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

Notice of Decision

Decision Date: January 31, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000024969

[redacted]

On January 22, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 29, 2017 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 the 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.

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DEPARTMENT OF HEALTH
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Decision

Decision Date: January 31, 2018

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 New York State of Health (NYSOH) properly determine that you were ineligible for Medicaid as of November 29, 2017?
>
> Did NYSOH properly determine that you were ineligible for the Essential Plan, effective as of January 1, 2018?
>
> Did NYSOH properly determine that you were ineligible for advance payment of the premium tax credit (APTC), effective as of January 1, 2018?

Procedural History

On November 28, 2017, an application for financial assistance was submitted to NYSOH. Based on that application, NYOSH rendered a preliminary eligibility determination finding you not eligible for financial assistance, effective as of January 1, 2018.

Also on November 28, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal relative to your ineligibility for financial assistance.

On November 29, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a qualified health (QHP) at full cost effective as of January 1, 2018. The notice stated that you were not eligible for Medicaid or the Essential Plan because you did not meet the income thresholds for those programs. Furthermore, the notice stated that you were not eligible for a tax credit and income-based cost-sharing reductions for one the following reasons: (1) You do not plan to file a federal income tax return; (2) You are married and you do not expect to file your tax return jointly with your spouse; or (3) APTC payments were made to your health insurance company to reduce your premium costs in a prior year and we can't tell if a federal tax return was filed for that year.

On December 9, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for the Essential Plan with $0.00 monthly premium for a limited time. You had been granted Aid to Continue until a decision is made on your appeal.

Also on December 9, 2017, NYSOH issued a plan enrollment notice confirming that as of December 8, 2017, you were enrolled in an Essential Plan with an enrollment start date of January 1, 2018.

On January 22, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing and the record was fully developed. The record was closed at the end of the proceeding.

Findings of Fact

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

1) According to your NYSOH account and testimony, you are applying for health insurance for yourself.

2) You testified that you expect to file 2017 and 2018 federal income tax returns, with the tax status of single, and do not expect to claim any dependents on those tax returns.

3) According to your November 28, 2017 application, you attested that you were a dependent and would be filing a tax return.

4) You testified that you were not able to be claimed as a dependent on your 2017 or 2018 federal income tax return, and the November 28, 2017 application incorrectly reflected that you were a dependent.

5) You testified that you are employed at [redacted] and are consistently issued $468.00 (36 hours X $13.00 per hour) per week.

6) According to your NYSOH account, you do not expect to claim any deductions on your 2018 federal income tax return.

7) According to your NYSOH account and testimony, your marital status is single.

8) According to your NYSOH account and testimony, you have never been determined eligible for APTC nor had it applied toward your health insurance premiums.

9) You testified that you are seeking to be found eligible for financial assistance in 2018.

10) According to your NYSOH account, you reside in Oneida County, New York.

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

Applicable Law and Regulations

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)).

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

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 2017 FPL, which is $12,060.00 for a one-person household (82 Fed. Reg. 8831).

Eligibility for Advance Payments of the Premium Tax Credit

APTC are available to a person who is eligible to enroll in a qualified health plan and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a qualified health plan, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (*see* 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

If a tax filer is married, they must file a joint return with his or her spouse to qualify for APTC (45 CFR §§ 155.305(f), 155.310(d); 26 CFR § 1.36B-2).

NYSOH may not determine a tax filer eligible for APTC if APTC were made on behalf of the tax filer or their spouse, and the tax filer or their spouse did not comply with the requirement to file an income tax return for that year and reconcile the APTC for that period (45 CFR § 155.305(f)(4)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you were ineligible for Medicaid as of November 29, 2017.

The record reflects that you expect to file your 2017 federal income tax return with the tax status of single and do not expect to claim any dependents on that return. Therefore, you are in a one-person household for purposes of this analysis.

Medicaid can be provided through the 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.

The 2017 FPL was $12,060.00 for a one-person household. Financial eligibility for Medicaid applicants who are not currently receiving Medicaid benefits may be based on current monthly household income and family size. For an adult to be eligible for Medicaid in a household of one, their monthly must not exceed $1,387.00.

You testified that you are employed at [redacted] and are consistently issued $468.00 (36 hours X $13.00 per hour) per week. Based on the available income information, your November 2017 monthly income was approximately $1,872.00 ($468.00 X 4 weeks). Therefore, your income exceeded the income threshold to be eligible for Medicaid.

