



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

Notice of Decision

Decision Date: November 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021127

[REDACTED]

[REDACTED]

On October 17, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 17, 2017 disenrollment 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: November 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021127

[REDACTED]

Issues

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

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

Did NYSOH properly end your spouse's Essential Plan 4 eligibility and coverage, effective July 31, 2017?

Procedural History

On April 13, 2016, NYSOH issued an eligibility determination stating that you were eligible for Medicaid, effective April 1, 2016. The notice also stated that your spouse was eligible for the Essential Plan 4 because she was in her first 5 years of her immigration status or living in the United States under the color of law. The coverage was effective April 1, 2016.

Also on April 13, 2016, NYSOH issued an enrollment confirmation notice stating that your spouse was enrolled in an Essential Plan 4, effective April 1, 2016.

On April 20, 2016, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a Medicaid Managed Care plan (Empire), effective June 1, 2016.

On January 16, 2017, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a Medicaid Managed Care plan (Fidelis), effective February 1, 2017.

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On January 17, 2017, NYSOH issued a disenrollment notice stating that your coverage in your Medicaid Managed Care plan (Empire) was ending effective January 31, 2017.

On February 3, 2017, NYSOH issued a renewal notice stating that you and your spouse were being re-enrolled into your current health plans. The notice stated that you were eligible for Medicaid, effective April 1, 2017. The notice also stated that your spouse was eligible for the Essential Plan 4, effective April 1, 2017.

On June 18, 2017, NYSOH issued a renewal notice stating that NYSOH did not have enough information from state and federal sources to determine if you can get help paying for your health insurance. You were directed to update your account by July 15, 2017.

On July 16, 2017, NYSOH redetermined your eligibility.

On July 17, 2017, NYSOH issued a notice stating that you and your spouse were not eligible for Medicaid, the Essential Plan, Child Health Plus, advance premium tax credits or to purchase a qualified health plan from NYSOH because you did not respond to the renewal notice within the required time frame. The eligibility was effective August 1, 2017.

Also on July 17, 2017, NYSOH issued a disenrollment notice stating that your Medicaid Managed Care plan coverage and your spouse's Essential Plan 4 coverage was ending, effective July 31, 2017.

On August 3, 2017, you updated your NYSOH account. That day, a preliminary eligibility determination was prepared with regard to that application, stating that you and your spouse were entitled to an advance premium tax credit (APTC) in the amount of \$493.00 per month, effective September 1, 2017.

On August 3, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of you and your spouse's qualified health plan, with APTC, insofar as you were requesting a start date of August 1, 2017 and not September 1, 2017.

On August 4, 2017, NYSOH issued an eligibility determination stating that you and your spouse were eligible to enroll in a qualified health plan with APTC in the amount of \$493.00 per month, effective September 1, 2017.

Also on August 4, 2017, NYSOH issued an enrollment confirmation notice stating that you and your spouse were enrolled in a qualified health plan, with APTC, effective September 1, 2017.

On October 17, 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.

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Findings of Fact

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

- 1) During the hearing, you testified that you were withdrawing the issue regarding the start date for you and your spouse's qualified health plan, with APTC, effective September 1, 2017.
- 2) You testified that you were seeking to amend your appeal insofar as you believe that your Medicaid coverage should not have ended effective July 31, 2017 and your spouse's Essential Plan 4 coverage should not have ended effective July 31, 2017.
- 3) On February 3, 2017, NYSOH issued a renewal notice stating that you and your spouse were being re-enrolled into your current health plans. The notice stated that you were eligible for Medicaid, effective April 1, 2017. The notice also stated that your spouse was eligible for the Essential Plan 4, effective April 1, 2017.
- 4) NYSOH records reflect that you were enrolled in a Medicaid Managed Care plan and your spouse was enrolled in an Essential Plan 4, effective April 1, 2017.
- 5) On June 18, 2017, NYSOH issued a renewal notice stating that NYSOH did not have enough information from state and federal sources to determine if you and your spouse can get help paying for your health insurance. You were directed to update your account by July 15, 2017.
- 6) On July 16, 2017, NYSOH redetermined your eligibility.
- 7) On July 17, 2017, NYSOH issued a disenrollment notice stating that your Medicaid Managed Care plan coverage and your spouse's Essential Plan 4 coverage was ending, effective July 31, 2017.
- 8) On August 3, 2017, you updated your NYSOH account.
- 9) On August 4, 2017, NYSOH issued an eligibility determination stating that you and your spouse were eligible to enroll in a qualified health plan with APTC in the amount of \$493.00 per month, effective September 1, 2017.
- 10) You both subsequently enrolled in a qualified health plan with APTC, effective September 1, 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 12-month period. This 12-month 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); NY Social Services Law § 366(4)(c)).

Essential Plan Effective Date

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 www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf).

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)).

Essential Plan: Renewal

New York State has elected to adopt the Medicaid policy regarding continuous enrollment throughout the year (42 CFR § 600.320(d); New York's Basic Health

Plan Blueprint, pp. 8 and 16, as approved January 2016; see www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf).

This means that an individual may apply and enroll for coverage at any point in time throughout the year, including outside the open enrollment period and without needing a special enrollment period (NY Social Services Law § 369-gg(4)(d)).

