



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

Notice of Decision

Decision Date: April 17, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027195

[REDACTED]

On March 20, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 17, 2017 discontinuance notice, December 17, 2017 disenrollment notice, December 19, 2017 eligibility determination notice, and December 19, 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.

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Decision

Decision Date: April 17, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027195

[REDACTED]

Issues

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

Did NY State of Health properly determine that your eligibility for and enrollment in your Medicaid and Medicaid Managed Care plan ended effective December 31, 2017?

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 ineligible for Medicaid?

Did NY State of Health properly determine that your eligibility for and enrollment in your Essential Plan was effective February 1, 2018?

Procedural History

On November 23, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible for Medicaid effective January 1, 2017.

Also on November 23, 2016, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a Medicaid Managed Care plan.

On October 24, 2017, NYSOH issued a notice that it was time to renew your health insurance. That notice stated that, based on information from federal and

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state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2017 or you were at risk of losing your health insurance coverage, and if applicable, any financial assistance.

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

On December 17, 2017, NYSOH issued an eligibility determination notice stating that you are not eligible for Medicaid, Child Health Plus, the Essential Plan 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 December 31, 2017.

Also on December 17, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your Medicaid Managed Care plan would end on December 31, 2017. This was because you were no longer eligible for health insurance through NYSOH.

On December 18, 2017, NYSOH received your updated application for health insurance.

On December 19, 2017, NYSOH issued a notice of eligibility determination, based on your December 18, 2017 application, stating that you were eligible to enroll in the Essential Plan, effective February 1, 2018.

Also on December 19, 2017, NYSOH issued a notice of enrollment, based on your plan selection on December 18, 2017, stating that you were enrolled in an Essential Plan, and that your plan would start February 1, 2018.

On January 12, 2018, you spoke to NYSOH's Account Review Unit and appealed insofar as you were without coverage for January 2018.

On March 20, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open until April 3, 2018 to allow you time to submit supporting documentation.

On April 3, 2018, the NYSOH Appeals Unit received a six-page fax consisting of a cover letter, your social security award letter, a statement of your business income and expenses for December 2017, and two of your paystubs. These documents were collectively marked as Appellant's Exhibit #1 and incorporated into the record. The paystubs were illegible and an extension was granted until April 12, 2018 to allow you to resubmit your paystubs. On April 10, 2018, the NYSOH Appeals Unit received a three-page fax consisting of a cover letter and

two of your paystubs. These documents were collectively marked as Appellant's Exhibit #2 and incorporated into the record. The record is now closed.

Findings of Fact

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

- 1) You testified that you are seeking either to have Medicaid beginning January 1, 2018 or to have your Essential Plan begin on January 1, 2018 rather than February 1, 2018.
- 2) You were determined eligible for Medicaid on November 23, 2016, with an effective date of January 1, 2017.
- 3) You testified, and the record reflects, that you receive your notices from NYSOH by electronic alert.
- 4) You testified that you did receive an electronic alert which directed you to the October 24, 2017 renewal notice which advised you that you needed to update your application in order to renew your eligibility.
- 5) You testified that you delayed updating your application because you were waiting until you had completed your tax return.
- 6) You testified that you updated your account yourself on-line, but could not recall when you had submitted your updated application.
- 7) The record reflects that on December 18, 2017, NYSOH received your updated application for health insurance. As a result of this application, you were found eligible for the Essential Plan and you selected a plan that day.
- 8) Your application indicates, that you expect to file your 2018 tax return as single and will claim no dependents on that return.
- 9) You testified that you also will file your 2018 tax return as single and will not claim any dependents on that return.
- 10) The application you submitted on December 18, 2017 lists annual expected income of \$19,788.00, consisting of \$7,800.00 in wages and \$11,988.00 in social security benefits.
- 11) Your application states that you reside in Dutchess County.

- 12) You testified that you are paid on a biweekly basis and are paid an hourly rate of \$9.25 and work between sixteen and twenty hours per week.
- 13) You submitted two paystubs; the first is for pay date December 8, 2017 for a gross pay amount of \$433.23 and the second is for December 21, 2017 for a gross pay amount of \$600.74.
- 14) You testified that in 2017 you had a business, however, this business has been closed as of the end of 2017. You submitted a statement of business income and expenses for December 2017 stating you had gross business income of \$769.00 and expenses of \$424.32, for a net of \$344.68 in December 2017.
- 15) Your application states that you will claim no deductions on your 2018 tax return. You testified that you previously had deductions associated with your business, but as your business has closed, you have no on-going deductions.
- 16) You testified that in December 2017 you received social security benefits of \$1,007.00.
- 17) You submitted a social security award letter stating that your gross social security benefit was \$1,008.00 as of January 2018.