The second issue under review is whether NYSOH properly determined ineligible for the Essential Plan, effective January 1, 2018.

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 $12,060.00 for a one-person household. Therefore, the annual income maximum threshold to be eligible for the Essential Plan was $24,120.00.

Based on the analysis above, your expected 2018 annual household income is $24,336.00 ($468.00 X 52 weeks). Since an annual household income of $24,336.00 is 201.79% of the 2017 FPL, NYSOH properly found you to be ineligible for the Essential Plan.

The third issue under review is whether NYSOH properly determined that you were ineligible for APTC, effective as of January 1, 2018.

On November 28, 2017, you applied for financial assistance. Based on that application, you were determined ineligible to receive financial assistance through NYSOH. The November 29, 2017 eligibility determination notice stated that you were not eligible for APTC for one of the following reasons: (1) You do not plan to file a federal income tax return; (2) You are married and you do not expect to file your tax return jointly with your spouse; or (3) APTC were made to your health insurance company to reduce your premium costs in a prior year and we can’t tell if a federal tax return was filed for that year.

If a tax filer is married, they must file a joint return with his or her spouse to qualify for APTC. The record reflects that your marital status is single. Therefore, NYSOH did not properly determine that you were ineligible for APTC for being married and not filing a joint federal income tax return.

Individuals who use APTC to help pay health insurance premiums must file a federal tax return and reconcile their expected income. NYSOH must determine an individual ineligible for APTC if they received APTC in a prior year and did not file an income tax return for that year and reconcile the APTC for that period. The record reflects you were never determined eligible for APTC and applied the financial assistance toward your health insurance premiums. Therefore, NYSOH did not properly determine that you were ineligible for APTC based on not filing a federal income tax return for a year that you received APTC.

APTC are available to a person who expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a qualified health plan. According to your November 28, 2017 application, you attested that you were a dependent and would be filing a tax return. You testified that you were not able to be claimed as a dependent on your 2017 or 2018 federal income tax returns, and the November 28, 2017 application incorrectly reflected that you were a dependent. Therefore, NYSOH did not properly determine that you were ineligible for APTC on that basis.

The November 29, 2017 eligibility determination is AFFIRMED insofar as determining you to be ineligible for Medicaid and the Essential Plan because your income exceeded the income thresholds for those programs.

The November 29, 2017 eligibility determination is RESCINDED insofar as NYSOH determining you to ineligible for APTC.

Your case is RETURNED to NYSOH to calculate your financial assistance based on a one-person household, for an individual living in Oneida County, with an expected household income of $24,336.00.

Decision

The November 29, 2017 eligibility determination is AFFIRMED insofar as you were determined to be ineligible for Medicaid and the Essential Plan because your income exceeded the income thresholds for those programs.

The November 29, 2017 eligibility determination is RESCINDED insofar as NYSOH determined you to ineligible for APTC.

Your case is RETURNED to NYSOH to calculate your eligibility for financial assistance based on a one-person household, for an individual living in Oneida County, with an expected household income of $24,336.00.

Effective Date of this Decision: January 31, 2018

How this Decision Affects Your Eligibility

NYSOH properly determined you to be ineligible for Medicaid and the Essential Plan because your income exceeded the income thresholds for those programs.

NYSOH improperly determined you to be ineligible for APTC for the reasons stated above.

You case has been sent back to NYSOH to recalculate your eligibility for financial assistance based on the parameters stated above. NYSOH will issue a notice based on that eligibility determination.

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 November 29, 2017 eligibility determination is AFFIRMED insofar as you were determined to be ineligible for Medicaid and the Essential Plan because your income exceeded the income thresholds for those programs.

The November 29, 2017 eligibility determination is RESCINDED insofar as NYSOH determined you to ineligible for APTC.

Your case is RETURNED to NYSOH to calculate your eligibility for financial assistance based on a one-person household, for an individual living in Oneida County, with an expected household income of $24,336.00.

NYSOH properly determined you to be ineligible for Medicaid and the Essential Plan because your income exceeded the income thresholds for those programs.

NYSOH improperly determined you to be ineligible for APTC for the reasons stated above.

You case has been sent back to NYSOH to recalculate your eligibility for financial assistance based on the parameters stated above. NYSOH will issue a notice based on that eligibility determination.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

[redacted]

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।

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.

(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۔

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).