



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

Notice of Decision

Decision Date: September 15, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007706

[REDACTED]

Dear [REDACTED],

On August 17, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 14, 2016 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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Decision

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007706



Issue

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

Did NY State of Health properly determine that, as of January 14, 2016, you were not eligible for Medicaid?

Procedural History

On November 30, 2015, you submitted an application for health insurance with NY State of Health (NYSOH).

On December 1, 2015, NYSOH issued a notice stating that you may be eligible for health insurance but more information was needed. You were requested to submit income documentation to confirm the information in your application by December 16, 2015.

On December 2, 2015, you submitted to NYSOH income documentation.

On December 3, 2015, NYSOH issued a notice stating that your December 2, 2015 application had been reviewed but more information was needed to make a determination. You were requested to submit additional income documentation to confirm the information in your application by December 18, 2015.

On December 8, 2015, NYSOH again issued a notice that stated the documentation you submitted was insufficient to resolve the proof of income request. Additional proof of work documents requested included a letter from an employer stating how long you had worked there.

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On January 6, 2016, you uploaded to your NYSOH account two documents relative to your new employment.

On January 7, 2016, NYSOH issued a notice stating that your January 6, 2016 application had been reviewed but the information you provided did not match what NYSOH obtained from State and Federal data sources. You were requested to provide income documentation by January 22, 2016, to confirm the information you provided in your application.

On January 7, 2016, you uploaded to your NYSOH account income documentation from your new employment.

On January 8, 2016, you uploaded to your NYSOH account document a letter from your new employer confirming your employment and rate of pay.

On January 13, 2016, NYSOH made a preliminary eligibility determination with regard to your updated application, and found you eligible to enroll in a qualified health plan through NYSOH and to receive advance premium tax credits of \$130.00 per month with an effective date of February 1, 2016.

On January 14, 2016, NYSOH issued an eligibility determination notice based on the information contained in the January 13, 2016 application, stating that you were eligible for advance premium tax credits of \$130.00 per month, you were not eligible for cost sharing reductions, you were not eligible for the Essential Plan and you were not eligible for Medicaid. This was based on a calculated household yearly income of \$36,088.00 for 2016.

On January 16, 2016 NYSOH issued an enrollment confirmation notice stating that you were enrolled in a platinum-level qualified health plan (QHP) with premium of \$493.65 per month and a plan enrollment start date of February 1, 2016.

On March 4, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of the January 14, 2016 eligibility determination notice insofar as it related to your ineligibility for Medicaid.

On March 23, 2016, NYSOH issued a cancellation notice for your platinum-level (QHP) effective February 1, 2016 because premium payment had not been received within the required time frame to begin coverage.

On August 17, 2016, 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 August 31, 2016 for you to submit pay records for the month of January 2016.

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On August 19, 2016, the Appeals Unit received a five-page facsimile from you, consisting of those pay records. That same day, this five-page facsimile was made part of the record as “Appellant’s Exhibit 1” and the record was closed.

Findings of Fact

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

- 1) You testified that you expect to file your 2016 taxes with a tax filing status of single. You will claim no dependents on that tax return.
- 2) Your application states that you will not be taking any deductions on your 2016 tax return.
- 3) You are seeking insurance for yourself.
- 4) On December 2, 2015, you submitted to NYSOH document [REDACTED] that consisted of 4 pay advices from an employer. Those pay advices were dated 10/30/2015 for gross pay of \$502.36; 11/06/2015 for gross pay of \$499.49; 11/13/2015 for gross pay of \$524.39 and 11/20/2015 for gross pay of \$565.17.
- 5) You testified that your last day of work with that employer was 11/18/2015 and the last pay check you received from that employer was dated 11/20/2015.
- 6) The application that you submitted on November 30, 2015 listed annual household income of \$0.00 and that you had lost a job.
- 7) According to NYSOH’s system, the proof of income documents submitted on December 2, 2015 were determined as invalid proof of income on December 7, 2015, in that you needed to submit a separation from employment letter.
- 8) You testified that your former employer did not provide a separation letter and was not likely to cooperate after you left its employ.
- 9) On January 8, 2016, you uploaded a letter from your new employer confirming that you started employment with them on December 22, 2015, your hourly rate of pay was \$17.35, and that you were working 40 hours per week (see Document [REDACTED]).
- 10) You testified that your gross pay for your first week of pay in December 2015, was \$277.60. You provided a pay advice from your new employer,

dated 12/30/15, showing this amount for the pay period of 12/17/2017 thru 12/23/2015 at 16 units/hours of work (see Document [REDACTED])

