



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

## Notice of Decision

Decision Date: October 04, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000019349



Dear [REDACTED],

On August 30, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 18, 2017 eligibility determination notice and May 11, 2017 enrollment confirmation notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the Account ID at the top of this notice.

## Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: October 04, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000019349



## Issues

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

Did NY State of Health (NYSOH) properly determine that your wife's Medicaid Managed Care plan ended as of April 30, 2017?

Did NYSOH properly determine that your wife was eligible for and enrolled in Essential Plan coverage, effective May 1, 2017?

## Procedural History

On August 4, 2016, your account was updated to indicate that your wife was pregnant.

On August 5, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that your wife was eligible for Medicaid because your household income of \$39,800.00 was at or below the allowable income limit. This eligibility was effective as of August 1, 2016.

Also on August 5, 2016, NYSOH issued an enrollment confirmation notice stating that your wife was enrolled into a Medicaid Managed Care plan, effective September 1, 2016.

On October 19, 2016, NYSOH issued a renewal notice stating that no action was needed for your wife's coverage. The notice stated that you will get a notice about renewing your wife's coverage in June 2017, and that her current coverage would end on July 31, 2017.

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On March 10, 2017, NYSOH received your updated application for health insurance; specifically, you added your newborn to your account and your income changed.

On March 11, 2017, NYSOH issued a notice of eligibility determination stating that your wife remained eligible for Medicaid. This eligibility was effective as of March 1, 2017.

Also on March 11, 2017, NYSOH issued an enrollment confirmation notice, stating that your wife was enrolled in a Medicaid Managed Care plan, effective March 1, 2017.

On April 6, 2017, NYSOH issued a renewal notice, stating that NYSOH did not have enough information from state and federal data sources to determine your wife's eligibility. You were asked to update your account between April 16, 2017 and May 15, 2017.

On April 17, 2017, NYSOH received your updated application for financial assistance with health insurance.

On April 18, 2017, NYSOH issued an eligibility determination notice stating that your wife was eligible for the Essential Plan, effective June 1, 2017.

Also on April 18, 2017, NYSOH issued an enrollment confirmation notice stating that your wife was enrolled in the Essential Plan, effective June 1, 2017.

On May 11, 2017, NYSOH issued an enrollment confirmation notice stating that your wife was enrolled in the Essential Plan, effective May 1, 2017.

On May 30, 2017, you contacted NYSOH's Account Review Unit and requested an appeal of that eligibility determination insofar as your wife did not have Medicaid coverage in May 2017.

On August 30, 2017, you appeared at 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) Your wife was determined eligible for Medicaid, effective August 1, 2016.

- 2) The record reflects that your wife was pregnant at the time of your August 4, 2016 application, and that your child was born on [REDACTED].
- 3) On March 10, 2017, you updated your application to state that your wife was no longer pregnant. That application states that your wife will file taxes as married filing jointly and claim one child as a dependent.
- 4) On April 30, 2017, your wife's enrollment in her Medicaid Managed Care plan ended.
- 5) You testified that your wife is seeking Medicaid coverage for May 2017.
- 6) You testified that your household's annual expected income is \$39,500.00.
- 7) According to Incident # [REDACTED] your wife's enrollment in her Essential Plan was backdated to May 1, 2017.
- 8) Your application states that your wife reside in New York County.

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

## **Applicable Law and Regulations**

### Medicaid-Pregnant Women

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)).

For purposes of Medicaid eligibility, the household size of either a pregnant woman or a person who is in the family of a pregnant woman includes not only the pregnant woman, but also the number of children she expects to deliver (42 CFR § 435.603(b); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

Medicaid is currently available to pregnant women who have a modified adjusted gross income at or below 223% of the FPL for the applicable family size (see 42 CFR § 435.116(c); New York State Department of Health 13 OHIP/ADM-03). Once eligible, a pregnant woman will remain eligible until the end of the month in

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which the sixtieth day following the end of the pregnancy occurs, regardless of any change in household income, even if such change would render her ineligible for financial assistance (NY Social Services Law § 366(4)(b)(1)).

On the date of your application, that was the 2016 FPL, which is \$20,160.00 for a three-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).

### 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 \$20,160.00 for a three-person household (81 Fed. Reg. 4036.).

## **Legal Analysis**

The first issue under review is whether NYSOH properly determined that your wife's Medicaid Managed Care plan ended as of April 30, 2017.

On August 5, 2016, NYSOH issued an eligibility determination notice stating that your wife was eligible for Medicaid, effective August 1, 2016. The record reflects that your wife was pregnant at the time of that application, and her eligibility was due in part to that status.

Once eligible for Medicaid, a pregnant woman will remain eligible until the end of the month in which the sixtieth day following the end of the pregnancy occurs, regardless of any change in household income, even if such change would render her ineligible for financial assistance.

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You testified, and the record reflects, that your wife's pregnancy ended when your child was born on [REDACTED]. Therefore, your wife's enrollment in her Medicaid Managed Care plan would continue until the end of the month in which the sixtieth day following the end of the pregnancy occurs, or until April 30, 2017.

Therefore, NYSOH properly disenrolled your wife from her Medicaid Managed Care plan as of April 30, 2017.

The second issue under review is whether NYSOH properly determined that your wife was eligible for and enrolled in Essential Plan coverage, effective May 1, 2017.

On April 17, 2017, you updated your NYSOH account. As a result, your wife was found eligible for the Essential Plan, effective June 1, 2017.

Your wife is in a three-person household. She expects to file her income taxes as married filing jointly and will claim one dependent on that tax return. You testified that your household's annual expected income is \$39,500.00.

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 \$20,160.00 for a three-person household. Since an annual household income of \$39,160.00 is 197.93% of the 2016 FPL, NYSOH properly found your wife to be eligible for the Essential Plan.

The date on which enrollment in 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 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.

On April 17, 2017, your wife selected an Essential Plan, so her enrollment would normally take effect on the first day of the second month following April; that is, on June 1, 2017.

However, According to Incident [REDACTED] your wife's enrollment in her Essential Plan was backdated to May 1, 2017.

On May 11, 2017 NYSOH issued an enrollment notice confirming that your wife's Essential Plan was effective as of May 1, 2017.

Therefore, the April 18, 2017 eligibility determination notice is MODIFIED to stated that your wife was eligible for the Essential Plan, effective May 1, 2017, and the May 11, 2017 enrollment confirmation notice is AFFIRMED.

## **Decision**

NYSOH properly determined that your wife's enrollment in a Medicaid Managed Care plan ended April 30, 2017.

The April 18, 2017 eligibility determination notice is MODIFIED to stated that your wife was eligible for the Essential Plan, effective May 1, 2017.

The May 11, 2017 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** October 04, 2017

## **How this Decision Affects Your Eligibility**

Your wife was properly disenrolled from Medicaid and her Medicaid Managed Care coverage as of April 30, 2017.

NYSOH properly determined that your wife was eligible for and enrolled in the Essential Plan, effective May 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 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 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:  
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Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

NYSOH properly determined that your wife's enrollment in a Medicaid Managed Care plan ended April 30, 2017.

The April 18, 2017 eligibility determination notice is MODIFIED to stated that your wife was eligible for the Essential Plan, effective May 1, 2017.

The May 11, 2017 enrollment confirmation notice is AFFIRMED.

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NYSOH properly determined that your wife was eligible for and enrolled in the Essential Plan, effective May 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:**



## 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 مجاناً.

### 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।

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## **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. y&b&tumi ama wo obi a okyer& 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 אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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