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

Notice of Decision

Decision Date: December 20, 2017

NY State of Health Account ID:
Appeal Identification Number: AP000000022336

Dear

On November 30, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 20, 2017 eligibility determination notice and July 22, 2017 enrollment confirmation 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 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: December 20, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000022336

[redacted]

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 for the Essential Plan?
>
> Did NY State of Health properly determine that you were ineligible for Medicaid?
>
> Did NY State of Health properly determine that your enrollment in your Essential Plan was effective September 1, 2017?

Procedural History

On July 20, 2017, you submitted an application for financial assistance.

On July 21, 2017, NY State of Health (NYSOH) issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and that additional information was needed in order to confirm the information in your application. This notice directed you to submit proof of your household income by August 4, 2017 in order for your eligibility for financial assistance to be determined.

On July 21, 2017, you updated your application for financial assistance. Specifically, you updated the income in your application.

On July 22, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan with a $0.00 monthly premium, effective September 1, 2017. That notice stating that you were not eligible for Medicaid because your income was over the allowable income limit for that program.

Also on July 22, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in an Essential Plan with a plan enrollment start date of September 1, 2017.

On July 29, 2017 and August 7, 2017, you uploaded income documentation to your NYSOH account.

On August 7, 2017, NYSOH reviewed the income documentation you submitted and determined that this was sufficient proof of your household income. NYSOH recalculated your income and submitted an updated application on your behalf.

On August 8, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan with a $20.00 monthly premium, effective September 1, 2017.

On August 20, 2017, you updated your application for financial assistance, specifically, you updated the income in your application.

On August 21, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan with a $0.00 premium for a limited time, effective October 1, 2017. This notice directed you to submit proof of your income by November 18, 2017 in order to confirm your eligibility for financial assistance.

On September 13, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as you were not found eligible for Medicaid.

On November 30, 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 for fourteen days, to allow you to submit supporting documents.

On December 3, 2017, you uploaded a paystub from your former employer ( ). This was incorporated into the record and the record is now closed.

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 not claim any dependents on that tax return.

2) You are seeking insurance for yourself. You testified that you are seeking Medicaid as of July 1, 2017.

3) The record reflects that you submitted applications for financial assistance on July 20, 2017, July 21, 2017, and August 20, 2017.

4) The record reflects that you first selected an Essential Plan for enrollment on July 21, 2017.

5) The application that was submitted on August 20, 2017 listed annual household income of $17,082.00, consisting of wages you earn from your employment. You testified that this amount is no longer correct.

6) You testified that you worked for [redacted] throughout 2017, however, you left that employer and your last day worked was November 29, 2017. You further testified that you anticipated receiving one to two more paychecks from this employer. You have not yet begun working for a new employer.

7) You testified that you will not be filing for unemployment benefits.

8) You testified that you were paid on a biweekly basis. You were paid a set rate of $11.20 per hour, however, you either worked 13 hours or 24 hours per week.

9) You testified that you received two paychecks in July 2017.

10) You testified that you received two paychecks in August 2017.

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

12) Your application states, and you confirmed, that you reside in Monroe County.

13) On July 29, 2017, you uploaded your paystub for pay date July 28, 2017 for a gross pay amount of $770.33.

14) On August 7, 2017, you uploaded your paystub for pay date July 14, 2017 for a gross pay amount of $733.35.

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15) On August 11, 2017, you uploaded your paystub for pay date August 11, 2017 for a gross pay amount of $695.99.

16) On November 6, 2017, you uploaded your paystub for pay date October 20, 2017 for a gross pay amount of $424.14.

17) On November 27, 2017, you uploaded your paystub for pay date November 17, 2017 for a gross pay amount of $424.82.

18) On December 3, 2017, you uploaded your paystub for pay date December 1, 2017, which covers pay period November 12, 2017 to November 25, 2017, for a gross pay amount of $427.62 and a gross year to date amount of $15,443.17.

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).

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)).

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).

Essential Plan Effective Date

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)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you were eligible for the Essential Plan.

The application that was submitted on August 20, 2017 listed an annual household income of $17,082.00 and the eligibility determination relied upon that information.

You expect to file your 2017 income taxes as single and will not claim any dependents on that tax return, therefore, you are in a one-person household.

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 $11,880.00 for a one-person household. Since an annual household income of $17,082.00 is 143.79% of the 2016 FPL, NYSOH properly found you to be eligible for the Essential Plan.

The second issue is whether NYSOH properly determined that you were ineligible 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 $17,082.00 is 141.64% of the 2017 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.

The record reflects that you submitted applications in July 2017 and August 2017.

You submitted paystubs that shows in July 2017 you received $1,503.68.

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 $1,387.00 per month. Since the documentation you provided shows that you earned $1,503.68 in July

2017 you do not qualify for Medicaid on the basis of monthly income as of your July 2017 applications.

You testified that you received two paychecks in August 2017. As you have only submitted one paystub for August 2017, there is insufficient evidence to determine whether you would have been eligible for Medicaid on a monthly basis as of your August 20, 2017 application.

Since the August 21, 2017 eligibility determination properly stated that, based on the information you provided, you were eligible for the Essential Plan and ineligible for Medicaid, it is correct and is AFFIRMED.

The third issue is whether NYSOH properly determined that your enrollment in the Essential plan was effective September 1, 2017.

The record indicates that on July 21, 2017 you updated your NYSOH application. As a result, you were found eligible for the Essential Plan as of September 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 July 21, 2017, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following July 2017; that is, on September 1, 2017.

Therefore, the July 22, 2017 enrollment confirmation notice is AFFIRMED.

During the hearing, you credibly testified that you have separated from your employment and that your last day worked was November 29, 2017. You testified that you anticipated receiving one or two more paychecks.

You have submitted a copy of your paystub for pay date December 1, 2017, which covers pay period November 12, 2017 to November 25, 2017, for a gross pay amount of $427.62 and a gross year to date amount of $15,443.17.

Therefore, your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance based on a household of one residing in Monroe County with an annual expected income of $15,764.90 ($15,443.17 divided by 48 weeks for a weekly average of $321.73, multiplied by 49 weeks of pay).

Decision

The August 21, 2017 eligibility determination notice is AFFIRMED.

The July 22, 2017 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance based on a household of one residing in Monroe County with an annual expected income of $15,764.90

Effective Date of this Decision: December 20, 2017

How this Decision Affects Your Eligibility

NYSOH properly found you eligible for the Essential Plan based on the information you provided in your August 20, 2017 application.

NYSOH properly began your enrollment in your Essential Plan as of September 1, 2017.

Your case is being sent back to redetermine your eligibility for financial assistance based on information you provided at 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 August 21, 2017 eligibility determination notice is AFFIRMED.

NYSOH properly found you eligible for the Essential Plan based on the information you provided in your August 20, 2017 application.

The July 22, 2017 enrollment confirmation notice is AFFIRMED.

NYSOH properly began your enrollment in your Essential Plan as of September 1, 2017.

Your case is being sent back to redetermine your eligibility for financial assistance based on information you provided at your hearing.

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).

Your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance based on a household of one residing in Monroe County with an annual expected income of $15,764.90

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)

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 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.

(Urdu)اردو

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۔

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.

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.

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