.00 (147.97% and 197.29% of the 2017 FPL), NYSOH properly found you and your spouse to be ineligible for Medicaid on an expected annual income basis, using information available from state and federal data sources.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. However, since you did not update the information in your application and NYSOH did not have monthly income information available at the time the notice of proposed eligibility was issued, there was no basis for NYSOH to determine your eligibility for Medicaid on a monthly income basis.

Therefore, NYSOH’s February 3, 2017 notice of proposed eligibility, stating that you and your spouse were eligible for the Essential Plan with a $20.00 premium, effective April 1, 2017, is AFFIRMED, as it was based on information available to NYSOH from state and federal data sources.

During the hearing, your spouse testified that the two of you cannot afford to pay the premiums associated with the Essential Plan. Your spouse testified that she earns $800.00 per month in gross income from a part-time job, and that you also work part-time. She was unable to give specific information as to your hours and earnings, but she testified that you had been away for part of the year and had only recently started to work again.

After the hearing, documentation was uploaded to your NYSOH account. The documentation submitted on your behalf consisted of five paystubs that averaged to gross weekly earnings of approximately $502.00. The July 30, 2017 paystub – the most recent one submitted – indicated that your gross year-to-date earnings were $7,879.16. At a weekly rate of $502.00, it can be determined that, based on your gross year-to-date earnings, you have worked a total of approximately sixteen weeks so far in 2017. Between July 30, 2017 and December 31, 2017, there are twenty-two weeks remaining. Therefore, your total expected annual income for 2017 is $502.00 per week for 38 weeks, or $19,076.00.

Your spouse testified that she earns $800.00 in gross income per month. The check she submitted does not support that testimony. However, the check does not indicate whether it is net pay, after taxes were taken out, or gross pay. Therefore, this decision presumes that her testimony that she earns $800.00 per month is correct, which would equate to an expected annual income of $9,600.00

Therefore, your expected annual household income, based on your spouse's testimony and the documentation provided, is $28,676.00.

Since the record now contains a more accurate representation of what your expected annual household income is, your case is RETURNED to NYSOH to redetermine you and your spouse's eligibility for financial assistance, based on a two-person household with an expected annual income of $28,676.00, residing in [redacted]

Decision

The February 3, 2017 notice of proposed eligibility determination is AFFIRMED.

Your case is RETURNED to NYSOH to redetermine your, and your spouse's, eligibility for financial assistance based on a two-person household, residing in [redacted] with an expected annual income of $28,676.00.

Effective Date of this Decision: September 6, 2017

How this Decision Affects Your Eligibility

You and your spouse were eligible for the Essential Plan with a $20.00 monthly premium, effective April 1, 2017.

You and your spouse were not eligible for Medicaid on an expected annual income basis, based on the income information available to NYSOH as of February 2, 2017.

Your case is being sent back to NYSOH to redetermine your, and your spouse's, eligibility for financial assistance based on the information you provided during your hearing.

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 February 3, 2017 notice of proposed eligibility determination is AFFIRMED.

Your case is RETURNED to NYSOH to redetermine your, and your spouse's, eligibility for financial assistance based on a two-person household, residing in [redacted] with an expected annual income of $28,676.00.

You and your spouse were eligible for the Essential Plan with a $20.00 monthly premium each, effective April 1, 2017.

You and your spouse were not eligible for Medicaid on an expected annual income basis, based on the income information available to NYSOH as of February 2, 2017.

Your case is being sent back to NYSOH to redetermine your, and your spouse's, eligibility for financial assistance based on the information you provided during your hearing.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

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).

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.

□□□□□ (Bengali)

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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 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)

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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).