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

Notice of Decision

Decision Date: April 10, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000013250

[redacted]

Dear [redacted],

On February 15, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 28, 2016 disenrollment notice, and November 7, 2016 and November 24, 2016 eligibility determination notices.

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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DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: April 10, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000013250

[redacted]

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 disenrolled from your Medicaid Managed Care plan coverage effective October 31, 2016?
>
> Did NYSOH properly determine that you were found eligible to enroll in a qualified health plan at full cost, effective December 1, 2016?
>
> Did NYSOH properly determine that you were eligible to enroll in the Essential Plan with a monthly premium of $0.00, effective January 1, 2016?
>
> Did NY State of Health properly determine that you were not eligible for Medicaid?

Procedural History

On September 13, 2015, NYSOH issued a renewal and eligibility determination notice stating that you were still qualified to get health care coverage under Medicaid, effective November 1, 2015. The notice also stated that you would be reenrolled in your Medicaid Managed Care (MMC) plan, with such coverage beginning November 1, 2015.

On September 3, 2016, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. 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 October 15, 2016 or you might lose the financial assistance you were currently receiving.

On September 26, 2016, NYSOH received a revised application for health insurance.

Also on September 26, 2016, NYSOH received an unsigned and undated copy of your US Individual Income Tax Return for 2015.

On September 28, 2016, NYSOH issued a notice stating that your September 26, 2016 application had been reviewed, and the information in that application did not match the information NYSOH received from state and federal sources. The notice further stated that you needed to provide income documentation by October 11, 2016. The notice warned that if you missed the due date, NYSOH would not be able to determine your eligibility for health coverage.

Also on September 28, 2016, NYSOH issued a disenrollment notice confirming that your Medicaid coverage under your MMC plan would end effective October 31, 2016.

On October 6, 2016, NYSOH issued a notice stating that the information you provided did not confirm the information you provided in your application. You were requested to provide additional income documentation by October 26, 2016.

No additional income documents were received by October 26, 2016.

On November 7, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a QHP at full cost effective December 1, 2016.

On November 8, 2016, NYSOH received a signed and dated copy of your US Individual Income Tax Return for 2015. This document was verified on November 23, 2016.

Also on November 8, 2016, NYSOH's Account Review Unit received signed letter from you requesting an appeal of the November 7, 2016 eligibility determination notice insofar as you were found eligible to enroll in a qualified health plan (QHP) at full cost, rather than remain eligible for Medicaid.

On November 23, 2016, NYSOH redetermined your eligibility for health insurance based on information in your account as of November 23, 2016.

On November 24, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan, effective January 1, 2017.

On February 15, 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 support the following findings of fact:

1) You are applying for health insurance for only yourself.

2) According to your NYSOH account, you were enrolled in your MMC plan as of November 1, 2015.

3) You testified, and your account reflects, that you receive your notices from NYSOH by regular mail.

4) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.

5) Based on the information you provided in your September 26, 2016 application, NYSOH issued a notice on September 28, 2016 requesting income documentation by October 11, 2016 to confirm that the information contained in your account was accurate.

6) On September 26, 2016, you provided an unsigned and undated copy of your US Individual Income Tax Return for 2015.

7) On October 6, 2016, NYSOH issued a notice stating that the document you provided was insufficient to satisfy the request for information to confirm the information in your account was accurate, and to provide additional income documentation by October 26, 2016.

8) You were found eligible to enroll in a QHP at full cost, effective December 1, 2016.

9) On November 8, 2016, you provided a signed and dated copy of your U.S. Individual Income Tax Return for 2015. This document was reviewed and verified on November 23, 2016, which reflected an adjusted gross income of $16,828.00 (line 37), which was comprised of a total income of $18,435.00 (line 22) and deductions totaling $1,607.00 (line 36). In the total income of $18,435.00, was comprised of $34.00 (line 8a) in taxable interest, $580.00 (line 9a) in ordinary dividends, $17,644.00 (line 12) in business income, $160.00 (line 13) in capital gains and $17.00 (line 22) in settlement income.

10) On November 23, 2016, NYSOH reran your eligibility for health insurance based on the information contained in your account. You were found eligible to enroll in the Essential Plan, effective January 1, 2017.

11) You testified that you were seeking to reinstate your MMC plan coverage as of December 1, 2016.

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

Applicable Law and Regulations

Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every 12 months or "whenever it receives information about a change in a beneficiary's circumstances that may affect eligibility" (42 CFR § 435.916(a)(1), (d)). NYSOH must make its "redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency" (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR §155.335(h)).

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Medicaid Managed Care (MMC) plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H(6)(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019, NY Social Services Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h)).

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 $11,880.00 for a one-person household (81 Federal Register 4036).

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).

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 2016 FPL, which is $11,880.00 for a one-person household (81 Fed. Reg. 4036).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you were disenrolled from your Medicaid coverage as of October 31, 2016.

