



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

Notice of Decision

Decision Date: September 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017826

[REDACTED]

Dear [REDACTED],

On July 31, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 17, 2017 eligibility determination and disenrollment notices, March 19, 2017 eligibility determination notice, March 21, 2017 eligibility determination notice, and April 7, 2017 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).

This page intentionally left blank.



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

Decision

Decision Date: September 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017826

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) properly determine your eligibility for Medicaid and your enrollment in a Medicaid Managed Care plan terminated, effective March 31, 2017?

Did NYSOH properly determine you were eligible to purchase a qualified health plan at full cost, effective May 1, 2017, based on your March 18, 2017 application?

Did NYSOH properly determine you were eligible for up to \$99.00 in advance payments of the premium tax credit, effective May 1, 2017, based on your March 20, 2017 application?

Did NYSOH properly determined you were not eligible for Medicaid, effective April 1, 2017?

Procedural History

On April 22, 2016, NYSOH issued a notice of eligibility determination stating you were eligible for Medicaid effective April 1, 2016.

On February 3, 2017, NYSOH issued a notice stating it was time to renew your health insurance for 2017. That notice stated that, based on information from federal and state sources, NYSOH could not decide whether you qualified for financial help paying for your health coverage. The notice directed you to update

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).

your account by March 15, 2017 or you might lose the financial assistance you were currently receiving.

No updates were made to your account by March 15, 2017.

On March 17, 2017, NYSOH issued an eligibility determination notice stating you were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You also could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. Your eligibility ended April 1, 2017.

Also on March 17, 2017, NYSOH issued a disenrollment notice stating your coverage through your Medicaid Managed Care plan would end, effective March 31, 2017, because you were no longer eligible to enroll in the plan.

On March 18, 2017, NYSOH received two updated applications for financial assistance with health insurance.

On March 19, 2017, NYSOH issued an eligibility redetermination notice, based on the final application submitted on March 18, 2017, stating you were eligible to purchase a qualified health plan at full cost, effective May 1, 2017. The notice stated that you were not eligible for Medicaid, the Essential Plan, or to receive a tax credit, because the household income amount you provided of \$70,044.00 was over the allowable income limit for those programs.

On March 20, 2017, NYSOH received four applications for financial assistance with health insurance submitted on your behalf.

On March 21, 2017, NYSOH issued an eligibility redetermination notice, based on the final application submitted on March 20, 2017, stating you were eligible to receive up to \$99.00 in advance payments of the premium tax credit, effective May 1, 2017. The notice stated that you were not eligible for Medicaid, the Essential Plan, or cost-sharing reductions, because the household income amount you provided of \$46,044.00 was over the allowable income limit for those programs.

On April 6, 2017, NYSOH received another updated application for financial assistance with health insurance submitted on your behalf. That day a preliminary eligibility determination was prepared stating you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective May 1, 2017.

Also on April 6, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as you were not eligible for coverage in the month of April 2017.

On April 7, 2016, NYSOH issued an eligibility determination notice, based on your April 6, 2017 updated application, stating you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective May 1, 2017.

Also on April 7, 2017, NYSOH issued a notice of enrollment, based on your April 6, 2017 plan selection, confirming you were enrolled in an Essential Plan, effective May 1, 2017.

On April 26, 2017, NYSOH issued an eligibility determination notice stating you were eligible for Medicaid through NYSOH, for a limited time, effective April 1, 2017, because you had been granted Aid to Continue pending the outcome of your appeal. You were reenrolled into a Medicaid Managed Care plan, effective April 1, 2017.

On July 31, 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 testified, and the record reflects, that you receive all your notices from NYSOH electronically.
- 2) You testified that you did receive an electronic alert regarding the February 3, 2017 renewal notice and that you read that electronic notice.
- 3) You testified that you were confused by the renewal notice, because you had previously elected the auto-renewal option for five years, so you put it off and did not respond by the March 15, 2017 deadline.
- 4) Your account confirms no updates were made to your account by March 15, 2017.
- 5) You were determined ineligible for health insurance through NYSOH, effective April 1, 2017, and you were disenrolled from your Medicaid Managed Care Plan, effective March 31, 2017.
- 6) On March 18, 2017, you updated your account and submitted two applications with different household income amounts. The first applications listed your annual household income as \$85,944.00 and the second application indicated your household income was \$70,044.00. The applications identified various income sources for you

and your spouse including pension and Social Security income for both, self-employment income for your spouse, and additional income for you related to a retirement account. The applications also listed different amounts of business expenses your spouse would take, with one application indicating he would take \$14,400.00 in annual deductions and the other listing the deduction at \$4,500.00.

