



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

Notice of Decision

Decision Date: April 02, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027054

[REDACTED]

[REDACTED]

On March 13, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health’s January 11, 2018 denial 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.

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

Decision Date: April 02, 2018

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 did not qualify for the Essential Plan, premium tax credit and cost-sharing reductions, or a qualified health plan at full cost through NY State of Health as of January 10, 2018, because you are not considered lawfully present?

Did NY State of Health properly determine that you were ineligible for Medicaid?

Procedural History

On January 10, 2018, NY State of Health (NYSOH) received your updated application for financial assistance with health insurance. That same day, a preliminary eligibility determination was prepared stating that you were not eligible to purchase health insurance coverage through NYSOH.

Also, on January 10, 2018, you spoke to NYSOH's Account Review Unit and appealed insofar as you were determined not eligible for health insurance through NYSOH.

On January 11, 2018, NYSOH issued a denial notice, based on the January 10, 2018 application, stating that you did not qualify for health coverage through NYSOH. The notice stated that you were not eligible for Medicaid because the household income you provided was over the allowable income limit. The notice further stated that you did not qualify for the Essential Plan, premium tax credit

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and cost-sharing reductions, or a qualified health plan at full cost because your “verification documents show not lawfully present.”

On March 13, 2018, you had a telephone hearing with a Hearing Officer from NYSOH’s Appeals Unit. The record was developed during the hearing and left open for 15 days, until March 28, 2018, to allow you the opportunity to submit a complete copy of your 2017 federal income tax return and a letter from your employer establishing that you did not work during January 2018.

On March 20, 2018, you uploaded a letter from your employer, stating that you are a six-month seasonal employee and that the employer’s business is only open from April 1st to October 31st every year. This document was marked as Appellant’s Exhibit #1 and incorporated into the record. No further documentation was received within the allotted time. The record is now closed.

Findings of Fact

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

- 1) Your January 10, 2018 application reflects that you expected to file your 2017 federal income tax return with a status of single. No dependent was listed.
- 2) You testified that you claim your mother as a dependent and had done so on your 2017 federal income tax return. However, no documentation was provided supporting that your mother was claimed or qualified as your dependent.
- 3) You testified that you did not claim any deductions on your 2017 federal income tax return.
- 4) Your January 10, 2018 updated application included your I-766 Employment Authorization Card (EAC) number and reflected that you are an immigrant non-citizen. Your EAC had been previously uploaded and verified.
- 5) You testified, and the uploaded copy in the record reflects, that your EAC included a status of C-33.
- 6) The status of C-33, according to the United States Customs and Immigration Services and Social Security Administration is in reference to a status classified as Deferred Action on Childhood Arrivals.
- 7) You confirmed via testimony that you are present in the United States under Deferred Action on Childhood Arrivals status.

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- 8) Your January 10, 2018 application indicated an expected annual income of \$19,000.00, consisting of employment income. You testified that this amount was not correct and that your expected annual income was \$16,000.00.
- 9) You testified, and provided documentation, that you are employed on a seasonal basis, between April and October, and that you were not employed during the month of January 2018.
- 10) You testified that you received \$0.00 in income during January 2018.
- 11) Your application states, and you confirmed, that you live in New York County.
- 12) You testified that you are seeking to be found eligible to enroll in health insurance coverage through NYSOH.

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).

Lawfully Present Non-Citizens Transitioned to the Essential Plan

In New York State, lawfully present non-citizens who were formerly eligible for state-funded Medicaid, but not eligible for Medicaid under federal law, were transitioned to the Essential Plan as of April 1, 2015 (New York's Basic Health Plan Blueprint, p. 19, as approved March 2015; see <https://www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf>).

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This category of non-citizens includes lawful permanent residents who are still in their first five years of permanent residency (18 NYCRR § 349.3, 8 USC § 1613).

Medicaid

A person who meets certain nonfinancial criteria and has a household income that is at or below the applicable Medicaid income standard is eligible for Medicaid benefits (45 CFR § 155.305(c)). One of the non-financial criteria for Medicaid eligibility is the immigration status of the person applying for health insurance. A person is eligible for Medicaid when his or her immigration status is satisfactory and he or she meets all other requirements for 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).

Qualified Health Plan

To enroll in a qualified health plan through the Marketplace, an applicant must be a citizen or national of the United States or a non-citizen who is lawfully present in the United States and reasonably expects to become a citizen or remain a lawfully present noncitizen for the entire period for which enrollment is being sought (45 CFR § 155.305(a)(1)).

Advance Payments of Premium Tax Credit

Advance payments of the premium tax credit are generally 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 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

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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)).

Cost-Sharing Reductions

Cost-sharing reductions are available to a person who (1) is eligible to enroll in a qualified health plan through NYSOH, (2) meets the requirements to receive advance payments of the premium tax credit, (3) is expected to have an annual household income that does not exceed 250% of the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested, and (4) is enrolled in a silver-level qualified health plan (45 CFR § 155.300(a), 45 CFR § 155.305(g)(1)).

Immigration Status

Generally, no person except a United States citizen, a naturalized citizen, a qualified alien, and persons permanently residing in the United States under color of law (PRUCOL), is eligible for medical assistance from the state (NY Soc. Serv. Law § 122(1); 18 NYCRR § 360-3.2(j)).

A PRUCOL alien is a person who is residing in the United States with the knowledge and permission or acquiescence of the federal immigration agency and whose departure from the United States such agency does not contemplate enforcing (18 NYCRR §360-3.2(j)). The New York Department of Health regards aliens who have been issued an Employment Authorization Document (I-688B or I-766), and have the requisite category code, to be PRUCOL (08 OHIP/INF-4, dated August 4, 2008)).

