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

Notice of Decision

Decision Date: June 01, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000013616

[redacted]

Dear [redacted],

On May 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November, 17, 2016, and November 29, 2016 eligibility determination notices and November 29, 2016 enrollment 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).

This page intentionally left blank.

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).

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

Decision

Decision Date: June 01, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000013616

[redacted]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

> Did NY State of Health properly determine you were no longer eligible for Medicaid effective November 30, 2016?
>
> Did NY State of Health properly determine that you were eligible for the Essential Plan, and not Medicaid based on your November 28, 2016 application?
>
> Did NY State of Health properly determine that your enrollment in your Essential Plan was effective January 1, 2017?

Procedural History

On December 15, 2015, NY State of Health (NYSOH) issued an eligibility determination notice stating that you were eligible for Medicaid effective December 1, 2015. You subsequently enrolled in a Medicaid Managed Care plan effective January 1, 2016.

On October 9, 2016, NYSOH issued a renewal notice stating based on information from state and federal data sources a decision could not be made about whether you qualify for financial help paying for your health coverage. You were asked to update the information in your account by November 15, 2016. The notice stated if you missed this deadline, the financial assistance you were getting may end.

On November 17, 2016, NYSOH issued an eligibility redetermination notice stating your eligibility was redetermined on November 16, 2016, and you were no longer eligible to purchase a qualified health plan at full cost, you do not qualify for Medicaid, Child Health Plus, the Essential Plan, or to receive Advance Premium Tax Credits. This was because you did not respond to the renewal notice and did not complete your renewal within the required time frame. The determination was effective December 1, 2016.

On November 23, 2016, NYSOH issued a disenrollment notice stating your Medicaid Managed Care plan would end on November 30, 2016.

On November 28, 2016, NYSOH received your updated application for financial assistance.

On November 29, 2016, NYOSH issued an eligibility determination notice based on your last application stating you were eligible to enroll in the Essential Plan, effective January 1, 2017. The notice further stated that you were not eligible for Medicaid because your income was over the allowable income limit for that program.

Also on November 29, 2016, an enrollment notice was issued confirming your enrollment in an Essential Plan, effective January 1, 2017.

Finally, on November 29, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of that eligibility determination insofar as you did not have coverage in December 2016. You also requested Aid to Continue for the duration of your appeal.

On December 8, 2016, NYSOH issued an eligibility determination notice stating you were eligible for Medicaid through NYSOH for a limited time, effective December 1, 2016. The notice stated this was because you had been granted Aid to Continue until a decision was made on your appeal. You were then enrolled in a Medicaid Managed Care plan for December 1, 2016.

On March 22, 2017, you were scheduled to appear at a telephone hearing. You failed to appear at that hearing and your appeal was dismissed.

On March 28, 2017, NYSOH received your request to vacate the dismissal of your appeal. Your request was approved.

On May 10, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and kept open 15 days for you to provide proof of your Social Security Disability benefits. As of the close of the record on May 25, 2017, the Appeal's Unit did not receive the requested documentation and this decision is based on the record as developed at the May 10, 2017 hearing.

Findings of Fact

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

1) You testified you are seeking insurance for yourself.

2) You testified you are seeking to be found eligible for Medicaid as of December, 2016.

3) Your November 28, 2016, application states you expect to file your 2017 taxes with a tax filing status of single and that you will claim no dependents. You testified this was correct.

4) Your application states you have an annual expected household income of $22,800.00 for 2017. You testified this amount was correct.

5) Your application states you receive a monthly rate of $1,900.00 in Social Security Disability payments. You testified this amount was correct.

6) You testified you became Medicare eligible effective May 15, 2017.

7) You testified you have been certified as disabled since [redacted].

8) You testified, and the record reflects, that you receive all of your notices from NYSOH by regular mail.

9) You testified that you did not receive any notices telling you that you needed to update your application in order to renew your Medicaid Managed Care coverage.