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 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

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redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR §155.335(h)).

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 <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

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

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 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 2017 FPL, which is \$12,060.00 for a one-person household (82 Fed. Reg. 8831).

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/downloads/ny-blueprint.pdf>).

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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 for Adults between the Ages of 19 and 65

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 \$12,060.00 for a one-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).

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 (42 CFR § 600.330(e); 42 CFR § 435.918(b)(4)).

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)).

Legal Analysis

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

You were found eligible for Medicaid effective January 1, 2017.

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 October 24, 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 by December 15, 2017, or your health insurance coverage, and if applicable, your financial assistance might end.

Because there was no timely response to this notice, you were terminated from your Medicaid and Medicaid Managed Care plan effective December 31, 2017.

You testified that you did receive an electronic alert from NYSOH directing you to the October 24, 2017 notice from NYSOH telling you that you needed to update the information in your NYSOH account.

Therefore, the record reflects 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.

As you failed to respond to the renewal notice by December 15, 2017, NYSOH properly determined that you were no longer eligible for and disenrolled from your Medicaid and Medicaid Managed Care plan, effective December 31, 2017.

Therefore, the December 17, 2017 discontinuance notice and the December 17, 2017 disenrollment notice are AFFIRMED.

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

The record reflects that you plan to file your 2018 tax return as single and will not claim any dependents on that return. Therefore, you are in a one-person household.

The application that was submitted on December 18, 2017 listed an annual household income of \$19,788.00 and the eligibility determination relied upon that information.

The Essential Plan is generally 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 \$12,060.00 for a one-person household. Since an annual household income of \$19,788.00 is 164.08% of the 2017 FPL, NYSOH correctly found you to be eligible for the Essential Plan.

The third issue 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 \$12,060.00 for a one-person household. Since \$19,788.00 is 164.08% 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.

Based on the documentation you submitted, as well as your testimony, you received \$2,385.65 in December 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 \$1,387.00 per month. Since the documentation you provided shows that you received \$2,385.65 in December 2017, you do not qualify for Medicaid based on monthly income as of the date of your application.

Therefore, the December 19, 2017 eligibility determination notice is AFFIRMED insofar as it found you eligible for the Essential Plan and ineligible for Medicaid.

The fourth issue is whether NYSOH properly determined that your eligibility for and enrollment in your Essential Plan was effective February 1, 2018.

Your NYSOH account reflects that on December 18, 2017, you updated your application for financial assistance. As a result, you were found eligible for the Essential Plan as of February 1, 2018 and enrolled into a plan that day.

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 December 18, 2017, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following December 2017; that is, on February 1, 2018.

Therefore, the December 19, 2017 eligibility determination notice and the December 19, 2017 enrollment confirmation notice are AFFIRMED insofar as they found you eligible for and enrolled in the Essential Plan effective February 1, 2018.

Decision

The December 17, 2017 discontinuance notice is AFFIRMED.

The December 17, 2017 disenrollment notice is AFFIRMED.

December 19, 2017 eligibility determination notice is AFFIRMED.

The December 19, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: April 17, 2018

How this Decision Affects Your Eligibility

NYSOH properly determined that your eligibility for and enrollment in your Medicaid and Medicaid Managed Care plan ended as of December 31, 2017.

This decision does not change your eligibility.

The effective date of your Essential Plan is February 1, 2018.

If You Disagree with this Decision (Appeal Rights)

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 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 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):

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- By mail at:
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- By fax: 1-855-900-5557

Summary

The December 17, 2017 discontinuance notice is AFFIRMED.

The December 17, 2017 disenrollment notice is AFFIRMED.

NYSOH properly determined that your eligibility for and enrollment in your Medicaid and Medicaid Managed Care plan ended as of December 31, 2017.

December 19, 2017 eligibility determination notice is AFFIRMED.

The December 19, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Plan is February 1, 2018.

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।

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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&btumi ama wo obi a okyerε 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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