



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

Notice of Decision

Decision Date: November 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020928

[REDACTED]

Dear [REDACTED],

On October 19, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 17, 2017 discontinuance and plan disenrollment notices, and the July 19, 2017 eligibility determination and plan enrollment notices.

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

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

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

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and 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.

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Decision

Decision Date: November 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020928



Issue

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

Did NY State of Health properly end your Medicaid eligibility and Medicaid Managed Care plan, effective July 31, 2017?

Did NY State of Health properly determine that you were eligible for up to \$163.00 per month in advanced premium tax credits, effective September 1, 2017?

Procedural History

On October 21, 2016, NY State of Health (NYSOH) issued a renewal notice stating that, based on federal and state data sources, you qualified for Medicaid effective January 1, 2017. The notice stated that you were automatically enrolled in a Medicaid Managed Care (MMC) plan with an enrollment start date of January 1, 2017.

On November 18, 2016, NYSOH issued a plan enrollment notice confirming that you were enrolled in an MMC plan with an enrollment start date of January 1, 2017.

On June 18, 2017, 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

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coverage. The notice instructed you to update your account by July 15, 2017 or you might lose the financial assistance you were receiving.

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

On July 17, 2017, NYSOH issued a discontinuance notice stating that you were no longer eligible for health insurance through NYSOH, effective August 1, 2017. This notice stated that this was because you did not respond to the renewal notice and did not complete your renewal notice within the required timeframe.

Also on July 17, 2017, NYSOH issued a plan disenrollment notice stating that your Medicaid Managed Care plan coverage would end July 31, 2017.

On July 18, 2017, NYSOH received your updated application for financial assistance with health insurance.

On July 19, 2017, NYSOH issued an eligibility determination stating that you were eligible for a tax credit of up to \$163.00 per month to help pay for your health coverage. This eligibility was effective as of September 1, 2017. This notice stated that you were not eligible for Medicaid because your household income was over the allowable income limit for that program.

Also on July 19, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in a qualified health plan with the application of your advanced premium tax credit, effective September 1, 2017.

On July 27, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as your Medicaid coverage was terminated July 31, 2017.

On October 19, 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 proceeding.

Findings of Fact

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

- 1) According to your NYSOH account and testimony, on October 21, 2016, NYSOH found you eligible for Medicaid and you were enrolled into an MMC plan, effective January 1, 2017.
- 2) You testified that you were out of work for [REDACTED] in October 2016, and missed work due to [REDACTED] for about a month.

- 3) You testified that you received the October 21, 2016 renewal notice and assumed that NYSOH used data sources to see that you were out of work and only receiving disability payments.
- 4) You testified that you were making about \$150.00 per week before taxes in short term disability payments while you were out of work.
- 5) On June 18, 2017, NYSOH issued a notice directing you to update your account by July 15, 2017, or you might lose your financial assistance you were currently receiving.
- 6) You testified that you did not receive the June 18, 2017 renewal notice.
- 7) You testified that you were not looking for a renewal notice because you normally renew your coverage in the month of October or November.
- 8) According to your NYSOH account, based on the information you provided in your July 18, 2017 application, your annual expected household income was calculated to be \$36,000.00.
- 9) According to your NYSOH account, your Medicaid eligibility and MMC plan enrollment ended July 31, 2017.

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

Applicable Law and Regulations

Medicaid Eligibility

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)).

Medicaid Continuous Coverage:

Most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, unless the adult loses Medicaid eligibility because of citizenship status, lack of state residence, or failure to provide a valid social security number, before the end of a twelve-month period. This twelve-month

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period is referred to as “continuous coverage,” and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (see 42 CFR § 435.916(a); N.Y. Soc. Serv. Law § 366(4)(c)).

Legal Analysis

The first issue under review is whether NYSOH properly ended your Medicaid eligibility, effective August 1, 2017, and coverage in your MMC plan, effective July 31, 2017.

On October 21, 2016, NYSOH issued a notice stating that, based on federal and state data sources, you qualified for Medicaid and were enrolled in a Medicaid Managed Care plan effective January 1, 2017.

Generally, once individuals are determined eligible for Medicaid, they are guaranteed 12 months of Medicaid coverage, even if the adult loses Medicaid eligibility because of any changes or updates they make to their NYSOH account. This twelve-month period is based on the effective date of the Medicaid eligibility determination.

