



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

Notice of Decision

Decision Date: January 05, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022960

[REDACTED]

[REDACTED]

On December 15, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 30, 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 the 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.

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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Decision Date: January 05, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022960

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Issues

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

Did NY State of Health properly determine that you were eligible for the Essential Plan?

Did NY State of Health properly determine that you were not eligible for Medicaid?

Did NY State of Health properly determine that your enrollment in the Essential Plan began effective November 1, 2017?

Procedural History

On October 12, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating that you were eligible for Medicaid, effective October 1, 2016.

On August 2, 2017, NYSOH issued a notice stating that it was time to renew your health insurance for the upcoming coverage year. That notice stated that based on state and federal data sources, NYSOH was unable to make a decision about whether you would qualify for financial help paying for your health insurance, and you needed to update your account between August 16, 2017 and September 15, 2017, or you might lose the coverage you were currently receiving.

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

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

Also on September 17, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your Medicaid Managed Care plan terminated effective September 30, 2017.

On September 29, 2017, you updated your application for financial assistance. That day, a preliminary eligibility determination was prepared finding you eligible to enroll in the Essential Plan, effective November 1, 2017.

Also on September 29, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as you were not found eligible for Medicaid and your coverage began as of November 1, 2017, and not October 1, 2017.

On September 30, 2017, NYSOH issued an eligibility determination, based on the September 29, 2017 application, stating in part, that you were eligible for the Essential Plan with a \$20.00 monthly premium for a limited time, effective November 1, 2017. This notice further directed you to submit income documentation by December 28, 2017, to confirm your eligibility. That notice also stated that you were not eligible for Medicaid because your income was over the allowable income limit for that program.

On October 6, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid for a limited time, effective October 1, 2017, because you had been granted Aid to Continue until a decision was made on your appeal.

Also on October 6, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in a Medicaid Managed Care plan, effective October 1, 2017.

On December 15, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and the record was held open until January 2, 2018, to allow you time to submit supporting income documentation.

As of January 2, 2018, the Appeals Unit did not receive any documents from you and none were viewable in your NYSOH account. Therefore, the record was closed that same day and this decision is based on the record as developed at the time of the hearing.

Findings of Fact

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

- 1) You are seeking health insurance for yourself and your child.
- 2) You testified that you are only appealing your eligibility and enrollment start date.
- 3) You testified that you expect to file your 2017 taxes with a tax filing status of single. You will claim one dependent on that tax return.
- 4) The application that was submitted on September 29, 2017 listed an annual household income of \$26,400.00, consisting of income you receive from your Social Security Disability benefits. You testified that this amount was correct.
- 5) The application that was submitted on September 29, 2017 states that you receive \$2,200.00 per month in Social Security Disability benefits.
- 6) You testified that you receive \$2,700.00 per month in Social Security Disability benefits.
- 7) Your application states that you will not be taking any deductions on your 2017 tax return.
- 8) You testified that you receive your notices from NYSOH by regular mail.
- 9) You testified that you did not receive any notices in the mail telling you that you needed to update your application in order to renew your health insurance eligibility.
- 10) No notices sent to you at the mailing address listed on your NYSOH account have been returned as undeliverable.
- 11) You testified that you did not know that you needed to update your account until you were informed by the pharmacy in September 2017 that your health insurance was only valid until the end of the month.
- 12) According to your NYSOH account, on September 29, 2017, NYSOH received your updated application for health insurance.
- 13) You re-enrolled into an Essential Plan on September 29, 2017, with a November 1, 2017 start date.

14) You testified that you are seeking to have your health insurance coverage start as of October 1, 2017.

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

Applicable Law and Regulations

Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

In an analysis of Essential Plan eligibility, the determination is based on the FPL in effect on the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). On the date of your application, that was the 2016 FPL, which is \$16,020.00 for a two-person household (81 Federal Register 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 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

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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).

Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every twelve months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR §155.335(h)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you were eligible for the Essential Plan.

The application that was submitted on September 29, 2017, listed an annual household income of \$26,400.00 and the eligibility determination relied upon that information.

You are in a two-person household for purposes of this analysis. This is because you testified that you expect to file your 2017 income taxes as single and will claim one dependent on that tax return.

The Essential Plan is provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income that is between 138% and 200% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$16,020.00 for a two-person household. Since an annual household income of \$26,400.00 is 164.79% of the 2016 FPL, NYSOH properly found you to be eligible for the Essential Plan.

The second issue under review is whether NYSOH properly determined that you were ineligible for Medicaid.

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 \$26,400.00 is 162.56% 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. 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 \$1,354.00 per month.

The application that was submitted on September 29, 2017, listed your monthly Social Security Disability award as \$2,200.00 per month. However, during the hearing, you testified that your Social Security Disability award was \$2,700.00 per month. As a result, the Hearing Officer left the record open until January 2, 2018 to allow you time to submit documentation of your Social Security Disability award letter. However, by the end of the business day on January 2, 2018, there were no documents received by NYSOH's Appeals Unit, nor were there any documents viewable on your NYSOH account.

Since your testimony, along with the information in your application, indicates that you received at least \$2,200.00 in benefits for the month of September 2017, you did not qualify for Medicaid on the basis of monthly income as of the date of your application.

Since the September 29, 2017 eligibility determination properly stated that, based on the information you provided, you were eligible for the Essential Plan and ineligible for Medicaid, it is correct and is **AFFIRMED**.

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

You were originally found eligible for Medicaid effective October 1, 2016.

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 August 2, 2017 renewal notice stated that there was not enough information to determine whether you were eligible to continue your financial assistance for health insurance and that you needed to supply additional information between August 16, 2017 and September 15, 2017 or the financial assistance you were currently receiving might end.

Because there was no timely response to the notice, you were terminated from your Medicaid Managed Care plan, effective September 30, 2017.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information listed in your NYSOH account. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, the record indicates that NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated in order to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

The record further indicates that, on September 29, 2017, you updated the information in your NYSOH account and you were found eligible for the Essential Plan. You submitted a request to enroll in an Essential Plan that same day.

The date on which the Essential Plan takes effect depends on the day a person selects a plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you selected an Essential Plan on September 29, 2017, it must take effect on the first day of the second following month after September 2017; that is, on November 1, 2017.

Therefore, NYSOH's September 30, 2017 plan enrollment notice is AFFIRMED since it confirmed your enrollment in the Essential Plan as of November 1, 2017.

Decision

The September 30, 2017 eligibility determination notice is AFFIRMED.

The September 30, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: January 05, 2018

How this Decision Affects Your Eligibility

NYSOH properly found you eligible for the Essential Plan.

NYSOH properly found you ineligible for Medicaid.

The effective date of your Essential Plan was November 1, 2017.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:

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).

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 September 30, 2017 eligibility determination notice is AFFIRMED.

The September 30, 2017 plan enrollment notice is AFFIRMED.

NYSOH properly found you eligible for the Essential Plan.

NYSOH properly found you ineligible for Medicaid.

The effective date of your Essential Plan was November 1, 2017.

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. ye&etumi 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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