You were originally found eligible for Medicaid effective November 1, 2015.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's September 3, 2016 renewal notice stated that there was not enough information to determine whether you were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by October 15, 2016, or your financial assistance might end.

You testified, and your account reflects, that you provided a copy of your tax return for 2015 in response to NYSOH's request for additional income documentation by October 11, 2016. However, this tax return for 2015 was not signed and dated. Accordingly, NYSOH invalidated this document as insufficient proof of your income.

On October 6, 2016, NYSOH issued a notice requesting additional income documentation by October 26, 2016. The record reflects that you ultimately provided a signed and dated version of your tax return for 2015 on November 8, 2016. Because there was no timely response to this notice, your coverage in your MMC plan was terminated effective October 31, 2016.

Therefore, the September 28, 2016 disenrollment notice stating that your Medicaid coverage ended effective October 31, 2016 is AFFIRMED.

The second issued under review is whether you were properly found eligible to enroll in a qualified health plan at full cost, effective December 1, 2016.

Based on the information available to NYSOH, your eligibility was redetermined as of November 6, 2016. You were properly found eligible to enroll in a QHP at full cost, effective December 1, 2016, because NYSOH had not received the requested information to verify your income by the due date as requested in the October 6, 2016 notice.

Therefore, NYSOH's November 7, 2016 eligibility determination notice stating that you were eligible to enroll in a QHP at full cost, effective December 1, 2016 is AFFIRMED.

The third issue under review is whether NYSOH properly determined that you were eligible to enroll in the Essential Plan with a monthly premium of $0.00, effective January 1, 2016.

Based on the tax return you provided on November 8, 2016, NYSOH redetermined your eligibility for financial assistance on November 23, 2016. The NYSOH representative, in reviewing your eligibility, used an annual household income figure of $16,795.00, which was comprised of $17,644.00 in total business income, $711.00 in additional income and $1,560.00 in deductions. The eligibility determination relied on that information in issuing its determination.

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.

The Essential Plan is provided through NYSOH to individuals who meet the non-financial requirements and have a household MAGI that is between 138% and 200% of the FPL for the applicable family size. On the date of the redetermination of your eligibility, the relevant FPL was $11,880.00 for a one-person household. Since an annual household income of $16,795.00 is 141.37% of the 2016 FPL, NYSOH properly found you to be eligible for the Essential Plan with a $0.00 monthly premium.

However, while you were properly found eligible for the Essential Plan, the start date of your coverage should have been based upon when you provided the required documentation, not on when NYSOH reviewed it. Since the record reflects that you provided the necessary tax return on November 8, 2016, we may reasonably infer that you would have selected your MMC plan at that time had the document been more timely reviewed.

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.

Accordingly, your Essential Plan eligibility should have been effective as of December 1, 2016, rather than January 1, 2017.

The final issue under review 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 the date of your application, the relevant FPL was $11,880.00 for a one-person household. Since $16,795.00 is 141.37% of the 2016 FPL,

NYSOH properly found you to be ineligible for Medicaid on an expected annual income basis.

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

Since there is insufficient information in the record to confirm your monthly income during as of the month of your application, November 2016, your case will not be returned to NYSOH for a redetermination at this time.

Therefore, the November 24, 2016 eligibility determination is MODIFIED to state that your eligibility for the Essential Plan at $0.00 per month should have begun effective December 1, 2016, rather than January 1, 2017.

Your case is RETURNED to NYSOH to effectuate the above referenced changes to your eligibility and to facilitate your Essential Plan selection

Decision

The September 28, 2016 disenrollment notice is AFFIRMED.

The November 7, 2016 eligibility determination notice is AFFIRMED.

The November 24, 2016 eligibility determination is MODIFIED to state that your eligibility for the Essential Plan at $0.00 per month should have begun effective December 1, 2016, rather than January 1, 2017.

Your case is RETURNED to NYSOH to effectuate the above referenced changes to your eligibility and to facilitate your Essential Plan selection.

Effective Date of this Decision: April 10, 2017

How this Decision Affects Your Eligibility

You were properly disenrolled from your Medicaid coverage effective October 31, 2016.

Your eligibility for the Essential Plan was effective December 1, 2016.

You will be contacted by NYSOH to facilitate your selection of an Essential Plan.

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
- 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 September 28, 2016 disenrollment notice is AFFIRMED.

The November 7, 2016 eligibility determination notice is AFFIRMED.

The November 24, 2016 eligibility determination is MODIFIED to state that your eligibility for the Essential Plan at $0.00 per month should have begun effective December 1, 2016, rather than January 1, 2017.

Your case is RETURNED to NYSOH to effectuate the above referenced changes to your eligibility and to facilitate your Essential Plan selection.

You were properly disenrolled from your Medicaid coverage effective October 31, 2016.

Your eligibility for the Essential Plan was effective December 1, 2016.

You will be contacted by NYSOH to facilitate your selection of an Essential Plan.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

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).

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。我们可以为您免费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 مجانًا.

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।

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).

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 महत्त्वपूर्ण 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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.

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).