



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

Notice of Decision

Decision Date: May 6, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006260

[REDACTED]

Dear [REDACTED],

On May 5, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health’s November 22, 2015 eligibility redetermination.

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: AP000000006260



Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health properly redetermine you to be newly eligible for Medicaid as of November 1, 2015, which systematically disenrolled you from your qualified health plan as of November 30, 2015?

Procedural History

According to your NY State of Health (NYSOH) account, you were enrolled in a platinum-level qualified health plan as of February 1, 2015 and were receiving advance payments of the premium tax credit (APTC) of \$52.27 monthly.

On October 24, 2015, NYSOH issued a renewal notice informing you that, based on information from federal and state data sources, a decision about whether or not you qualified for financial assistance in the upcoming year could not be made. You were instructed to update your NYSOH account by December 15, 2015.

On November 22, 2015, you updated your NYSOH account and you were preliminarily redetermined eligible for Medicaid effective November 1, 2015, based on a reported household income of \$0.00.

On November 23, 2015, NYSOH issued an eligibility redetermination notice that was consistent with the November 22, 2015 preliminary redetermination.

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Also on November 23, 2015, NYSOH issued a disenrollment notice informing you that your coverage with your platinum-level qualified health plan would end November 30, 2015.

On November 24, 2015, NYSOH issued another eligibility redetermination notice that stated, based on a reported household income of \$45,867.00, you were newly eligible to receive APTC of up to \$16.00 per month, effective January 1, 2016.

Also on November 24, 2015, NYSOH issued a disenrollment notice informing you that your coverage with Medicaid Fee-For-Service would be discontinued as of December 31, 2015.

On December 4, 2015, NYSOH issued an enrollment notice confirming that the platinum-level qualified health plan you had selected would start on January 1, 2016 and your APTC would be applied as of that date.

On December 29, 2015, you contacted NYSOH's Account Review Unit and requested an appeal of the November 22, 2015 preliminary eligibility determination finding you Medicaid eligible and the November 23, 2015 disenrollment notice ending coverage in your platinum-level qualified health plan as of November 30, 2015

On May 5, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) According to your NYSOH account, you file your taxes with a tax filing status of single and do not claim any dependents.
- 2) You are seeking insurance for yourself for the month of December 2015.
- 3) You testified that you accessed your online account on November 22, 2015 in response to the renewal notice informing you to update the information on your account.
- 4) According to your November 22, 2015 application, your annual income was listed as \$0.00. You testified that this was in error and the system would not allow you to report your actual income of \$45,867.00, although you made multiple efforts to add it that day.

- 5) As a result of the system preventing you from correcting your income, you were preliminarily redetermined Medicaid eligible that day, effective as of November 1, 2015. This finding also resulted in your coverage with your platinum-level qualified health plan being discontinued as of November 30, 2015.
- 6) You testified that you contacted NYSOH on November 23, 2015 to seek assistance in correcting your income and a supervisor was eventually able to correct your application and include your actual income. As of November 23, 2015, your income on your application was listed as \$45,867.00. You testified that this amount is correct.
- 7) You testified that you assumed that, with your application being corrected, your coverage in your platinum-level qualified health plan would be reinstated for December 2015, so you paid that month's premium on schedule.
- 8) You testified that you received the November 23 and 24, 2015 notices in the mail but disregarded them because you believed your eligibility had been straightened out by the NYSOH supervisor.
- 9) You testified that you went for a physical in December 2015 and presented your insurance identification card at the time of service.
- 10) You testified that, on December 29, 2015, you received two bills in the mail from your doctor because your platinum-level qualified health plan had denied the claims for \$670.00 and \$170.93.
- 11) You testified that you called NYSOH that same day to get your platinum-level qualified health plan reinstated for December 2015, but were denied reinstatement because you had Medicaid for the month of December 2015.
- 12) You testified that your doctor does not accept Medicaid and you had to pay those two bills out-of-pocket.
- 13) You testified that Medicaid did cover the expense of your lab work, which was \$614.00.
- 14) You want your coverage in your platinum-level qualified health plan reinstated from December 1, 2015 to December 31, 2015, because you were never eligible for and did not want Medicaid for that month.
- 15) You testified that you understand you will be responsible for the premium that month because your December 2015 premium payment had been applied by your health plan to your January 2016 premium payment.

