



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

## Notice of Decision

Decision Date: June 28, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006518

[REDACTED]

Dear [REDACTED],

On June 2, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's the September 3, 2015 eligibility determination.

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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: June 28, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006518



## Issue

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

Did NY State of Health properly determine that you were not eligible for Medicaid coverage as of September 1, 2015?

## Procedural History

On February 10, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible for Medicaid effective as of February 1, 2015.

On February 27, 2015, an enrollment confirmation notice was issued confirming your enrollment in a Medicaid Managed Care plan effective April 1, 2015.

On April 8, 2015 the income information in your NYSOH account was updated.

On April 9, 2015, an eligibility determination notice was issued stating you were no longer eligible for Medicaid, however, your coverage would continue until January 31, 2016. This was because certain individuals who have been determined eligible for Medicaid remain eligible for benefits for twelve continuous months from the date they are determined eligible. This eligibility was effective as of April 1, 2015.

On June 29, 2015, NYSOH received your updated application for health insurance; specifically the income information was updated.

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On August 28, 2015, the NYSOH issued a disenrollment notice ending your coverage in your Medicaid Managed Care plan as of August 31, 2015 per your request which was received on August 27, 2015.

On September 3, 2015, an eligibility determination notice was issued finding you eligible to receive advance premium tax credits and up to \$301.00 per month as well as cost-sharing reductions, effective October 1, 2015. The notice further found you ineligible for Medicaid because the household income you provide of \$17,800.00 was over the allowable income limit for that program.

On January 26, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of the fact that your continuous coverage under Medicaid was discontinued as of August 31, 2015, and did not continue until January 31, 2016.

On June 2, 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 kept open 15 days for you provide income documentation for the month of September, 2015, as well as proof of your enrollment in employer sponsored insurance. On June 8, 2016, the NYSOH appeals unit received a five page fax with your supporting documentation and has been incorporated into the record as (Appellant's Exhibit 1).

## **Findings of Fact**

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

- 1) You expect to file your 2015 federal income tax return as single, and claim no dependents.
- 2) According to the September 1, 2015 application, you attested to an expected household income of \$17,800.00.
- 3) The record reflects you changed your application type from seeking non-financial assistance on August 27, 2015, to seeking financial assistance on your September 1, 2015 application.
- 4) You testified that you contacted NYSOH on August 27, 2015 and asked that your Medicaid Managed care plan be terminated as you would be receiving insurance from your employer for September 2015.
- 5) You testified that you had asked a NYSOH representative if your Medicaid fee-for-service would continue for the month of September, despite being disenrolled from your Managed Care plan as you had a doctor's appointment scheduled for September 4, 2015. The

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representative told you that you would continue to receive Medicaid benefits until the end of 2015.

- 6) You testified that you went to the doctor's appointment and were told that you did not have coverage under Medicaid for the services you received. You are now responsible for the charges incurred for the appointment.
- 7) You provided documentation stating that you began to receive employer sponsored insurance effective September 13, 2015. (Appellant's Exhibit 1 pg. 2).
- 8) The documentation you provided for proof of your gross income for the month of September 2015 shows your received \$1,121.60. (Appellant's Exhibit 1, pg. 3).
- 9) You testified that you reside in Orange County.

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)).

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).

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 2015 FPL, which is \$11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

Financial eligibility for Medicaid for applicants who *are* currently receiving Medicaid benefits financial eligibility may be based either on current monthly household income and family size or income based on projected annual household income and family size for the remainder of the current calendar year (42 CFR § 435.603(h)(2), *but see* SPA 13-0055-MM3, as approved March 19, 2014).

### Continuous Coverage

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 issue presented for review is whether NYSOH properly determined that you were not eligible for Medicaid coverage as of September 1, 2015.

On February 10, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid. This eligibility was effective as of February 1, 2015. You then enrolled into a Medicaid Managed Care plan effective April 1, 2015.

On April 8, 2015, income information in your NYSOH account was updated. As a result, you were no longer eligible for Medicaid, but your coverage would continue until January 31, 2016 because certain individuals who have been determined eligible for Medicaid remain eligible for benefits for twelve continuous months from the date they are determined eligible.

You testified that you contacted NYSOH on August 28, 2015 and asked that your Medicaid Managed Care plan be terminated as you would be receiving insurance from your employer for September 2015. During the call to NYSOH, you had asked the representative if your Medicaid fee-for-service would continue for the

month of September, despite being disenrolled from your Managed Care plan as you had a doctor's appointment scheduled for September 4, 2015.

The record indicates that your application type was switched from seeking non-financial assistance on August 27, 2015. As a result, you were terminated from your Medicaid Managed Care plan and removed from Medicaid fee-for-service coverage as of August 31, 2015.

Once a person is found eligible for Medicaid, they remain eligible for Medicaid for twelve continuous months unless an event occurs to disqualify them from coverage. This is referred to as "continuous coverage." 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.

You provided documentation stating that you began to receive employer sponsored insurance effective September 13, 2015 (Appellant's Exhibit 1, pg. 3). Therefore, your eligibility for Medicaid fee-for-service should have continued until your employer sponsored coverage started.

Since you should have remained in Medicaid fee-for service coverage during the month of September 2015, the September 3 2015, eligibility determination notice issued finding you ineligible for Medicaid is RESCINDED.

## **Decision**

The September 3, 2015, eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your Medicaid fee-for-service coverage for September 2015.

**Effective Date of this Decision:** June 28, 2016

## **How this Decision Affects Your Eligibility**

You were incorrectly found ineligible for Medicaid fee for service for the month of September 2015.

Your case is sent back to reinstate you into Medicaid fee for service coverage for the month of September 2015.

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## **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 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:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The September 3, 2015, eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your Medicaid fee-for-service coverage for September 2015.

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You were incorrectly found ineligible for Medicaid fee for service for the month of September 2015.

### **Legal Authority**

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

**A Copy of this Decision Has Been Provided To:**

