



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

## Notice of Decision

Decision Date: October 3, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007765

[REDACTED]

Dear [REDACTED]

On August 30, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's November 12, 2015 disenrollment notice and November 24, 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 at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(b).

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## Decision

Decision Date: October 3, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007765



## Issue

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

Did NY State of Health properly determine you were no longer eligible for Medicaid effective November 30, 2015?

## Procedural History

On October 27, 2015 and October 28, 2015, NY State of Health (NYSOH) received your initial applications for financial assistance with your health insurance.

On October 29, 2015 and October 30, 2015, eligibility determination notices were issued finding you and your spouse eligible to purchase a qualified health plan at full cost effective December 1, 2015. The determinations were based on your attested household income of \$85,359.78.

On November 3, 4, and 19, 2015, NYSOH issued eligibility redetermination notices requesting you provide income documentation for your spouse as the income you provided did not match what NYSOH had received from state and federal data sources. You were provided a final date of December 4, 2015 to provide that documentation.

On November 3, 2015, an eligibility determination notice was issued finding you conditionally eligible for Medicaid effective November 1, 2015. The determination was based on the condition that you provide proof of your third party health

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insurance and current income before November 17, 2015. The determination was based on your attested household income of \$0.00.

On November 4, 2015, an eligibility determination notice was issued finding you remain conditionally eligible for Medicaid effective November 1, 2015. The determination was based on the condition that you confirm your current income by providing documentation before November 18, 2015. The determination was based on your attested household income of \$0.00.

On November 5, 2015, an eligibility determination notice was issued finding you eligible to purchase a qualified health plan at full cost effective December 1, 2015. The determination was based on your attested household income of \$85,359.78.

On November 6, 2015, an eligibility determination notice was issued finding you eligible to purchase a qualified health plan at full cost effective December 1, 2015. The determination was based on your attested household income of \$85,359.78.

On November 10, 2015, an eligibility determination notice was issued finding you eligible to purchase a qualified health plan at full cost effective December 1, 2015. The determination was based on your attested household income of \$85,359.78.

On November 12, 2015, a disenrollment notice was issued terminating your Medicaid Fee-For-Service effective November 30, 2015.

On November 24, 2015, an eligibility determination notice was issued finding you conditionally eligible for Medicaid effective December 1, 2015. The determination was based on the condition that you provide income documentation before December 3, 2015. The determination was based on your attested household income of \$15,750.00.

Also on November 24, 2015, an eligibility determination notice finding you eligible to receive advance premium tax credits of up to \$375.00 per month starting January 1, 2016. The determination was based on your attested household income of \$46,331.09.

On December 4, 2015, an eligibility determination was issued finding you newly conditionally eligible to receive advance premium tax credits up to \$342.00 effective January 1, 2016. The determination was based on the condition that you confirm your income documentation before February 23, 2016. The determination was further based on your attested household income of \$49,050.00.

That same day an enrollment confirmation notice was issued confirming your spouse's enrollment in a silver level qualified health plan. The notice stated you needed to select a health plan.

On March 8, 2016, you contacted the NYSOH Account Review Unit and requested an appeal as you believe you should have been found eligible for Medicaid Fee-For-Service for the month of December, 2015.

On August 30, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and kept open 15 days for you to provide proof of your unpaid medical bill which you testified may have been covered. No documentation was received by the close of the record.

## **Findings of Fact**

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

- 1) You are seeking insurance for yourself for the month of December, 2015.
- 2) You testified you incurred a medical bill of \$320.00 during the month of December 2015. You testified that you believe the bill had been paid according to your application counselor, but you were unsure.
- 3) Your child was born on [REDACTED]
- 4) You testified you were pregnant during your November applications for financial assistance.
- 5) You testified your husband lost his employment effective October 30, 2015.
- 6) You testified you received no income for the month of December 2015.
- 7) You testified that your husband was receiving Unemployment Insurance Benefits during the month of December 2015. You were unsure how much and when it was dispersed.
- 8) According to your NYSOH account, your documentation for proof of income was found as invalid on November 25, 2015, as your spouse was attesting to not receiving income, but NYSOH was showing a data source that he was receiving Unemployment Insurance Benefits. See Document [REDACTED]

