



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

Notice of Decision

Decision Date: December 19, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009572



Dear [REDACTED],

On November 28, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 5, 2016 and March 20, 2016 eligibility determinations.

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

Decision Date: December 19, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009572



Issue

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

Did NY State of Health properly determine that you were not eligible for Medicaid, effective March 1, 2016?

Procedural History

On April 1, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid effective March 1, 2015.

On January 15, 2016, NYSOH issued a notice that it was time to renew your health insurance for 2016. That notice stated that, based on information from Federal and State sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by February 15, 2016 or you might lose the financial assistance you were receiving.

On January 23, 2016, NYSOH issued a notice of eligibility determination based on your January 22, 2016 application for health insurance, which stated that you remained eligible for Medicaid, effective March 1, 2016.

On February 4, 2016, you updated your application for health insurance.

On February 5, 2016, NYSOH issued an eligibility determination based on the information contained in the February 4, 2016 application, stating that you were

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no longer eligible for Medicaid, however, your Medicaid coverage would continue until February 28, 2017, effective March 1, 2016.

On February 24, 2016 and February 25, 2016, income documentation was uploaded to your account.

On March 19, 2016, NYSOH redetermined your eligibility for financial assistance.

On March 20, 2016, NYSOH issued a notice of eligibility determination, stating that you were no longer eligible for Medicaid, however, your Medicaid coverage would continue until February 28, 2017, effective March 1, 2016. This same notice directed you to submit income

On May 12, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of the February 5, 2016 and March 20, 2016 eligibility determinations, in so far as you were not found eligible for Medicaid.

On July 7, 2016 and November 15, 2016, additional income documentation was uploaded to your account.

On November 28, 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 for 14 days to allow you the opportunity to document your sources of financial support. On December 2, 2016 the Appeals Unit received via fax a signed letter from your parents dated November 30, 2016 indicating that they provide you with support. This document is marked as Appellant's Exhibit #1 and incorporated into the record. The record is now 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) You are seeking insurance for yourself.
- 3) The application that was submitted on January 22, 2016 listed annual household income of \$0.00.
- 4) You testified that this was a mistake and you contacted NYSOH on February 4, 2016 in order to update the information in your application to reflect \$3,158.00 which consists of capital gains and approximately \$1,100 in IRA distributions.

- 5) You testified that when you filed your income taxes for 2015, you discovered there was an error, and the actual amount of annual expected income for 2016 should have been \$3,191.02.
- 6) You produced a two-page document from the Internal Revenue Service which is an account transcript for the tax period ending December 31, 2015 which indicates that your adjusted gross income for 2015 was \$3,191.02.
- 7) You testified that your 2016 income will be similar to your 2015 income.
- 8) You testified that you are unemployed, and do not receive unemployment benefits, Social Security benefits, or Workers' Compensation benefits.
- 9) You testified that you are unable to produce an accurate accounting of income from your capital gains or IRA distributions at this time.
- 10) You testified that your parents provide you with living accommodations at no cost.
- 11) You submitted a one-page letter dated November 30, 2016, signed by both your parents, indicating that you live with them at no cost.
- 12) You testified that you will not be taking any deductions on your 2016 tax return.
- 13) Your application states that you live in Albany County.

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

Applicable Law and Regulations

Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every twelve months or "whenever it receives information about a change in a beneficiary's circumstances that may affect eligibility" (42 CFR § 435.916(a)(1), (d)). NYSOH must make its "redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency" (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR §155.335(h)).

Verification Process

For all individuals 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), 42 CFR § 435.945).

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) 42 CFR § 435.952).

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 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 2016 FPL, which is \$11,880.00 for a one-person household (81 Fed. Reg. 4036).

Medicaid Continuous Coverage

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)).

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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 no longer eligible for Medicaid, however, your Medicaid coverage would continue until February 28, 2017, effective March 1, 2016.

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

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.

You updated your NYSOH account on February 4, 2016. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

You testified that your annual expected income for 2016 is \$3,191.02. You have submitted income documentation from the Internal Revenue Service indicating that your adjusted gross income for the period ending December 31, 2015 was \$3,191.02. You also submitted documentation that you receive support from your parents in the form of living accommodations.

As you have submitted credible evidence of your annual expected income for 2016, the February 5, 2016 and March 20, 2016 eligibility determinations are **RESCINDED**.

Your case is **RETURNED** to NYSOH to redetermine your eligibility as of February 5, 2016 based on a one-person household, residing in Albany County, with an annual household income of \$3,191.02.

Decision

The February 5, 2016 and March 20, 2016 eligibility determinations are **RESCINDED**.

Your case is RETURNED to NYSOH to redetermine your eligibility as of February 5, 2016 based on a one-person household, residing in Albany County, with an annual household income of \$3,191.02.

Effective Date of this Decision: December 19, 2016

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to redetermine your eligibility as of February 5, 2016 based on the information that was provided during and after your hearing.

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:

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NY State of Health Appeals
P.O. Box 11729
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- By fax: 1-855-900-5557

Summary

The February 5, 2016 and March 20, 2016 eligibility determinations are RESCINDED.

Your case is RETURNED to NYSOH to redetermine your eligibility as of February 5, 2016 based on a one-person household, residing in Albany County, with an annual household income of \$3,191.02.

Your case is being sent back to NYSOH to redetermine your eligibility as of February 5, 2016 based on the information that was provided during and after your hearing.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

