



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

Notice of Decision

Decision Date: March 7, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013535

[REDACTED]

Dear [REDACTED],

On February 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 17, 2016 disenrollment notice, October 18, 2016 eligibility determination, and November 26, 2016 eligibility determination.

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).

This page intentionally left blank.



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

Decision

Decision Date: March 7, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013535



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 disenrolled from Medicaid and your Medicaid Managed Care plan, effective October 31, 2016?

Did NY State of Health properly determine that you were eligible for the Essential Plan?

Did NY State of Health properly determine that you were ineligible for Medicaid, effective November 1, 2016?

Did NY State of Health properly determine that your eligibility for the Essential Plan was effective January 1, 2017?

Procedural History

On November 21, 2015, NYSOH received your application for financial assistance with health insurance.

On November 22, 2015, NYSOH issued an eligibility determination notice, based on your November 21, 2015 application, stating that you were eligible for Medicaid, effective November 1, 2015.

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).

Also on November 22, 2015, NYSOH issued an enrollment confirmation notice, confirming your selection of a Medicaid Managed Care plan, with an enrollment start date of January 1, 2016.

On September 2, 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.

No updates were received by October 15, 2016 and NYSOH redetermined your eligibility for financial assistance with health insurance.

On October 17, 2016, NYSOH issued a disenrollment notice stating that your coverage in your Medicaid and Medicaid Managed Care plan was terminated effective October 31, 2016 as you failed to renew your health insurance coverage.

On October 18, 2016, NYSOH issued an eligibility determination notice stating that you do not qualify for Medicaid, Child Health Plus, the Essential Plan, or to receive advanced payments of the premium tax credit or cost sharing reductions, and that you were no longer eligible for health insurance through NYSOH, effective November 1, 2016. The notice stated that you were not qualified to enroll through NYSOH because you did not complete your renewal within the required timeframe.

On November 25, 2016, you updated your application for financial assistance with health insurance through NYSOH.

On November 26, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time, effective January 1, 2017. This notice requested that you produce documentation of your income by February 23, 2017.

Also on November 26, 2016, you spoke to NYSOH's Account Review Unit and appealed your eligibility insofar as you were not found eligible for Medicaid, effective November 1, 2016.

On February 28, 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 were determined eligible for Medicaid on November 22, 2015, with an effective date of November 1, 2015.
- 2) You testified, and your NYSOH account confirms, that you receive your notices from NYSOH by regular mail.
- 3) You testified that you did not receive the September 2, 2016 notice in the mail telling you that you needed to update your application in order to renew your eligibility for financial assistance with health insurance.
- 4) The September 2, 2016 notice was sent to [REDACTED].
- 5) You testified that you moved from [REDACTED] to [REDACTED] in January or February 2016.
- 6) You testified that you contacted NYSOH to update your address in February 2016 or March 2016.
- 7) There are no records of any calls placed by yourself or on your behalf to NYSOH from January 1, 2016 to November 24, 2016.
- 8) Your NYSOH account indicates that your address was updated to [REDACTED] on November 25, 2016.
- 9) No notices sent to you at the mailing address listed on your NYSOH account have been returned as undeliverable.
- 10) You testified that you did not know that you needed to update your account until November 2016.
- 11) The record reflects that on November 25, 2016, NYSOH received your updated application for health insurance.
- 12) You testified that you expect to file your 2017 taxes with a tax filing status of single. You will claim no dependents on that tax return.
- 13) The application that was submitted on November 25, 2016 listed annual household income of \$20,800.00, consisting of wages you earn from your employment. You testified that this amount was correct.

14) You testified that you are not sure if you are entitled to any deductions for 2017.

15) Your application states that you live in Suffolk County.

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 twelve 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)).

Requirement for Individuals to Report Changes

NYSOH must require an applicant to report any change which may affect eligibility, such as citizenship status, incarceration, residency, household size, and income within 30 days of such change (45 CFR § 155.330(b), 45 CFR § 155.305, 42 CFR § 435.403, 42 CFR § 435.406, 42 CFR § 425.603).

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

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).

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

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)).

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 no longer eligible for Medicaid, effective November 1, 2016, and disenrolled from Medicaid and your Medicaid Managed Care plan as of October 31, 2016.

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).

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 2, 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 that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

You testified that you moved in January or February of 2016, and that you advised NYSOH of this change during a phone call in February or March 2016. However, the record reflects that no such call took place. There is no record of any calls on your account from January 1, 2016 to November 25, 2016.

As you failed to update NYSOH with your new address until November 25, 2016, NYSOH properly mailed the September 2, 2016 renewal notice to the address on file.

Therefore, NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated in order to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

Because there was no timely response to this notice, you were found ineligible for Medicaid effective November 1, 2016, and terminated from Medicaid and your Managed Care plan effective October 31, 2016.

Therefore, the October 17, 2016 disenrollment notice and the October 18, 2016 eligibility determination notice are AFFIRMED.

The second issue under review is whether NYSOH properly determined that you were eligible for the Essential Plan.

The application that was submitted on November 25, 2016 listed an annual household income of \$20,800.00 and the eligibility determination relied upon that information.

You are in a one-person household. You expect to file your 2017 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 modified adjusted gross income that is between 138% and 200% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$11,880.00 for a one-person household. Since an annual household income of \$20,800.00 is 175.08% of the 2016 FPL, NYSOH properly found you to be eligible for the Essential Plan.

The third issue is whether NYSOH properly determined that you were ineligible 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 \$20,880.00 is 175.08% 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 fourth issue is whether NYSOH properly determined that your eligibility for the Essential Plan was effective January 1, 2017.

The record shows that on November 25, 2016, you updated the information in your NYSOH account and you were determined eligible for the Essential Plan on November 26, 2016.

The date on which the 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 after the fifteenth day of a month goes into effect on the first day of the second following month.

As you were determined eligible for the Essential Plan on November 26, 2016, had you selected your Essential Plan on November 26, 2016, it would take effect on the first day of the second month following after November 2016; that is, on January 1, 2017.

Therefore, NYSOH's November 26, 2016 eligibility determination notice is **AFFIRMED** because it properly found you eligible for the Essential Plan, ineligible for Medicaid, and began your eligibility for the Essential Plan on January 1, 2017.

Decision

The October 17, 2016 disenrollment notice is AFFIRMED.

The October 18, 2016 eligibility determination notice is AFFIRMED.

The November 26, 2016 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: March 7, 2017

How this Decision Affects Your Eligibility

You are eligible for the Essential Plan.

You are ineligible for Medicaid.

The effective date of your Essential Plan eligibility is January 1, 2017.

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 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).

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 October 17, 2016 disenrollment notice is AFFIRMED.

The October 18, 2016 eligibility determination notice is AFFIRMED.

The November 26, 2016 eligibility determination notice is AFFIRMED.

You are eligible for the Essential Plan.

You are ineligible for Medicaid.

The effective date of your Essential Plan eligibility is January 1, 2017.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