New York State has also elected to redetermine Essential Plan enrollees every 12 months from the effective date of eligibility as long as enrollees are under age 65, are not enrolled in minimum essential coverage, and remain state residents. An individual enrolled in the Essential Plan shall have his or her coverage continued until the end of the 12-month period, provided he or she does not lose eligibility by reason of citizenship status, lack of state residence, failure to provide a valid social security number, providing inaccurate information that would affect eligibility when requesting or renewing health coverage, failure to make the applicable premium payment, or changes in circumstances (42 CFR § 600.340(f); NY Social Services Law § 369-gg(3) and (4)(d)). Enrollees are required to report changes in circumstances within 30 days, which NYSOH will assess and act upon accordingly (New York's Basic Health Plan Blueprint, p. 17, as approved January 2016).

Legal Analysis

The first issue is whether NYSOH properly ended your Medicaid eligibility and coverage in your Medicaid Managed Care plan, effective July 31, 2017.

On April 13, 2016, NYSOH issued a notice stating that you qualified for Medicaid, effective April 1, 2016. On April 20, 2016, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a Medicaid Managed Care plan effective June 1, 2016.

On February 3, 2017, NYSOH issued a renewal notice stating that you were being re-enrolled into your current health plan. The notice also stated that you were eligible for Medicaid, effective April 1, 2017.

Once individuals are determined eligible for Medicaid, they are generally 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 12-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 lose your financial assistance. On July 16, 2017, NYSOH redetermined your eligibility.

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On July 17, 2017, NYSOH issued a disenrollment notice stating that your Medicaid Managed Care plan coverage was ending, effective July 31, 2017.

However, once a person is eligible for Medicaid, that eligibility continues for 12 months. When your Medicaid coverage terminated on July 31, 2017, the 12-month period of Medicaid eligibility that was effective on April 1, 2017, had not expired.

Therefore, the July 17, 2017 disenrollment notice stating that coverage in your Medicaid Managed Care plan would end July 31, 2017 is MODIFIED to reflect that your eligibility for and enrollment in your Medicaid Managed Care plan would continue until March 31, 2018.

Your case is RETURNED to NYSOH to reinstate your Medicaid eligibility and Medicaid Managed Care plan enrollment from April 1, 2017 through the end of your 12-month eligibility period.

The second issue under review is whether NYSOH properly ended your spouse's Essential Plan 4 eligibility and coverage, effective July 31, 2017.

On April 12, 2016, your spouse was found eligible for the Essential Plan 4 as of April 1, 2016 and she enrolled into a plan.

On February 3, 2017, NYSOH issued a renewal notice stating that your spouse was being re-enrolled into her current health plan. The notice also stated that your spouse was eligible for the Essential Plan 4, effective April 1, 2017. NYSOH records reflect that your spouse was enrolled in an Essential Plan 4, effective April 1, 2017.

New York State has elected to redetermine Essential Plan enrollees only every 12 months from the effective date of eligibility as long as enrollees are under age 65, are not enrolled in minimum essential coverage, remain state residents. An individual enrolled in the Essential Plan shall have his or her coverage continued until the end of the 12-month period, provided he or she does not lose eligibility by reason of citizenship status, lack of state residence, failure to provide a valid social security number, providing inaccurate information that would affect eligibility when requesting or renewing health coverage, failure to make the applicable premium payment, or changes in circumstances.

Since your spouse was found eligible for and enrolled in an Essential Plan as of April 1, 2017, her coverage should have continued for 12 months; that is, until March 31, 2018, barring any of the disqualifying events stated above.

Therefore, the July 17, 2017 disenrollment notice stating that coverage in your spouse's Essential Plan 4 coverage would end July 31, 2017 is MODIFIED to reflect that your spouse's eligibility for and enrollment in her Essential Plan 4 would continue until March 31, 2018.

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 case is RETURNED to NYSOH to reinstate your spouse's Essential Plan 4 eligibility and enrollment from April 1, 2017 through the end of her 12-month eligibility period.

Decision

The July 17, 2017 disenrollment notice stating that coverage in your Medicaid Managed Care plan would end July 31, 2017 is MODIFIED to reflect that your eligibility for and enrollment in your Medicaid Managed Care plan would continue until March 31, 2018.

The July 17, 2017 disenrollment notice stating that your spouse's coverage in her Essential Plan 4 would end July 31, 2017 is MODIFIED to reflect that your spouse's eligibility for and enrollment in her Essential Plan 4 would continue until March 31, 2018.

Effective Date of this Decision: November 13, 2017

How this Decision Affects Your Eligibility

Your case is RETURNED to NYSOH to reinstate your Medicaid eligibility and Medicaid Managed Care plan enrollment from April 1, 2017 through the end of your 12-month eligibility period.

Your case is RETURNED to NYSOH to reinstate your spouse's Essential Plan 4 eligibility and enrollment from April 1, 2017 through the end of her 12-month eligibility period.

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

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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 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 disenrollment notice stating that coverage in your Medicaid Managed Care plan would end July 31, 2017 is MODIFIED to reflect that your eligibility for and enrollment in your Medicaid Managed Care plan would continue until March 31, 2018.

The July 17, 2017 disenrollment notice stating that your spouse's coverage in her Essential Plan 4 would end July 31, 2017 is MODIFIED to reflect that your

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spouse's eligibility for and enrollment in her Essential Plan 4 would continue until March 31, 2018.

Your case is RETURNED to NYSOH to reinstate your Medicaid eligibility and Medicaid Managed Care plan enrollment from April 1, 2017 through the end of your 12-month eligibility period, unless a disqualifying event occurs.

Your case is RETURNED to NYSOH to reinstate your spouse's Essential Plan 4 eligibility and enrollment from April 1, 2017 through the end of her 12-month eligibility period, unless a disqualifying event occurs.

Legal Authority

We are issuing this determination 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।

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 nkyerɛkyerɛmu a, ye sre wo, frɛ 1-855-355-5777. yɛbɛtumi 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 אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.