The guide, “Key to I-766/I-688B, Employment Authorization Documents (EADs)”, defines certain codes on the USCIS Employment Authorization Documents” (08 MA/033, dated December 1, 2008, and as amended). It confirms that a person who has category code of “(c)(33)” has PRUCOL status for Medicaid and Child Health Plus only (*id.*).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you did not qualify for the Essential Plan, premium tax credit and cost-sharing reductions, or a qualified health plan at full cost through NYSOH as of January 10, 2018, because you are not considered lawfully present.

On January 10, 2018, you submitted an updated application to NYSOH, which included your EAC number and reflected that you are an immigrant non-citizen.

You testified, and the previously uploaded and verified copy in the record reflects, that your EAC includes a C-33 status.

As a result, NYSOH issued a denial notice stating that you were not qualified to enroll in coverage through NYSOH because the verification documents showed that you were not lawfully present.

The status of C-33, according to the United States Customs and Immigration Services and Social Security Administration is in reference to a status classified as Deferred Action on Childhood Arrivals. Individuals who have obtained an EAC with the status of C-33 category are persons considered not “lawfully present” for purposes of the federal definition, and are therefore not recognized as eligible to receive federal funding under those programs. You confirmed via testimony that you are present in the United States under Deferred Action on Childhood Arrivals status.

In addition, while individuals who have been determined to be qualified aliens and were formerly eligible for Medicaid through the state, but not eligible for Medicaid under federal law, were transitioned to the Essential Plan as of January 1, 2016, this is not the case for persons who received Deferred Action status. Therefore, NYSOH was correct in finding you not eligible for coverage under the Essential Plan.

Additionally, federal regulations require that a person seeking enrollment in a qualified health plan through NYSOH have United States citizenship or satisfactory or immigration status. Under the federal regulations, individuals with Deferred Action for Childhood Arrivals status are not considered to be lawfully present for the purposes of obtaining coverage in a qualified health plan through NYSOH. Therefore, NYSOH properly found you ineligible to enroll in a qualified health plan.

Accordingly, the January 11, 2018 denial notice properly found you to not qualify for the Essential Plan or qualified health plan based on you not being lawfully present.

In order to be found eligible for advance payments of the premium tax credit or cost-sharing reductions, an individual must be eligible to enroll in a qualified health plan. As you are ineligible to enroll in a qualified health plan as noted above, the January 11, 2018 denial notice properly found you to not qualify for advance payments of the premium tax credit and cost-sharing reductions.

The second issue is whether NYSOH properly found you ineligible for Medicaid.

NY State has consistently recognized persons with Deferred Action status within the accepted meaning of PRUCOL alien; even though the federal government has not. The New York Court of Appeals ruled, in *Aliessa, et al. v. Novello* (96

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NY 2d 418 [2001]), that New York must provide state-funded Medicaid to the lawfully residing immigrants who had been excluded from access to the federal Medicaid program.

Since your current Deferred Action status does confer PRUCOL status for individuals seeking Medicaid eligibility, we may review whether you met the financial criteria for Medicaid.

Your application indicates that you expected to file your 2017 income taxes as single. Although you testified that you claimed your mother as a dependent on your 2017 federal income tax return, no documentation was provided in support of this testimony. Additionally, your mother was not listed as a dependent on your NYSOH application. Therefore, for the purpose of quantifying your household size in this appeal, you are in a one-person household.

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 MAGI 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. Although you testified that your annual household income was \$16,000, no documentation was provided in support of this testimony. Your January 10, 2018 application indicated that you had an expected annual income of \$19,000.00 and NYSOH relied on this amount for its determination. Since \$19,000.00 is 157.55% 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.

As NYSOH properly found that, based on the information you provided in your January 10, 2018 application, you did not qualify for the Essential Plan, to receive tax credits or cost-sharing reductions to help pay for the cost of insurance, or for a qualified health plan at full cost because you are not considered lawfully present and ineligible for Medicaid as your income is over the allowable income limit for that program, the January 11, 2018 denial notice is **AFFIRMED**.

However, financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits can also be based on current monthly household income and family size.

You testified that you received \$0.00 in income in January 2018. A letter from your employer establishing that you did not work during January 2018 was uploaded to your NYSOH account. Therefore, the record indicates that in the month of January 2018, you had a gross monthly household income of \$0.00.

Since the record now contains a more accurate representation of what your income was for the month of January 2018, your case is **RETURNED** to NYSOH

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to redetermine your eligibility for Medicaid on a monthly income basis for the 2018 coverage year, based on a household size of one-person and household income of \$0.00 for the month of January 2018.

Decision

The January 11, 2018 denial notice is AFFIRMED.

Your case is RETURNED to NYSOH to redetermine your eligibility for Medicaid on a monthly income basis for the 2018 coverage year, based on a household size of one-person and household income of \$0.00 for the month of January 2018.

Effective Date of this Decision: April 02, 2018

How this Decision Affects Your Eligibility

This is not a final determination of your eligibility for Medicaid. Your case is being sent back to NYSOH to redetermine your eligibility based on the information you submitted 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

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- 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 January 11, 2018 denial notice is AFFIRMED.

This is not a final determination of your eligibility for Medicaid.

Your case is RETURNED to NYSOH to redetermine your eligibility for Medicaid on a monthly income basis for the 2018 coverage year, based on a household size of one-person and household income of \$0.00 for the month of January 2018.

Legal Authority

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

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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.

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