



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

Notice of Decision

Decision Date: November 3, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000008869

[REDACTED]

Dear [REDACTED]

On October 19, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 5, 2015 and January 21, 2016 eligibility determination 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 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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Issues

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

Did NY State of Health (NYSOH) properly determine that you were eligible for Medicaid effective December 1, 2015?

Did the NYSOH properly determine that you were no longer eligible for Medicaid, but would continue to receive Medicaid coverage until November 30, 2016?

Procedural History

On December 4, 2015, NYSOH received your updated application for financial assistance.

On December 5, 2015, an eligibility determination notice was issued stating that you are eligible for Medicaid because your household income of \$10,008.00 is at or below the allowable income limit. This eligibility was effective as of December 1, 2015.

That same day an enrollment confirmation notice was issued confirming your enrollment in a Medicaid Managed Care plan effective January 1, 2016.

On January 20, 2016, your account was modified to reflect an attested income of \$30,003.96.

On January 21, 2016, NYSOH issued a notice of eligibility determination stating that you are no longer eligible for Medicaid. However, your Medicaid coverage

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would continue until November 30, 2016, because certain individuals determined eligible for Medicaid remain eligible for benefits for twelve continuous months from the date that they were determined eligible. The notice explained you would have to come back between October 16, 2016 and November 15, 2016 to update the information in your account so a decision could be made. This eligibility was effective as of January 1, 2016.

On April 13, 2016, you spoke to NYSOH's Account Review Unit and appealed the January 21, 2016, eligibility determination notice insofar as it determined you continuously eligible for Medicaid.

On October 19, 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 are seeking insurance for yourself.
- 2) You expect to file your 2016 federal income tax return as single, and claim no dependents.
- 3) According to the December 4, 2015 application, you attested to an expected household income of \$10,008.00. 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.
- 4) You testified that you had increased your income as you had expected more jobs as a [REDACTED].
- 5) According to the January 20, 2016, your account was modified to reflect an attested income of \$30,003.96 application.
- 6) You testified that you would like your eligibility redetermined for a different type of financial assistance to enroll in a different health plan.
- 7) You testified you briefly moved out of state in January, 2016, to live with your significant other in California, and then moved back to Brooklyn in March, 2016. Your account reflects you did not update your address to reflect this move.
- 8) You testified you did not have third party health insurance during your enrollment with Medicaid for 2016.

- 9) You testified you had not been in prison for any period of time in 2016.
- 10) You reside in Kings 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 the Marketplace 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)).

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).

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 Marketplace 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 (N.Y. Soc. Serv. Law § 366(4)(c)).

People who receive or are eligible for Medicaid are not eligible for an Advance Premium Tax Credit (APTC) since they have, or will soon have, active coverage in the system. They will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, 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 first issue under review is whether NYSOH properly determined that you were eligible for Medicaid effective December 1, 2015.

You are in a one- person household. According to the record, you expect to file your 2015 tax return as single and claim no one as a dependent.

On your December 4, 2015 application, you attested to an expected household income of \$10,008.00. You credibly testified that the income you provided of \$10,008.00 in the December 4, 2015 application was an accurate reflection at that time of your expected 2016 household income.

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 adjusted gross income (MAGI) that is at or below 138% of the federal poverty level (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 \$10,008.00 is 85.03% of the 2015 FPL, NYSOH properly found you to be eligible for Medicaid on an expected annual income basis, using the information provided in your application.

The second issue is whether NYSOH properly determined that you were no longer eligible for Medicaid, but would continue to receive Medicaid coverage until November 30, 2016.

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

The record reflects that on January 20, 2016, you changed the income amount in your application. You testified that you had increased your income as you had expected more jobs as a freelance photographer. However, since you were correctly determined eligible for Medicaid based on the application you submitted on December 4, 2015, you remain eligible for Medicaid for 12 continuous months regardless of any increases in your household income.

Medicaid eligible individuals will be enrolled or remain in their Medicaid plan with limited exceptions for 12 continuous months, including entering prison or another facility that provides medical care, moving out of state, failing to provide a valid social security number, or having third party health insurance.

During your telephone hearing you testified that although you had briefly moved out of state in January, 2016, to live with your significant other in California, and then moved back to Brooklyn in March, 2016, this was not a permanent move. Your account reflects you did not update your address to reflect this move.

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Since your application, no other triggering events have occurred that would determine you eligible for disenrollment from continuous coverage with Medicaid.

Since NYSOH properly determined you eligible for Medicaid as of December 1, 2015, and therefore eligible for continuous coverage, the December 5, 2015, and January 21, 2016 eligibility determination notices were proper and are AFFIRMED.

Decision

The December 5, 2015, and January 21, 2016 eligibility determination notices were proper and are AFFIRMED.

Effective Date of this Decision: November 3, 2016

How this Decision Affects Your Eligibility

Your Medicaid coverage, which began on December 1, 2015, continues until November 30, 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 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):

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Summary

The December 5, 2015, and January 21, 2016 eligibility determination notices were proper and are AFFIRMED.

Your Medicaid coverage, which began on December 1, 2015, continues until November 30, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