- 7) Based on the final application submitted on March 18, 2017 listing your annual household income as \$70,044.00, NYSOH determined you eligible to purchase a full cost qualified health plan, effective May 1, 2017. You were not eligible for financial assistance.
- 8) On March 20, 2017, four separate applications were submitted on your behalf. The first three applications indicated you would file your 2017 tax return with a tax filing status of married filing single. The final application submitted indicated that you would file as married filing jointly. The applications listed different combined annual income amounts ranging from \$46,044.00 to \$65,044.00.
- 9) Based on the final application submitted on March 20, 2017 listing your annual household income as \$46,044.00, NYSOH determined you eligible to receive a tax credit of up to \$99.00 per month, effective May 1, 2017. You did not enroll in a plan at that time.
- 10) On April 6, 2017, NYSOH received another updated application submitted on your behalf. That application reduced your attested annual household income to \$25,314.00. According to the application, that income consisted of \$1,731.00 you received monthly in Social Security benefits and \$617.00 you received in monthly pension benefits, as well as \$1,250.00 your spouse received in monthly Social Security Benefits. The application also indicated your spouse would claim \$14,400.00 in business expense deductions.
- 11) Based on the information in the April 6, 2017 application, NYSOH determined you eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective May 1, 2017. According to your account you selected an Essential Plan for enrollment on April 6, 2017 and coverage through that plan became effective May 1, 2017.
- 12) You appealed the effective date of your Essential Plan insofar as you were not covered for the month of April 2017.
- 13) You testified that you were also appealing your eligibility insofar as you were no longer eligible for Medicaid. The issue under appeal was amended, accordingly, to include a review of your eligibility for Medicaid.

- 14) Your account confirms you were granted Aid to Continue in a Medicaid Managed Care plan, effective April 1, 2017, pending the outcome of your appeal.
- 15) You testified that the reason for the different income amounts listed in your applications in March and April 2017 was that you did not know what income was taxable, so you were unsure as to what information to include.
- 16) You testified that you intend to file your 2017 tax return with a tax filing status of married filing jointly. You said that some of your applications indicated you would be filing as single, because you were unsure of your status at that time with being newly married.
- 17) You testified, and all your applications indicate, you will not claim any dependents on your 2017 tax return.
- 18) You testified that your income may be slightly higher than the amount listed in your April 6, 2017 application, because your monthly Social Security payment increased in March 2017 to \$2,138.20.
- 19) You testified that your only income sources were your monthly Social Security payment and your monthly pension payment. Your application listed your pension as \$617.00.
- 20) You testified that you also have an IRA that you can withdraw from a couple times a year if you need to. You testified that you made a withdrawal of approximately \$8,000.00 from your IRA in March 2017. You testified that the \$8,000.00 IRA withdrawal is all you have taken so far this year and you hope to not have to take any more out.
- 21) You testified that the annual income amount listed for your spouse in the April 6, 2017 application of \$600.00 was accurate. You testified that your spouse's only income source was his \$1,250.00 monthly Social Security benefit payment. You testified that your spouse also takes business deductions, because he is a self-employed jewelry maker, but that he does not earn any income from his business.
- 22) You testified that you have extreme expenses and that you need help paying for your insurance.
- 23) You testified that you have been enrolled in Medicare Parts A and B since June 2017 due to a disability as well as an AARP supplemental plan. You testified that you would rather have Medicaid.

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 that may have been 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 Eligibility Changes under the Affordable Care Act (ACA) of 2010,13 ADM-03(III)(F)).

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); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13 ADM-03(III)(F)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant’s account (45 CFR § 155.230(d); 42 CFR §435.918(b)(4)).

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).

Additionally, if an electronic alert regarding a notice in an individual's NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

Advance Payments of Premium Tax Credit

Advance payments of the premium tax credit (APTC) are generally available to a person who is eligible to enroll in a qualified health plan (QHP) and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a QHP, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

The maximum amount of APTC that can be authorized equals:

- 1) the cost of the health insurance premium for the taxpayer's coverage family in the second lowest cost silver plan offered through NY State of Health in the county where the taxpayer resides

minus

- 2) the taxpayer's expected contribution amount

(see 26 USC § 36B, 26 CFR § 1.36B-3).