10) You testified that you did not know that you needed to update your account until after your surgery in October, 2016. You were not certain of the exact date.

11) The record reflects that on November 28, 2016 NYSOH received your updated application for health insurance.

12) You testified, and the record reflects, that you selected your Essential Plan on November 28, 2016, and that your enrollment was effective on January 1, 2017.

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

14) You live in Queens County, NY

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

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).

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

A person who meets certain nonfinancial criteria and has a household income that is at or below the applicable Medicaid income standard is eligible for Medicaid benefits (45 CFR § 155.305(c)). One of the non-financial criteria for Medicaid eligibility is the immigration status of the person applying for health insurance. A person is eligible for Medicaid when his or her immigration status is satisfactory and he or she meets all other requirements for 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).

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).

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)).

Legal Analysis

The first issue under review is whether NYSOH properly determined you were no longer eligible for Medicaid effective November 30, 2016.

You were originally found eligible for Medicaid effective December 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 October 9, 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 November 15, 2016, or your financial assistance might end.

Because there was no timely response to this notice, you were terminated from your Medicaid Managed Care plan effective November 30, 2016.

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.

Therefore, the record reflects that 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.

Therefore, NYSOH’s November 17, 2016 eligibility determination notice finding you no longer eligible for Medicaid effective November 30, 2016 because you did not respond to the renewal notice within the required time frame was proper and is AFFIRMED.

The second issue under review is whether NYSOH properly determined that you were eligible for the Essential Plan, and not Medicaid based on your November 28, 2016 application.

The application that was submitted on November 28, 2016 listed an annual household income of $22,800.00 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 (MAGI) that is between 138% and 200% of the Federal Poverty Level (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 $22,800.00 is 191.92% of the 2016 FPL, NYSOH properly found you to be eligible for the Essential Plan.

You testified that you are seeking to be found eligible for Medicaid as of your November 18, 2016 application.

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 $22,800.00 is 191.92% 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 as of the November 28, 2016.

Since the November 19, 2016 eligibility determination notice properly stated that you were eligible for the Essential Plan, and not eligible for Medicaid, it is correct AFFIRMED.

The third issue is whether NYSOH properly determined that your eligibility for and enrollment in your Essential Plan was effective January 1, 2017.

On November 28, 2016 you updated the information in your NYSOH account and submitted a request to enroll in an Essential Plan.

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

Since you selected your Essential Plan on November 28, 2016, it must take effect on the first day of the second month after November, that is, on January 1, 2017.

Therefore, NYSOH’s November 29, 2016 enrollment confirmation notice is AFFIRMED because it properly began your enrollment in your Essential Plan on January 1, 2017.

Decision

The November 17, 2016 eligibility determination notice finding you no longer eligible for Medicaid effective November 30, 2016 is AFFIRMED.

The November 29, 2016 eligibility determination notice finding you eligible for the Essential Plan and ineligible for Medicaid effective January 1, 2017 is AFFIRMED.

The November 29, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: June 01, 2017

How this Decision Affects Your Eligibility

You were no longer eligible for enrollment in your Medicaid Managed Care plan effective November 30, 2016.

You were eligible for and enrolled in the Essential Plan effective January 1, 2017.

You were ineligible for Medicaid effective January 1, 2017.

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:

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).

- 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 November 17, 2016 eligibility determination notice finding you no longer eligible for Medicaid effective November 30, 2016 is AFFIRMED.

You were no longer eligible for enrollment in your Medicaid Managed Care plan effective November 30, 2016.

The November 29, 2016 eligibility determination notice finding you eligible for the Essential Plan and ineligible for Medicaid effective January 1, 2017 is AFFIRMED.

The November 29, 2016 enrollment confirmation notice is AFFIRMED.

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 eligible for and enrolled in the Essential Plan effective January 1, 2017.

You were ineligible for Medicaid effective January 1, 2017.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[redacted]

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).