



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: AP000000007871

[REDACTED]

Dear [REDACTED],

On September 7, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's August 12, 2015 and March 1, 2016 eligibility determination and the March 25, 2016 enrollment confirmation notices.

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.

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

Decision Date: September 15, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007871

[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 you were eligible for Medicaid effective October 1, 2015?

Did NY State of Health properly determine that you were no longer eligible to enroll in a Medicaid Managed Care plan for the months of March and April 2016?

## Procedural History

On September 15, 2014, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible for Medicaid because your household income of \$0.00 was at or below the allowable income limit. This eligibility was effective as of October 1, 2014.

On August 12, 2015, NYSOH issued a renewal notices stating that you are still qualified to get health coverage under Medicaid, effective October 1, 2015. This was because the state data sources show that your income is between \$0 and \$16,243.00. The notice further stated that you had been enrolled into your Medicaid Managed Care plan as of October 1, 2015.

On February 29, 2016, NYSOH received your updated application for health insurance. Specifically, you updated your account to provide pregnancy information and to update your income information to show that you earned \$16,000.00 annually at the time of the application.

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On March 1, 2016 NYSOH issued a notice of eligibility determination, based on your February 29, 2016 update to your application, stating that you were conditionally eligible for Medicaid Fee For Service, effective March 1, 2016. The notice further stated that you were required to submit income documentation and to pick a health plan.

Also on March 1, 2016 NYSOH issued a notice of disenrollment stating that you were terminated from your Medicaid Managed Care plan effective February 29, 2016.

On March 11, 2016, you spoke to NYSOH's Account Review Unit and appealed you disenrollment from your Medicaid Managed Care plan.

On March 25, 2016, NYSOH issued an enrollment notice stating you were enrolled back into your Medicaid Managed Care Plan with an effective date of May 1, 2016.

On September 7, 2016 you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Your sister testified on your behalf. 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 filed your 2015 federal income tax return as single, and claimed no dependents.
- 2) Your sister testified, and the record reflects, that you updated your application on February 29, 2016 to provide pregnancy information and to update your income information. The records reflect that you updated the application to show an increased expected household income of \$16,000.00 annually at the time of the application.
- 3) Your sister testified, and the record reflects, that you were terminated from your Medicaid Managed Care Plan, effective February 29, 2016.
- 4) The record reflects that you had coverage with your Medicaid Managed Care Plan effective October 1, 2014 until February 29, 2016, when it was terminated.
- 5) The record reflects that you were enrolled in Medicaid Fee For Service conditionally with an effective date of March 1, 2016.

- 6) The record reflects, that the NYSOH verified your income documentation and enrolled you back into your Medicaid Managed Care Plan on March 23, 2016, effective May 1, 2016.
- 7) Your sister testified and the record reflects that you want your Medicaid Managed Care plan to begin on March 1, 2016 because you had an urgent medical need.

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 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 federal poverty level (FPL) for the applicable family size (42 CFR §§ 435.119(b), 435.911(b)(1), 435.603(d)(4); NY Social Services 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 August 12, 2015 application, that was the 2015 FPL, which is \$ 11,770.00 for a one-person household (80 Federal Register 3236, 3237). On the date of you updated the application, that was the 2016 FPL, which is \$16,020.00 for a two-person household (81 Federal Register 4036).

For purposes of Medicaid eligibility, the household size of either a pregnant woman or a person who is in the family of a pregnant woman includes not only the pregnant woman, but also 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).

Medicaid is currently available to pregnant women who have a modified adjusted gross income at or below 223% of the FPL for the applicable family size (see 42

CFR § 435.116(c); NY Department of Health Administrative Directive 13ADM-03).

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 first issue under review is whether NYSOH properly determined that you were eligible for Medicaid effective October 1, 2015.

On August 12, 2015, NYSOH issued a renewal notices stating that you are still qualified to get health coverage under Medicaid, effective October 1, 2015. This was because the state data sources show that your income is between \$0 and \$16,243.00. As a result, you were continuously enrolled in your Medicaid Managed Care Plan with an effective date of October 1, 2015.

Medicaid can be provided through NYSOH to adults between the ages of 19 and 64 who meet the non-financial requirements and have a household 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 NYSOH determined you were within the applicable limit, you were correctly found eligible for Medicaid as of October 1, 2015.

Since the August 12, 2015 eligibility determination properly stated that, based on the information you provided, you were eligible for Medicaid, it is correct and is **AFFIRMED**.

The second issue is whether NYSOH properly determined that you were no longer eligible to enroll in a Medicaid Managed Care plan for the months of March and April 2016.

You updated your application on February 29, 2016 to include the income you will be receiving from employment. As a result, your eligibility was redetermined and you were found conditionally eligible for Medicaid pending your submission of income documents. You were also disenrolled from your Medicaid Managed Care plan as of February 29, 2016.

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." There are certain exceptions to the continuous coverage policy such as an individual becoming incarcerated, no longer being considered a resident of New York, or obtaining employer sponsored health insurance. However, the record does not indicate that any of these exceptions apply to your case.

Credible evidence confirms that you were eligible for Medicaid effective October 1, 2015, and that even though your estimated annual income increased when you modified your application on February 29, 2016, you remained enrolled in Medicaid for the remainder of your 12-month eligibility period.

Since the March 1, 2016 eligibility determination improperly stated that, based on the information you provided, you were conditionally eligible for Medicaid, it is incorrect and MODIFIED to state you are fully eligible for Medicaid. Additionally, the March 25, 2016 enrollment confirmation notice is MODIFIED to have the Medicaid Managed Plan effective March 1, 2016.

This matter is RETURNED to NYSOH to effectuate your reinstatement into your Medicaid Managed Care plan for the months of March and April 2016.

## **Decision**

The August 12, 2015 eligibility determination is AFFIRMED.

The March 1, 2016 eligibility determination is MODIFIED to state that you are fully eligible for Medicaid.

The March 25, 2016 enrollment confirmation notice is MODIFIED to state that you are enrolled in your Medicaid Managed Plan effective March 1, 2016.

This matter is RETURNED to NYSOH to effectuate your reinstatement into your Medicaid Managed Care plan for the month of March and April 2016.

**Effective Date of this Decision:** September 15, 2016

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

Your Medicaid Managed Care Plan, which began on October 1, 2014 and subsequently renewed on October 1, 2015, continues until September 30, 2016, with no gaps in coverage, barring subsequent changes in your eligibility.

## **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
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## **Summary**

The August 12, 2015 eligibility determination is AFFIRMED.

The March 1, 2016 eligibility determination is MODIFIED to state that you are fully eligible for Medicaid.

The March 25, 2016 enrollment confirmation notice is MODIFIED to state that you are enrolled in your Medicaid Managed Plan effective March 1, 2016.

This matter is RETURNED to NYSOH to effectuate your reinstatement into your Medicaid Managed Care plan for the month of March and April 2016.

Your Medicaid Managed Care Plan, which began on October 1, 2014 and subsequently renewed on October 1, 2015, continues until September 30, 2016, with no gaps in coverage, barring subsequent changes in your eligibility.

## **Legal Authority**

We are issuing this determination in accordance with 45 CFR § 155.545.

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