- 9) On October 30, 2015, you uploaded a letter from your spouse's employer stating his last day of work was October 23, 2015. See Document: [REDACTED]
- 10) On October 28, 2015, you uploaded four documents showing your employment with check dates of 9/16/15, 9/30/15, 10/14/15, and 10/28/2015. See Documents [REDACTED]
- 11) On May 16, 2016, you uploaded a letter showing your spouse's Unemployment Insurance Benefits statement. See Document [REDACTED]
- 12) On May 16, 2016 you submitted a letter from your employer that states that you were hired on July 13, 2015 and left employment on May 2, 2016.
- 13) You testified you were unable to provide the Hearing Officer what your monthly income was for the month of December, 2015.
- 14) You currently reside in Monroe County.

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

## **Applicable Law and Regulations**

### Medicaid Pregnant Woman

Medicaid can be provided through the 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)), N.Y. Soc. Serv. Law § 366(1)(b)).

In New York, a pregnant woman is eligible for Medicaid at a household income of 223% of the federal poverty level (FPL) (42 CFR §435.116 (c)(2); NY Department of Social Services Administrative Directive 13ADM-03).

“Family size” means the number of persons counted as members of an individual's household. The household of a taxpayer who expects to file a return, and does not expect to be claimed as a tax dependent by anyone else, consists of the taxpayer plus all people the taxpayer expects to claim as tax dependents (42 CFR § 435.603(f)(1)).

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For purposes of Medicaid eligibility, the family size of a pregnant woman includes the pregnant woman and the number of children she expects to deliver (42 CFR § 435.603(b); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, 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 \$20,090.00 for a three-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).

#### Medicaid Effective Date

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13ADM-03(III)(F)).

Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13ADM-03(III)(F)).

#### Verification Process

For all individual whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320 (c)(1)(i)). If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f)).

## Legal Analysis

The issue under review is whether NYSOH properly determined that you were no longer eligible for Medicaid effective November 30, 2015.

You first applied for financial assistance with NYSOH on October 29, 2015, and October 30, 2015. In these applications you attested to household income of \$85,359.78 and as a result you were eligible to purchase a qualified health plan at full cost.

Your application was subsequently updated to reflect an attested household income of \$0.00 and as a result you were found conditionally eligible for Medicaid as of November 1, 2015, pending your submission of income documentation.

Subsequent applications were then made on your behalf with varying household income amounts such as \$85,359.78, \$0.00, \$15,750.00, and \$46,331.09. These determinations were all made based on the condition that you supply income documentation to confirm your income with NYSOH.

For all individual whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income.

Medicaid can be provided through NYSOH to pregnant women who have a household modified adjusted gross income (MAGI) that is at or below 223% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$20,090.00 for a three-person household.

Medicaid can be provided on a monthly income bases for applicants not already receiving Medicaid. This would mean for the month of December 2015, you could not have a household monthly income above the amount of \$3,734.00. You submitted a letter to NYSOH that indicates that you were working in December 2015 but you were unable during your telephone hearing to provide the Hearing Officer what your monthly income was for the month of December 2015.

Furthermore, the record contains varying amounts of household income that you attested to in applications that you submitted through November 2015. There is no credible documentation or testimony to support what your household's income was during any of your prior applications to NYSOH. Therefore, you were not eligible for Medicaid as of November 30, 2015 because you did not provide consistent and reliable income documentation as was requested.

Accordingly the November 12, 2015 disenrollment notice, is **AFFIRMED**.



## **Decision**

The November 12, 2015, disenrollment notice is AFFIRMED.

**Effective Date of this Decision:** October 3, 2016

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

This decision does not affect your eligibility.

You were not eligible for Medicaid as of November 30, 2015.

## **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 after the date 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 date 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

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- By fax: 1-855-900-5557

## **Summary**

The November 12, 2015, disenrollment notice is AFFIRMED.

This decision does not affect your eligibility.

You were not eligible for Medicaid as of November 30, 2015.

## **Legal Authority**

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

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