On June 18, 2017, NYSOH issued you a notice directing you to update your account by July 15, 2017, or you might lose your financial assistance. No updates were made to your NYSOH account by July 15, 2017. Subsequently, on July 17, 2017, NYSOH issued a discontinuance notice stating that you were no longer eligible for health insurance through NYSOH, effective August 1, 2017, because you did not respond to the renewal notice within the required timeframe. Further, NYSOH issued a plan disenrollment notice stating that you were no longer enrolled in your Medicaid Managed Care plan, effective July 31, 2017.

You testified that you [REDACTED] in the month of October 2016 and you were out of work for at least a month. You further testified that during this time you were only receiving short term disability benefits in the amount of \$150.00 per week; which would be about \$600.00 for the month. Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. To be eligible for Medicaid, you would need to meet the non-financial criteria and have an income of no greater than 138%, which was \$1,367.00 per month in October 2016.

Therefore, based on the credible evidence on the record, it is reasonable to conclude that you were properly found eligible for Medicaid as stated in the October 21, 2016 renewal notice issued by NYSOH.

Once a person is eligible for Medicaid, that eligibility continues for 12 months, even if the household income rises above 138% of the FPL. When your Medicaid

coverage terminated on July 31, 2017, the twelve-month period of Medicaid eligibility that was effective on January 1, 2017, had not yet expired.

Therefore, the July 17, 2017 plan disenrollment notice stating that your coverage in your MMC plan would end July 31, 2017 is RESCINDED.

The July 17, 2017 discontinuance notice stating that you were no longer eligible for health insurance through NYSOH, effective August 1, 2017, is also RESCINDED.

The second issue under review is whether NYSOH properly determine that you were eligible for up to \$163.00 per month in advanced premium tax credits, effective September 1, 2017.

The record reflects that on July 18, 2017, you updated your NYSOH account and your annual household income was calculated to be \$36,000.00. Your eligibility was redetermined based on that income amount and you were found eligible for an advanced premium tax credit up to \$163.00 per month, effective September 1, 2017. You were also determined ineligible for Medicaid because your household income was over the allowable income threshold.

Under New York State law, once a person is eligible for Medicaid, that eligibility continues for 12 months, even if the household income rises above 138% of the FPL. This provision is called “continuous coverage.”

Credible evidence confirms that you were eligible for Medicaid effective January 1, 2017, and that even though your estimated annual income increased when you modified your application on July 18, 2017, you should have remained enrolled in Medicaid for the remainder of your 12-month eligibility period.

Therefore, the July 19, 2017 eligibility determination and plan enrollment notices are also RESCINDED.

Your case is RETURNED to NYSOH to reinstate your Medicaid eligibility and MMC plan enrollment from August 1, 2017 through the end of your twelve-month eligibility period, unless a disqualifying event occurs.

Decision

The July 17, 2017 discontinuance and plan disenrollment notices stating that coverage in your MMC plan would end July 31, 2017 are RESCINDED.

The July 19, 2017 eligibility determination and plan enrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your Medicaid eligibility and MMC plan from August 1, 2017 through the end of your twelve-month eligibility period, unless a disqualifying event occurs.

Effective Date of this Decision: November 6, 2017

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to reinstate your eligibility for Medicaid and enrollment in your MMC plan as of August 1, 2017, and will continue until December 31, 2017, barring a valid reason to end your coverage. NYSOH will notify you once this has been done.

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

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 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 July 17, 2017 discontinuance and plan disenrollment notices stating that coverage in your MMC plan would end July 31, 2017 are RESCINDED.

The July 19, 2017 eligibility determination and plan enrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your Medicaid eligibility and MMC plan from August 1, 2017 through the end of your twelve-month eligibility period, unless a disqualifying event occurs.

Your case is being sent back to NYSOH to reinstate your eligibility for Medicaid and enrollment in your MMC plan as of August 1, 2017, and will continue until December 31, 2017, barring a valid reason to end your coverage. NYSOH will notify you once this has been done.

Legal Authority

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

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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 مجاناً.

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বাংলা (Bengali)

এই নথি গুরুত্বপূর্ণ। আপনি যদি এটি বুঝতে সাহায্যের প্রয়োজন হয়, তবে দয়া করে 1-855-355-5777-এ কল করুন।
আপনার ভাষায় একটি ব্যক্তি নি:শুল্ক উপলব্ধ করা যেতে পারে।

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 नि:शुल्क 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 नि:शुल्क 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.

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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.