



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

Notice of Decision

Decision Date: May 4, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005886

[REDACTED]

Dear [REDACTED],

On April 13, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 1, 2016 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 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005886

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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 not eligible for Medicaid as of December 31, 2015?

Did NY State of Health properly determine that your eligibility for APTC and cost-sharing reductions was effective February 1, 2016?

Procedural History

On December 11, 2014, NY State of Health (NYSOH) issued a notice stating that your insurance coverage through Medicaid will begin January 1, 2015.

On October 22, 2015, NYSOH issued a notice that it was time to renew your health insurance for 2016. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2015 or you might lose the financial assistance you were currently receiving.

No updates were made to your account by December 15, 2015.

On December 21, 2015, NYSOH issued an eligibility determination notice stating that you are not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You also could not enroll in a qualified health plan at full cost. This was because you had not

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responded to the renewal notice and had not completed your renewal within the required time frame. Your eligibility ended December 31, 2015.

On December 22, 2015, NYSOH issued a disenrollment notice stating that your coverage through your Medicaid Managed Care plan will end effective December 31, 2015.

On December 31, 2015, NYSOH received your updated application for health insurance. That day, a preliminary eligibility determination was prepared stating that you were eligible to receive up to \$187.00 per month in advance payments of the premium tax credit (APTC), and cost-sharing reductions.

Also on December 31, 2015 you spoke to NYSOH's Account Review Unit and appealed the preliminary eligibility determination insofar as you were not enrolled in a health plan for the month of January 2016. That day, you also requested Aid to Continue to prevent a gap in your health coverage.

On January 1, 2016, NYSOH issued a notice of eligibility redetermination stating that you were eligible to receive up to \$187.00 per month in APTC, and cost-sharing reductions. This eligibility was effective February 1, 2016. You were not eligible for Medicaid because your household income was over the allowable income limit for that program.

On January 15, 2016, NYSOH granted your request for Aid to Continue.

On January 16, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective January 1, 2016.

On April 13, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, your appeal was amended to include your eligibility for financial assistance. The record was developed during the hearing and left open for 15 days to allow you the opportunity to submit documentation of your income. No documentation was received within the 15 days and the record closed.

Findings of Fact

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

- 1) You testified that when you initially filed an appeal you were only concerned with not having coverage for the month of January.
- 2) You testified that you were not given the option to select a qualified health plan and as a result NYSOH stated that you can get Medicaid coverage in the interim.

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- 3) The record indicates that your request for Aid to Continue was approved on January 15, 2016 and you were reenrolled into Medicaid as of January 1, 2016.
- 4) You testified, and the record reflects, that you receive all of your notices from NYSOH via electronic mail.
- 5) You testified that you did not receive any electronic alerts regarding any notice in your NYSOH account telling you that you needed to update your application.
- 6) The record reflects that on December 31, 2015 NYSOH received your updated application for health insurance.
- 7) You testified that you expect to file your 2016 taxes with a tax filing status of single. You will claim no dependents on that tax return.
- 8) The application that was submitted on December 31, 2015 listed annual household income of \$28,000.00 consisting in income from your employment. You testified that this amount is not accurate.
- 9) You testified that you expect to earn around \$22,000.00 in 2016. The decrease in your annual income is a result of working less for your employers.
- 10) You were directed to submit documentation of your income to NYSOH Appeals Unit within 15 days of the hearing. No documentation was received within the requested time frame.
- 11) Your application states that you live in New York County.

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

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applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. 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 2015 FPL, which is \$11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

Annual Eligibility Redetermination

Generally, NYSOH must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

NYSOH must send an annual renewal notice that contains the information by which NYSOH will use to redetermine a qualified individual's eligibility for that year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the information provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

Electronic Notices

Applicants may choose to receive notices and information from NYSOH by either electronic or regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

Legal Analysis

The first issue is whether NYSOH properly determined that you were not eligible for Medicaid as of December 31, 2015.

The application that was submitted on December 31, 2015 listed an annual household income of \$28,000.00 and the eligibility determination relied upon that information.

You are in a one-person household. You expect to file your 2016 income taxes as single and will claim no dependents on that tax return.

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 (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 \$11,770.00 for a one-person household. Since \$28,000.00 is 237.89% of the 2015 FPL, NYSOH properly found you to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

Since the January 1, 2016 eligibility determination properly stated that, based on the information you provided you were not eligible for Medicaid, it is correct and is AFFIRMED in part.

The second issue is whether NYSOH properly determined that your eligibility for APTC and cost-sharing reductions was effective February 1, 2016.

NYSOH must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. NYSOH must issue a renewal notice that contains the individual's eligibility. If an individual does not respond to this notice, NYSOH must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On October 22, 2015, NYSOH issued an annual renewal notice in your case. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether or not you qualify for financial help with paying for your health coverage. You were asked to update the information in your account by December 15, 2015 or the financial help you were receiving might end.

Because there was no timely response to this notice, your eligibility for financial assistance and your enrollment in a Medicaid Managed Care plan was terminated effective December 31, 2015.

However, you testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You credibly testified that you did not receive an electronic alert regarding the eligibility determination notice, which directed you to update the information in your NYSOH account. There is no

evidence in your account documenting that any email alert was sent to you regarding the need to renew your application.

Therefore, it is concluded that NYSOH did not give you the proper notice that you needed to update your account.

You first renewed your eligibility for financial assistance through NYSOH for 2016 on December 31, 2015, and therefore we must assume that this is the information that would have been used had you been timely informed of the need to update your account, as stated in the renewal notice.

You testified that when you initially filed an appeal you were only concerned with not having coverage for the month of January. You further testified that you were not given the option to select a qualified health plan and as a result NYSOH stated that you can get Medicaid coverage in the interim. Therefore, the eligibility that was awarded to you in the January 1, 2016 eligibility determination was rendered moot by NYSOH decision to grant you Aid to Continue for more than just the month of January because you were never able to select a qualified health plan.

You testified that the amount of income that was listed on your December 31, 2015 application is not accurate. You testified that you expect to earn around \$22,000.00 in 2016. The decrease in your annual income is a result of working less for your employers.

Therefore, we are RETURNING your case to NYSOH to redetermine your eligibility for financial assistance and enrollment effective January 1, 2016 for a household of one-person, residing in New York County with an expected annual household income of \$22,000.00.

Decision

The January 1, 2016 eligibility determination is AFFIRMED insofar as you were not eligible for Medicaid.

NYSOH failed to provide you with proper notice of the need to renew your account to prevent a gap in insurance coverage. Therefore, your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance and enrollment effective January 1, 2016 for a household of one-person, residing in New York County with an expected annual household income of \$22,000.00.

Effective Date of this Decision: May 4, 2016

How this Decision Affects Your Eligibility

You were not eligible for Medicaid as of the date of your December 31, 2015 application for health insurance.

Your case being sent back to NYSOH to redetermine your eligibility for financial assistance and enrollment effective January 1, 2016 for a household of one-person, residing in New York County with an expected annual household income of \$22,000.00.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. 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 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:
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Summary

The January 1, 2016 eligibility determination is AFFIRMED insofar as you were not eligible for Medicaid.

Your case being sent back to NYSOH to redetermine your eligibility for financial assistance and enrollment effective January 1, 2016 for a household of one-person, residing in New York County with an expected annual household income of \$22,000.00.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