The taxpayer's expected contribution amount is the amount that the taxpayer is expected to spend on health insurance premiums. The expected contribution for 2017 is set by federal law at 2.04% to 9.69% of household income (26 USC § 36B(b)(3)(A), 26 CFR § 1.36B-3T(g)(1), IRS Rev. Proc.2016-24).

In an analysis of APTC eligibility, the determination is based on the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested (45 CFR §§ 155.300(a), 155.305(f)(1)(i)). On the date of your application, that was the 2016 FPL, which is \$16,020.00 for a two-person household (81 Federal Register 4036).

For annual household income in the range of at least 250% but less than 300% of the 2016 FPL, the expected contribution is between 8.21% and 9.69% of the household income (26 CFR § 1.36B-3T(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2016-24).

People who use the APTC to help pay health insurance premiums must file a federal tax return and reconcile their expected income (stated on NYSOH application) with their actual income (stated on their federal income tax return).

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).

Those who take less tax credit in advance than they claim on the tax return may get the rest of it as an income tax refund or have their tax bill reduced. Those who take more tax credit in advance than they can claim on their tax return will owe the difference as additional income taxes (26 CFR § 1.36B-4).

Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health 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)). 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)).

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 \$16,202.00 for a two-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

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).

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 2017 FPL, which is \$16,240.00 for a two-person household (82 Fed. Reg. 8831).

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).

Modified Adjusted Gross Income

NYSOH bases its eligibility determinations on modified adjusted gross income as defined in the federal tax code (45 CFR § 155.300(a)). The term “modified adjusted gross income” means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3) Social Security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

“Adjusted gross income” means, in the case of an individual taxpayer, gross federal taxable income minus certain specific deductions, such as expenses reimbursed by an employer, losses from sale or exchange of property, losses from premature withdrawal of funds from time savings accounts, deductions attributable to royalties, and certain retirement savings (26 USC § 62(a)). Living expenses, such as rent and utilities are not an allowable deduction in computing adjusted gross income.

Legal Analysis

The first issue under review is whether NYSOH properly determined your eligibility for Medicaid and your enrollment in a Medicaid Managed Care plan terminated, effective March 31, 2017.

You were found eligible for Medicaid effective April 1, 2016 and you subsequently enrolled in a Medicaid Managed Care plan.

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 February 3, 2017 renewal notice stated 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 March 15, 2017, or your financial assistance might end.

Because there was no timely response to this notice, your coverage with your Medicaid Managed Care plan was terminated effective March 31, 2017.

You testified that you did receive an electronic alert regarding the February 3, 2017 renewal notice and that you read that electronic notice. You further testified that you were confused by the renewal notice, because you had previously elected the auto-renewal option for five years, so you put it off and did not respond by the March 15, 2017 deadline. Accordingly, the record establishes that NYSOH provided you with adequate notice that you needed to update your account by March 15, 2017, and you failed to do so. Therefore, NYSOH properly determined you were no longer eligible for Medicaid and terminated your Medicaid Managed Care plan, because you failed to timely renew your health coverage.

Thus, the March 17, 2017 eligibility determination notice and the disenrollment notice stating you were no longer eligible for Medicaid and your Medicaid Managed Care plan coverage ended March 31, 2017, was correct and are **AFFIRMED**.

The second issue is whether NYSOH properly determined you were eligible to purchase a qualified health plan at full cost, effective May 1, 2017, based on your March 18, 2017 application.

You first updated your account on March 18, 2017 by submitting two applications with different income information. It is noted that these applications included income for you and your spouse from various sources such as pension, Social Security benefits, self-employment income, and additional income for you related to a retirement account; however, later applications submitted in March and April

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).

2017 omit the income attested to in the March 18, 2017 applications for self-employment income and additional income related to a retirement account. You testified that your various applications contained different income amounts because you did not know what income was taxable, so you were unsure as to what information to include.

