



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

Notice of Decision

Decision Date: March 14, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012191

[REDACTED]

Dear [REDACTED],

On January 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 13, 2016 eligibility determination and disenrollment notices and September 24, 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 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: March 14, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012191

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Issue

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

Did NY State of Health (NYSOH) properly determine that you were no longer eligible for and enrolled in a Medicaid Managed Care plan, effective October 1, 2016?

Procedural History

On March 22, 2016, NYSOH issued an eligibility redetermination notice stating that you were eligible for Medicaid because your household income of \$15,793.20 was at or below the allowable income limit. This eligibility was effective as of January 1, 2016.

Also on March 22, 2016, NYSOH issued an enrollment notice confirming your enrollment in a Medicaid Managed Care (MMC) plan. The notice also stated that your insurance coverage with your MMC plan began May 1, 2016.

On September 12, 2016, NYSOH received your updated application for health insurance in which you reported an increase in income.

On September 13, 2016, NYSOH issued an eligibility redetermination notice based on the information contained in the September 12, 2016 application. It stated that, effective October 1, 2016, you were newly conditionally eligible for up to \$219.00 per month in advance payments of the premium tax credit (APTC), newly conditionally eligible for cost-sharing reductions (CSR). The notice further stated that you were not eligible for Medicaid because your household income was over the allowable income limit for that program.

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Also on September 13, 2016, NYSOH issued a disenrollment notice stating that your MMC coverage would end effective September 30, 2016. This was because you were found no longer eligible to remain enrolled in your current health insurance.

On September 23, 2016, you updated your application for financial assistance. That day, a preliminary eligibility determination was prepared stating that you were eligible to receive up to \$219.00 in APTC and eligible to receive cost-sharing reductions if you enrolled in a silver level qualified health plan, effective November 1, 2016. You also selected a qualified health plan for enrollment.

Also on September 23, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your silver-level qualified health plan and the start of your APTC insofar as they did not begin October 1, 2016.

On September 24, 2016, NYSOH issued an eligibility determination notice, based on the September 23, 2016 application, stating that you were eligible to receive up to \$219.00 in APTC and eligible to receive cost-sharing reductions if you enrolled in a silver level qualified health plan, effective November 1, 2016. That notice also stated that you were not eligible for Medicaid because your income was over the allowable income limits for those programs.

Also on September 24, 2016, NYSOH issued an enrollment notice confirming that you had selected and enrolled in a silver-level qualified health plan, effective November 1, 2016.

On January 18, 2017, 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) You expect to file your 2016 federal income tax return as single and claim no dependents.
- 2) According to the January 15, 2016 application, you attested to an expected annual household income of \$15,793.20. You testified that, at the time you submitted your application, this income was an accurate reflection of your expected income for the 2016 tax year.
- 3) According to your NYSOH account, you were found eligible for Medicaid coverage, effective January 1, 2016, as reflected in the

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March 22, 2016 eligibility determination notice and were enrolled in a MMC plan.

- 4) You testified that you began a new job in September 2016, and your income changed.
- 5) According to the September 12, 2016 updated application, you attested to an increased expected household income of \$25,560.00. You testified that this was accurate.
- 6) You testified that you were not aware that you needed to make a health plan selection on or before September 15, 2016 in order to have your silver-level qualified health plan start on October 1, 2016.
- 7) You testified that you have a gap in insurance coverage for the month of October 2016.
- 8) You testified that you do not have any outstanding medical bills for October 2016, but are concerned about a tax penalty for not having insurance.
- 9) You testified that starting January 1, 2017, you have health insurance through your employer.
- 10) You testified that you are satisfied with your silver-level qualified health plan and would like for it to start October 1, 2016 so you do not have a gap in insurance.

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

Applicable Law and Regulations

Medicaid for Adults between the Ages of 19 and 65

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 federal poverty level (FPL) for the applicable family size (42 CFR §§ 435.119(b), 435.911(b)(1), 435.603(d)(4); NY Social Services Law § 366(1)(b)).

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).

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 2016 FPL, which is \$11,880.00 for a one-person household (81 Federal Register 4036).