16) According to your NYSOH account, you reside in Suffolk 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)), N.Y. Soc. Serv. Law § 366(1)(b)).

People who receive or are eligible for Medicaid are not eligible for APTC since they have, or will soon have, active coverage in the system. They will be enrolled or remain in their Medicaid plan for 12 months, with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, failing to provide a valid Social Security number, or having third party health insurance (N.Y. Soc. Serv. Law § 366(4)(c)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were eligible for Medicaid as of November 1, 2015, which resulted in being systematically disenrolled from your platinum-level qualified health plan as of November 30, 2015.

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 updated application, the relevant FPL was \$11,770.00 for a one-person household.

The record reflects that your November 22, 2015 application did not include your annual income because the system prevented you from entering it on your online account that day. The record further reflects that this problem was corrected on November 23, 2015, by a NYSOH supervisor and resulted in you being

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redetermined eligible to receive APTC as of January 1, 2016. However, had you been able to enter your actual annual income on November 22, 2015, you would not have been redetermined eligible for Medicaid since \$45,867.00 is 389.69% of the 2015 FPL. Therefore, you were never eligible for Medicaid and were only redetermined eligible based on incorrect information.

Accordingly, the November 23, 2015 eligibility redetermination and disenrollment notices are RESCINDED, as is the November 24, 2015 disenrollment notice.

Your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance as of December 1, 2015 using a one-person household with an annual income of \$45,867.00, for an individual residing in Suffolk County, and to allow you to be reinstated in your platinum-level qualified health plan, effective December 1, 2015 through December 31, 2015.

Decision

The November 23, 2015 eligibility redetermination and disenrollment notices are RESCINDED

The November 24, 2015 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance as of December 1, 2015 using a one-person household with an annual income of \$45,867.00, for an individual residing in Suffolk County, and to allow you to be reinstated in your platinum-level qualified health plan, effective December 1, 2015 through December 31, 2015.

Effective Date of this Decision: May 6, 2016

How this Decision Affects Your Eligibility

You were not eligible for Medicaid from November 1, 2015 to December 31, 2015.

This decision does not decide your eligibility for financial assistance for the month of December 2015.

It returns your case to NYSOH to redetermine your eligibility for financial assistance that month and to allow you to be reinstated in your platinum-level qualified health plan from December 1, 2015 to December 31, 2015. NYSOH will notify you of its redetermination.

You will be responsible for the premium due that month, less any APTC that may be applicable.

NYSOH will inform Medicaid of this decision since it paid the December 2015 claim of \$614.00 on your behalf.

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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- By fax: 1-855-900-5557

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Summary

The November 23, 2015 eligibility redetermination and disenrollment notices are **RESCINDED**

The November 24, 2015 disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to redetermine your eligibility for financial assistance as of December 1, 2015 using a one-person household with an annual income of \$45,867.00, for an individual residing in Suffolk County, and to allow you to be reinstated in your platinum-level qualified health plan, effective December 1, 2015 through December 31, 2015.

You were not eligible for Medicaid from November 1, 2015 to December 31, 2015.

This decision does not decide your eligibility for financial assistance for the month of December 2015.

It returns your case to NYSOH to redetermine your eligibility for financial assistance that month and to allow you to be reinstated in your platinum-level qualified health plan from December 1, 2015 to December 31, 2015. NYSOH will notify you of its redetermination.

You will be responsible for the premium due that month, less any APTC that may be applicable.

NYSOH will inform Medicaid of this decision since it paid the December 2015 claim of \$614.00 on your behalf.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

