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

Notice of Decision

Decision Date: September 25, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000019175

[redacted]

[redacted],

On August 29, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 4, 2017 renewal and 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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Decision

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NY State of Health Account ID: [redacted]
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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 were eligible to enroll in the Essential Plan, effective July 1, 2017?
>
> Did NY State of Health properly determine that you were not eligible for Medicaid as of May 4, 2017?

Procedural History

On July 14, 2016, NYSOH issued an eligibility determination notice, based on your July 13, 2016 updated application, that stated you remained eligible for Medicaid, effective July 1, 2017.

Also on July 14, 2016, NYSOH issued an enrollment notice confirming your coverage in a Medicaid Managed Care plan with a plan enrollment date of March 1, 2016.

On May 4, 2017, NYSOH issued a renewal and eligibility determination notice that stated you were qualified for the Essential Plan with a $20.00 monthly premium, effective July 1, 2017. The notice stated that this determination was based on federal and state data sources showing that your income is between $17,820.00 and $23,760.00, which is the income range for the Essential Plan with a $20.00 monthly premium based on your household income and size.

On May 17, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in an Essential Plan 1 with a $20.00 a month premium and a plan enrollment start date of July 1, 2017. The notice stated that NYSOH enrolled you in this plan because it was similar to the coverage you had with this insurance company previously.

On May 22, 2017, you contacted NYSOH's Account Review Unit and requested an appeal of that eligibility determination insofar as you were not eligible for Medicaid.

On May 26, 2017, NYSOH issued an eligibility determination stating that your request for Aid to Continue had been granted pending a decision on your appeal. At that time, you were re-enrolled in your Medicaid Managed Care plan with an effective start date of July 1, 2017.

On August 29, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open until September 13, 2017 to give you the opportunity to submit your most recent pay stubs. As of September 20, 2017, no further documentation was received by NYSOH Appeal's Unit. The record is now closed and this Decision is based on the record as developed at the time of hearing.

Findings of Fact

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

1) According to your NYSOH account and your testimony, your tax filing status is single. You do not claim any dependents on your taxes.

2) You testified that you did not file a tax return for 2016.

3) You are seeking insurance for yourself.

4) You testified that your only employment is with the [redacted] on a part time basis for about 20 hours a week and earn $11.00 an hour.

5) You testified that you make about $350.00 to $400.00 every two weeks.

6) In the July 13, 2016 updated application, you authorized NYSOH to automatically renew your coverage for the next 5 years.

7) According to your NYSOH account on May 3, 2017, your eligibility was systematically redetermined using federal and state data sources for the upcoming policy period. At that time, wages totaling $22,069.80 were reported by three employers for the first quarter of 2017 as follows:

a. [redacted] in the amount of $2,070.92;
b. [redacted] in the amount of 2,373.52; and
c. [redacted] in the amount of $17,625.36.

8) Based on the reported income of $22,069.80, on May 3, 2017, NYSOH determined that you were eligible to enroll in the Essential Plan with a monthly premium of $20.00 per month, effective July 1, 2017.

9) According to your NYSOH account and your testimony, you live in [redacted].

10) The record was left open after the August 29, 2017 hearing for 15 days to allow you time to submit updated income documentation to include one month of your most recent pay stubs. However, no further documentation was received by NYSOH's Appeal Unit.

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 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 $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 with a $20.00 monthly premium, effective July 1, 2017.

In the application you submitted on July 13, 2016, you authorized NYSOH to automatically renew your coverage for the next 5 years. On May 3, 2017, NYSOH systematically updated your renewal application based on wage information obtained from federal and state data sources. That data indicated that you had $22,069.80 in wages from three employers. The May 3, 2017 eligibility determination notice was based on this information.

You testified that at present, you only work for one employer, [redacted], for about 20 hours a week at $11.00 an hour. You testified that you are paid approximately $350.00 to $400.00 every two weeks.

The record was left open until September 13, 2017 to give you an opportunity to submit one month of your most recent pay stubs as proof of your income.

However, no documentation was submitted to NYSOH Appeal's Unit to support your testimony. Therefore, there is no basis in the record to modify the income amount that was used by NYSOH in the May 3, 2017 system run eligibility determination.

You testified that you are in a one-person household, have a tax filing status of single and claim no dependents. You testified that you did not file a tax return for 2016.

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 the May 3, 2017 systematic application, the relevant FPL was $11,880.00 for a one-person household. Since an annual household income of $22,069.80 is 185.77% of the 2016 FPL, NYSOH properly found you to be eligible for the Essential Plan.

A person who has a household income that is at or below 150% of the FPL has a $0.00 premium contribution, while 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. Since an annual household income of $22,069.80 is 185.77% of the 2016 FPL, NYSOH correctly found you eligible for the Essential Plan with a $20.00 monthly premium.

The second issue under review 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 $12,060.00 for a one-person household. Since $22,069.80 is 183.00% 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.

At the hearing, you testified that you only make $350.00 to $400.00 every two weeks. The record was left open to allow you the opportunity to submit current monthly pay stubs. No documentation was submitted. Therefore, there is nothing in the record to determine your Medicaid eligibility on a monthly income basis.

Since the May 4, 2017 renewal and eligibility determination notice properly stated that, based on the information obtained from federal and state data sources, you were eligible for the Essential Plan with a $20.00 per month premium, it was correct and is AFFIRMED.

Decision

The May 4, 2017 renewal and eligibility determination notice is AFFIRMED.

Effective Date of this Decision: September 25, 2017

How this Decision Affects Your Eligibility

You remain eligible for the Essential Plan with a $20.00 monthly premium.

You are not eligible for Medicaid, based on the information in the record.

You were granted Aid to Continue and you were re-enrolled in your Medicaid Managed Care plan pending the outcome of this appeal.

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 May 4, 2017 renewal and eligibility determination notice is AFFIRMED.

You remain eligible for the Essential Plan with a $20.00 monthly premium.

You are not eligible for Medicaid, based on the information in the record.

You were granted Aid to Continue and you were re-enrolled in your Medicaid Managed Care plan pending the outcome of this appeal.

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.

বাংলা (Bengali)

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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।

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 नि:शुल्क 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.

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