Generally, most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, even if they lose Medicaid eligibility because of any changes or updates they make to their NYSOH account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a 12-month period. This 12-month period is referred to as “continuous coverage” and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (NY Social Services Law § 366(4)(c)).

An individual will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, lack of state residence, failing to provide a valid social security number, or having third party health insurance (NY Social Services Law § 366(4)(c)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were no longer eligible for and enrolled in a MMC plan, effective October 1, 2016.

On January 15, 2016 you submitted an application for financial assistance to NYSOH. As a result of this application, you were found eligible for Medicaid, effective January 1, 2016. You subsequently enrolled into a MMC plan.

On September 12, 2016, you updated your application to NYSOH for financial assistance, indicating a higher annual household income. As a result, you were determined eligible for APTC and CSR, and no longer eligible for Medicaid, effective October 1, 2016. You were subsequently disenrolled from your MMC plan, effective September 30, 2016.

However, under New York State law, once a person is found eligible for Medicaid, that eligibility generally continues for 12 months, even if the household income rises above 138% of the FPL. This provision is called “continuous coverage”.

The record reflects that there were no events that would have been a basis for your Medicaid coverage to have been terminated, such as a permanent move or incarceration. Since you were determined eligible for Medicaid, effective January 1, 2016, you should have remained eligible for Medicaid for 12 continuous months, regardless of any increases in your household income. As a result, you were improperly disenrolled from Medicaid, effective September 30, 2016.

While technically, your Medicaid coverage and your MMC plan should have continued to December 31, 2016, you testified that you were satisfied with your silver-level qualified health plan which began on November 1, 2016 and did not want that plan altered.

Therefore, the September 13, 2016 eligibility redetermination is MODIFIED to state that you are no longer eligible for Medicaid coverage, but that your Medicaid coverage will continue until October 31, 2016. The September 13, 2016 disenrollment notice is MODIFIED to state that your MMC plan will end effective October 31, 2016. The September 24, 2016 eligibility redetermination notice stating that you were eligible for APTC of \$219.00 and cost sharing reductions effective November 1, 2106 is AFFIRMED.

Your case is RETURNED to NYSOH to re-enroll you in your MMC plan for the period of October 1, 2016 through October 31, 2016.

Decision

The September 13, 2016 eligibility redetermination is MODIFIED to state that you are no longer eligible for Medicaid coverage, but that your Medicaid coverage will continue until October 31, 2016.

The September 13, 2016 disenrollment notice is MODIFIED to state that your MMC plan will end effective October 31, 2016.

The September 24, 2016 eligibility redetermination notice stating that you were eligible for APTC of \$219.00 and cost sharing reductions effective November 1, 2106 is AFFIRMED.

Your case is RETURNED to NYSOH to re-enroll you in your MMC plan for the period of October 1, 2016 through October 31, 2016.

Effective Date of this Decision: March 14, 2017

How this Decision Affects Your Eligibility

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Your Medicaid coverage, which began on January 1, 2016, should have continued until October 31, 2016.

Your case is being sent back to NYSOH to re-enroll you in your MMC plan for the period of October 1, 2016 through October 31, 2016. NYSOH will notify you once this has been achieved.

Your silver-level qualified health plan began November 1, 2016.

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 September 13, 2016 eligibility redetermination is MODIFIED to state that you are no longer eligible for Medicaid coverage, but that your Medicaid coverage will continue until October 31, 2016.

The September 13, 2016 disenrollment notice is MODIFIED to state that your MMC plan will end effective October 31, 2016.

The September 24, 2016 eligibility redetermination notice stating that you were eligible for APTC of \$219.00 and cost sharing reductions effective November 1, 2106 is AFFIRMED.

Your case is RETURNED to NYSOH to re-enroll you in your MMC plan for the period of October 1, 2016 through October 31, 2016.

Your Medicaid coverage, which began on January 1, 2016, should have continued until October 31, 2016.

Your case is being sent back to NYSOH to re-enroll you in your MMC plan for the period of October 1, 2016 through October 31, 2016. NYSOH will notify you once this has been achieved.

Your silver-level qualified health plan began November 1, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

