



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

Notice of Decision

Decision Date: June 15, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005785

[REDACTED]

Dear [REDACTED]

On June 10, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health’s December 29, 2015 eligibility determination 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 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: June 15, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005785

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that you were no longer eligible for Medicaid, but would continue to receive Medicaid coverage until July 31, 2016?

Procedural History

On August 21, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible for Medicaid because your household income of \$11,600.00 is at or below the allowable income limit. This eligibility was effective as of September 1, 2016.

Also on August 21, 2015, NYSOH issued a notice of enrollment confirming your enrollment in MVP Health Plan, Inc., as your Medicaid Managed Care (MMC) plan, as of August 20, 2015. This notice stated that your MMC plan coverage would begin September 1, 2015.

On December 28, 2015, NYSOH received your updated application for health insurance; specifically the income information was updated. In response to this application, NYSOH prepared a preliminary eligibility determination stating that you were no longer eligible for Medicaid; however, your Medicaid coverage would continue until July 31, 2016.

Also on December 28, 2015, you contacted NYSOH's Account Review Unit and requested an appeal of that preliminary eligibility determination insofar as your

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Medicaid coverage was continued, and you were not found eligible for the Essential Plan.

On December 29, 2015, NYSOH issued a notice of eligibility determination stating that you were no longer eligible for Medicaid. However, your Medicaid coverage would continue until July 31, 2016 because certain individuals determined eligible for Medicaid remain eligible for benefits for twelve continuous months from the date that they were determined eligible. This eligibility was effective as of December 1, 2015.

On June 10, 2016, 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.

Findings of Fact

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

- 1) You were found eligible for Medicaid, effective September 1, 2015, based on an application submitted to NYSOH on August 20, 2015. At that same time, you enrolled in MVP as your Medicaid Managed Care (MMC) plan, with such coverage also beginning September 1, 2015.
- 2) You revised your application on December 28, 2015, in which you attested to an expected household income of \$17,400.00 based solely on your self-employment income. You testified that, at the time you submitted your application, this income was an accurate reflection of your expected income for the 2016 tax year.
- 3) You testified that you were seeking to enroll in the Essential Plan as soon as possible in order to take advantage of a grant fund specifically earmarked for [REDACTED] you were seeking, and that these grant funds are not available through your Medicaid coverage. You further testified that time was of the essence since the grant in question expired on or about September 1, 2016.

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

Applicable Law and Regulations

Medicaid for Adults between the Ages of 19 and 65

Medicaid through NYSOH can be provided 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 federal poverty level (FPL) for the applicable family size (42 CFR §§ 435.119(b), 435.911(b)(1), 435.603(d)(4); N.Y. Soc. Serv. Law § 366(1)(b)).

Most adults determined eligible for Medicaid are guaranteed twelve months of Medicaid coverage even if they lose Medicaid eligibility because of any changes or updates they make to their NYSOH account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a twelve month period. This twelve 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 (N.Y. Soc. Serv. Law § 366(4)(c)).

An individual will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, lack of state residence, failing to provide a valid social security number, or having third party health insurance (N.Y. Soc. Serv. Law § 366(4)(c)).

Legal Analysis

The sole issue under review is whether NYSOH properly determined that you were no longer eligible for Medicaid, but would continue to receive Medicaid coverage until July 31, 2016.

Based on your application submitted on August 20, 2015, you were found eligible for Medicaid effective September 1, 2015. However, since your application was submitted during the month of August 2015, the start date of your Medicaid Fee-For-Service coverage was actually August 1, 2015, rather than September 1, 2015. This eligibility determination is not under review by NYSOH Appeals Unit.

You testified that at the time of your revised application, submitted on December 28, 2015 application, your expected household income of \$17,400.00 was based solely on your self-employment income, and reflected as an increase of your earnings over what was reported in your August 20, 2015 application. This

update increased your annual household income to \$17,400.00, which is above the Medicaid limit.

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

Since all credible evidence of the record confirms that you were eligible for Medicaid, and even though your income increased when you modified your application on December 28, 2015, you remain enrolled in Medicaid for the remainder of your twelve month eligibility period, which concludes on July 31, 2015. The December 29, 2015 eligibility determination notice is correct and is AFFIRMED.

Decision

The December 29, 2015 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: June 15, 2016

How this Decision Affects Your Eligibility

Your Medicaid coverage, which began on August 1, 2015, continues until July 31, 2016.

You are encouraged to revise your application between **June 16, 2016 and July 15, 2016** so that NYSOH can make an appropriate decision on your eligibility for financial assistance as of August 1, 2016.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. 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 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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Summary

The December 29, 2015 eligibility determination notice is **AFFIRMED**.

Your Medicaid coverage, which began on August 1, 2015, continues until July 31, 2016.

You are encouraged to revise your application between **June 16, 2016 and July 15, 2016** so that NYSOH can make an appropriate decision on your eligibility for financial assistance as of August 1, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

