



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

Notice of Decision

Decision Date: June 17, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006566

[REDACTED]

[REDACTED],

On June 15, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 27, 2016 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 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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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 to enroll in the Essential Plan effective March 1, 2016?

Did NY State of Health properly determine that you were not eligible for Medicaid?

Procedural History

According to your NY State of Health (NYSOH) account, you had Medicaid as of February 1, 2014 and were enrolled in a Medicaid Managed Care (MMC) plan from March 1, 2014 to January 31, 2016.

On December 21, 2015, NYSOH issued a renewal notice informing you that you needed to update the information in your NYSOH account by January 15, 2016, so that your eligibility for financial assistance for the upcoming policy period could be redetermined. The notice also informed you that if you did not update the information by this deadline, the financial assistance you were currently receiving might end.

As of January 15, 2016, your NYSOH account was not updated.

On January 16, 2016, NYSOH issued an eligibility redetermination notice that stated you no longer qualified for financial assistance or to enroll in a qualified

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health plan at full cost through NYSOH because you did not respond to the renewal notice and did not complete your renewal within the required timeframe. The notice further stated that your eligibility would end January 31, 2016.

On January 18, 2016, NYSOH issued a disenrollment notice that stated your coverage in the MMC plan with UnitedHealthcare of NY, Inc. would end January 31, 2016.

On January 27, 2016, NYSOH preliminarily redetermined you eligible for the Essential Plan, effective March 1, 2016.

That same day, you spoke with a representative from NYSOH's Account Review Unit and appealed your eligibility insofar as you wanted to remain eligible for and have coverage through Medicaid.

On January 28, 2016, based on your January 27, 2016 updated application, NYSOH issued an eligibility redetermination notice that stated you were eligible to enroll in the Essential Plan, effective March 1, 2016, and were not eligible to enroll in other coverage, such as Medicaid.

Also on January 28, 2016, NYSOH issued an enrollment notice confirming your January 27, 2016 selection of the Essential Plan 1 through United Healthcare Community Plan with a \$20.00 monthly premium and a March 1, 2016 plan enrollment start date.

On May 26, 2016, a Hearing Officer from NYSOH's Appeal Unit granted an adjournment of your scheduled hearing that day to June 15, 2016 at 6:00 p.m. On June 15, 2016, you had a telephone hearing with a Hearing Officer from the 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) You testified that you expect to file your 2016 taxes with a tax filing status of single. You will not claim any dependents on that tax return.
- 2) You are seeking insurance for yourself.
- 3) The application that was submitted on January 27, 2016, in which you requested financial assistance, listed annual household income of \$18,000.00, consisting solely of your earnings from your employment. You testified that this amount was correct.

- 4) You testified that your monthly income for January 2016 and February 2016 was \$1,500.00 each month.
- 5) Your application states that you will not be taking any deductions on your 2016 tax return. You testified that this information is accurate.
- 6) Your application states that you live in Queens County, New York.

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 2015 FPL, which is \$11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

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)).

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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)).

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 January 27, 2016, the date of your application, that was the 2016 FPL, which is \$11,880.00 for a one-person household (81 Fed. Reg. 4036).

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).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you were eligible for the Essential Plan, effective March 1, 2016.

The application that was submitted on January 27, 2016 listed an annual household income of \$18,000.00 and the eligibility redetermination relied upon that information.

You are in a one-person household. This is because you expect to file your 2016 income taxes as single and will not be claiming any dependents on your tax return.

The Essential Plan is provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is between 138% and 200% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$11,770.00 for a one-person household. Since an annual household income of \$18,000.00 is 152.93% of the 2015 FPL, NYSOH properly found you to be eligible for the Essential Plan. Since your FPL is at 152.93%, which is between 150% and 200% of the applicable FPL, you were also properly determined to have a \$20.00 monthly premium.

The record also indicates that you selected your Essential Plan on January 27, 2016 and were enrolled into a plan that day with a start date of March 1, 2016.

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.

You selected your Essential Plan on January 27, 2016, which is after the fifteenth day of the month. Therefore, your enrollment properly took effect on the first day of the second month following that date; that is, on March 1, 2016.

The second issue is whether NYSOH properly determined that you were not eligible 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 January 27, 2016, the date of your application, the relevant FPL was \$11,880.00 for a one-person household. Since \$18,000.00 is 151.52% of the 2016 FPL, NYSOH properly found you to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

The same outcome is reached using your monthly household income and family size.

You testified that your gross income in both January 2016 and February 2016 was \$1,500.00 per month and you are in a one-person household.

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 \$1,367.00 per month for a one-person household. Since you testified that you earned \$1,500.00 in both January 2016 and February 2016, which is over the maximum allowable monthly income, you do not qualify for Medicaid on the basis of monthly income as of the date of your application.

Since the January 28, 2016 eligibility redetermination notice properly stated that, based on the information you provided, you were eligible for the Essential Plan, it is correct and is AFFIRMED.

Since the January 28, 2016 enrollment confirmation notice properly stating that your enrollment in the Essential Plan was effective March 1, 2016, it is also correct and is AFFIRMED.

Decision

The January 28, 2016 eligibility redetermination notice is AFFIRMED.

The January 28, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: June 17, 2016

How this Decision Affects Your Eligibility

You remain eligible for the Essential Plan, effective March 1, 2016.

You remain enrolled in the Essential Plan 1 through United Healthcare Community Plan with a \$20.00 monthly premium and a March 1, 2016 plan enrollment start date.

You are not eligible for Medicaid.

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 after 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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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 28, 2016 eligibility redetermination notice is AFFIRMED.

The January 28, 2016 enrollment confirmation notice is AFFIRMED.

You remain eligible for the Essential Plan, effective March 1, 2016.

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You remain enrolled in the Essential Plan 1 through United Healthcare Community Plan with a \$20.00 monthly premium and a March 1, 2016 plan enrollment start date.

You are not eligible for Medicaid.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