Given the multiple differences in the attested income amounts in your March and April 2017 applications, along with your testimony that you have also withdrawn approximately \$8,000.00 from your IRA in March 2017, which apparently was not reported in your applications, it is concluded that the information in your March and April 2017 applications is not reliable. However, for the purposes of this review, in determining the earliest possible date you could have been covered by health insurance through NYSOH, the Appeals Unit will review the determinations made by NYSOH based on the information you provided in your applications as NYSOH relied upon that information when making the subject eligibility determinations, notwithstanding the apparent inaccuracy of said applications.

Based on the final application submitted on March 18, 2017, listing your annual household income as \$70,044.00, NYSOH determined you eligible to purchase a full cost qualified health plan, effective May 1, 2017.

Although your various applications submitted in March and April 2017 included different tax statuses, you testified that you will file your 2017 tax return with a tax filing status of married filing jointly and you will claim no dependents on that tax return. Thus, you are in a two-person household.

An annual income of \$70,044.00 is 437.23% of the 2016 FPL for a two-person household. Pursuant to the above cited regulations., advance payments of the premium tax credit are only available to applicants who expect to have a household income between 138% and 400% of the applicable FPL. Since, based on the information you provide in the final application submitted on March 18, 2017, your expected household income was over 400% of the applicable FPL, NYSOH properly determined you were eligible to purchase a full cost qualified health plan, and not eligible for financial assistance.

Although you did not enroll in a full cost qualified health plan subsequent to the March 18, 2017 eligibility determination, based on the regulations stating that enrollments in a qualified health plan selected after the fifteenth day of the month do not become effective until the first day of the second following month, had you enrolled in a full cost qualified health plan on the date you submitted your first updated applications, March 18, 2017, the earliest that enrollment could have become effective was May 1, 2017.

Therefore, the March 19, 2017 eligibility determination notice stating that you were eligible to purchase a full cost qualified health plan, effective May 1, 2017,

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).

based on the information you provided in the final application submitted on March 18, 2017, was correct and is AFFIRMED.

The third issue under review is whether NYSOH properly determined you were eligible for up to \$99.00 in advance payments of the premium tax credit, effective May 1, 2017, based on your March 20, 2017 application.

On March 20, 2017, NYSOH received four applications for financial assistance with health insurance submitted on your behalf. NYSOH's subject eligibility determination relied upon the information contained in the final application submitted that day indicating that your annual household income was \$46,044.00.

You reside in [REDACTED] where the second lowest cost silver plan available for an individual through NYSOH costs \$456.46 per month.

An annual income of \$46,044.00 is 287.42% of the 2016 FPL for a two-person household. At 287.42% of the FPL, the expected contribution to the cost of the health insurance premium is 9.32% of income, or \$357.61 per month.

The maximum amount of APTC that can be approved equals the cost of the second lowest cost silver plan available through NYSOH for an individual in your county (\$456.46 per month) minus your expected contribution \$357.61 per month), which equals \$98.85 per month. Therefore, rounding to the nearest dollar, NYSOH correctly determined you to be eligible for up to \$99.00 per month in APTC, based on the information contained in your final application submitted on March 20, 2017.

Although you did not enroll into a qualified health plan subsequent to the March 21, 2017 eligibility determination, had you enrolled in a plan that day the earliest it could have become effective was May 1, 2017, because the selection would have occurred after the fifteenth day of the month.

Accordingly, the March 21, 2017 eligibility determination notice stating you were eligible to receive up to \$99.00 per month in advance payments of the premium tax credit, effective May 1, 2017, based on the information you provide in the final application submitted on March 20, 2017, was correct and is AFFIRMED.

The final issue under review is whether NYSOH properly determined you were not eligible for Medicaid, effective April 1, 2017.

As discussed above, you were properly determined ineligible for Medicaid and disenrolled from your Medicaid Managed Care plan, effective March 31, 2017, because you failed to timely renew your coverage. Since you did not submit an updated application for health insurance until March 18, 2017, after the fifteenth day of the month, the only way you would have been eligible for health coverage

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).

in April 2017 was if you were determined eligible for Medicaid, as fee-for-service Medicaid coverage becomes effective on the first day of the month in which an applicant is determined eligible.

As discussed above, based on the information you provided in your applications on March 18, 2017 and March 20, 2017, you were properly determined eligible to enroll in a qualified health plan, and not Medicaid.

On April 6, 2017, NYSOH received another updated application submitted on your behalf. That application reduced your attested annual household income to \$25,314.00 and the subject eligibility determination notice issued by NYSOH relied upon that information.