- 11) You testified that was your only source of income in December 2015.
- 12) You testified, and provided documentation consisting of pay advices for 01/06/2016 for gross pay of \$694.00; 01/13/2016 for gross pay of \$699.21; 01/20/2016 for gross pay of \$626.34 and 01/27/2016 for gross pay of \$709.62, for a January 2016 monthly income of \$2,729.17 (see "Appellant's Exhibit 1").
- 13) The application you submitted on January 6, 2016, listed your yearly income as \$14,404.00 and that you had changed jobs.
- 14) NYSOH system records indicated that, on January 13, 2016, your proof of income was validated and the system projected your 2016 annual income at \$36,088.00 based upon the income documentation you submitted.
- 15) You testified that you sustained an injury that required hospitalization and follow up medical treatment on [REDACTED]
- 16) You testified that you have unpaid medical bills related to the [REDACTED] injury.
- 17) You testified that you obtained employer sponsored insurance starting March 1, 2016.
- 18) You are seeking to have your eligibility for Medicaid determined based on your income for the month of December 2015.
- 19) Your application states that you live in Montgomery County.
- 20) According to your NYSOH account and as stated in the March 23, 2016, cancellation notice, you did not pay the first month's premium for your health insurance coverage to begin as of February 1, 2016, so it was cancelled effective that date.

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

Applicable Law and Regulations

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 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 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 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).

Generally, most adults determined eligible for Medicaid are guaranteed 12 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 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 (NY Social Services 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 (NY Social Services Law § 366(4)(c)).

Legal Analysis

The issue is whether NYSOH properly determined that you were ineligible for Medicaid as of December 3, 2016.

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

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adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$11,770.00 for a one-person household. Since \$36,088.00 is 306.10% of the 2015 FPL, NYSOH properly found you to be ineligible for Medicaid on an expected annual income basis, using the updated 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.

You credibly testified and the record reflects that you lost your employment on November 18, 2015. Your last pay advice from that employer is dated 11/20/2015.

You credibly testified and the record reflects that you started employment with a new employer on December 22, 2015. You testified that the only income you received in the month of December 2015 was the one check from your new employer dated 12/30/2015 in the amount of \$277.60.

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. There is nothing in the record to indicate that you did not meet the non-financial criteria to be eligible for Medicaid and, according to supporting documentary evidence, your December 2015 income was \$277.60. Since the documentation you provided shows that you earned \$277.60 in December 2015, which is below the maximum allowable monthly income limit, you would qualify for Medicaid on the basis of monthly income as of your December 2, 2015 application.

Under New York State law, once a person is eligible for Medicaid, that eligibility continues for 12 months, even if the household income rises above 138% of the FPL. This provision is called "continuous coverage."

However, you credibly testified that you are only seeking Medicaid coverage for the months of December 2015 and January 2016. Also, the record reflects that you did not have health coverage through NYSOH during February 2016. Finally, you credibly testified that your employer-sponsored health insurance began on March 1, 2016, which would make you ineligible for Medicaid as of that date going forward.

Therefore, your case is RETURNED to NYSOH to determine your eligibility for financial assistance based on a one-person household with a monthly income of \$277.60, for an individual living in Montgomery County for the months of December 2015, January 2016, and February 2016. NYSOH will also consider your eligibility for Medicaid continuous coverage as of March 1, 2016.

Decision

The January 14, 2016 eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to determine your eligibility for Medicaid based on a one-person household with a monthly income of \$277.60, for an individual living in Montgomery County as of the month of December 2015.

NYSOH will also consider your eligibility for Medicaid continuous coverage as of March 1, 2016.

Effective Date of this Decision: September 15, 2016

How this Decision Affects Your Eligibility

You may be eligible for Medicaid as of the month of December 2015 and until you began coverage with your employer-sponsored health insurance on March 1, 2016. NYSOH may require proof of employer-sponsored insurance coverage as of March 1, 2016, and will notify accordingly.

Your case is being sent back to NYSOH to verify your eligibility for the month of December 2015 based on the criteria listed above.

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.

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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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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 14, 2016 eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to determine your eligibility for Medicaid based on a one-person household with a monthly income of \$277.60, for an individual living in Montgomery County as of the month of December 2015.

NYSOH will also consider your eligibility for Medicaid continuous coverage as of March 1, 2016.

You may be eligible for Medicaid as of the month of December 2015 and until you began coverage with your employer-sponsored health insurance on March 1, 2016. NYSOH may require proof of employer-sponsored insurance coverage as of March 1, 2016, and will notify accordingly.

Your case is being sent back to NYSOH to verify your eligibility for the month of December 2015 based on the criteria listed above.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