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 \$16,240.00 for a two-person household. Since \$25,314.00 is 155.87% of the 2017 FPL, NYSOH properly found you to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

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

It is noted that there is no documentation in the record establishing your household income for 2017. However, the April 6, 2017 application contains a system-calculated monthly household income of \$2,109.50, based on the annual income information you provided in that application and NYSOH relied upon that information. Based on the lack of any contradictory evidence, it is concluded that the system-calculated monthly household income applied to each month of 2017, including April 2017.

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 \$1,868.00 per month. Since the information you provided shows that your household earned \$2,109.50 in April 2017 you do not qualify for Medicaid on the basis of monthly income as of the date of your application.

Since the April 7, 2017 eligibility determination properly stated that, based on the information you provided, you were ineligible for Medicaid, it is correct and is **AFFIRMED**.

As discussed above, since you were not eligible for Medicaid, based on the information you provided in your March and April 2017 applications, you were not eligible for health coverage through NYSOH for the month of April 2017.

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).

Although you were determined eligible for the Essential Plan, based on your April 6, 2017 application, and enrolled in a plan, effective May 1, 2017, as discussed above, the totality of the evidence establishes that the income information in that application may not be reliable, especially in light of your testimony that prior to that application, you had withdrawn approximately \$8,000.00 from your IRA in March 2017. Therefore, your case is RETURNED to NYSOH to redetermine your eligibility for health insurance, as of April 6, 2017, taking into consideration the \$8,000.00 in additional income you testified to.

It is further noted, that during the hearing you testified that you have been enrolled in Medicare Parts A and B and an AARP supplemental plan since June 2017. Therefore, your case is RETURNED to NYSOH to determine your eligibility for health insurance through NYSOH, going forward, based on this testimony.

Decision

The March 17, 2017 eligibility determination and disenrollment notices are AFFIRMED.

The March 19, 2017 eligibility determination notice is AFFIRMED.

The March 21, 2017 eligibility determination notice is AFFIRMED.

The April 7, 2017 eligibility determination notice, to the extent it finds you ineligible for Medicaid, is AFFIRMED.

Your case is RETURNED to NYSOH to redetermine your eligibility for health insurance, as of April 6, 2017, taking into consideration the \$8,000.00 in additional income you testified to.

Your case is also RETURNED to NYSOH to determine your eligibility for health insurance through NYSOH, going forward, based on your testimony that you have been enrolled in Medicare Parts A and B and an AARP supplemental plan since June 2017.

Effective Date of this Decision: September 6, 2017

How this Decision Affects Your Eligibility

Your eligibility for Medicaid and your enrollment in a Medicaid Managed Care plan ended on March 31, 2017.

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).

Based on the information in your applications, you were not eligible for health coverage in April 2017.

Your case is being sent back to NYSOH to redetermine your eligibility for health insurance, as of April 6, 2017, based on your testimony that you had an additional \$8,000.00 in income, at that time, as a result of withdrawing funds from your IRA which was not reported in your application.

Your case is also being sent back to NYSOH to determine your eligibility going forward based on your testimony that you are now enrolled in Medicare Parts A and B and a supplemental insurance 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

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).

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 March 17, 2017 eligibility determination and disenrollment notices are **AFFIRMED**.

The March 19, 2017 eligibility determination notice is **AFFIRMED**.

The March 21, 2017 eligibility determination notice is **AFFIRMED**.

The April 7, 2017 eligibility determination notice, to the extent it finds you ineligible for Medicaid, is **AFFIRMED**.

Your case is **RETURNED** to NYSOH to redetermine your eligibility for health insurance, as of April 6, 2017, taking into consideration the \$8,000.00 in additional income you testified to.

Your case is also **RETURNED** to NYSOH to determine your eligibility for health insurance through NYSOH, going forward, based on your testimony that you have been enrolled in Medicare Parts A and B and an AARP supplemental plan since June 2017.

Your eligibility for Medicaid and your enrollment in a Medicaid Managed Care plan ended on March 31, 2017.

Based on the information in your applications, you were not eligible for health coverage in April 2017.

Legal Authority

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).

We are issuing this determination in accordance with 45 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).

A Copy of this Decision Has Been Provided To:



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)

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).

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।

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 महत्वपूर्ण 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 ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye bɛtumi ama wo obi a okyerɛ kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 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 איר 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).

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).