



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

Notice of Decision

Decision Date: December 21, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010714

[REDACTED]

Dear [REDACTED],

On December 15, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's April 26, 2016 and May 3, 2016 eligibility determinations, and the May 3, 2016 cancellation 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 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 Date: December 21, 2016

NY State of Health Account ID: [REDACTED]
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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 properly determine that you were eligible for Medicaid effective April 1, 2016?

Did NY State of Health properly determine that you were no longer eligible for Medicaid, but would continue to receive Medicaid coverage until March 31, 2017?

Did NY State of Health properly disenroll you from your Medicaid Managed Care plan effective June 1, 2016?

Procedural History

On March 2, 2016, NY State of Health (NYSOH) received your updated application for financial assistance.

On March 3, 2016, NYSOH issued an eligibility determination notice based on your last application finding you eligible to enroll in the Essential Plan effective March 1, 2016. You were asked to provide additional documentation to confirm your eligibility. The notice stated you must provide income and immigration status documentation before May 31, 2016.

On March 3, 2016, an enrollment confirmation notice was issued confirming your enrollment in the Essential Plan 4 with a plan start date of March 1, 2016.

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On April 26, 2016, NYSOH issued an eligibility determination based on your updated application on April 25, 2016. The determination found you eligible for Medicaid effective April 1, 2016. The notice stated you need to pick a health plan as your current coverage would end effective April 30, 2016. The determination was based on your attested household income of \$0.00.

On April 30, 2016, NYSOH issued an enrollment confirmation notice stating your enrollment in a Medicaid Managed Care plan would begin June 1, 2016.

On May 2, 2016, NYSOH received your updated application for financial assistance. You updated your expected annual household income to \$41,600.00.

On May 3, 2016, NYSOH issued an eligibility determination notice based on your updated application on May 2, 2016, finding you no longer eligible for Medicaid. However, your Medicaid coverage would continue until March 31, 2017. The notice stated this was because certain individuals who have been determined eligible for Medicaid remain eligible for benefits for twelve continuous months from the date that they were determined eligible. This determination was effective June 1, 2016.

Also on May 3, 2016, NYSOH issued a cancellation notice terminating your coverage with your Medicaid Managed Care plan effective June 1, 2016.

On July 6, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of that eligibility determination insofar as your Medicaid coverage was continued and you were not found eligible for another insurance program.

On December 15, 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 expect to file your 2016 federal income tax return as Married filing single, and claim no dependents.
- 2) You testified that at the time of your April 25, 2016, application you did not have any income as you were not working.
- 3) The record shows on March 28, 2016 you uploaded a letter from your employer dated March 8, 2016, stating you were limited to work since your accident in October 2014. See Document: [REDACTED]

- 4) According to the May 2, 2016 application, you attested to an expected annual household income of \$41,600.00. You testified that this income was not an accurate representation of your household income.
- 5) You testified that as soon as you were able to go back to work, you contacted NYSOH and updated your income on your application.
- 6) You were disenrolled from your Medicaid Managed Care plan effective June 1, 2016.
- 7) An incident was filed with NYSOH on July 6, 2016. The incident states you were showing as having active Third Party Health Insurance in the system. See Incident # [REDACTED]
- 8) You testified you have not had any third party health insurance outside of NYSOH since 2010.
- 9) You testified the group of doctors you see do not accept Medicaid.
- 10) You testified you have not move since initially applying for health insurance in March 2016.
- 11) You testified that you reside in Dutchess 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 NYSOH 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); 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 application, that was the 2016 FPL, which is \$11,880.00 for a one-person household (81 Federal Register 4036).

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 April 1, 2016.

You are in a one-person household. According to the record, you expect to file your 2016 tax return as married filing single and claim no children as dependents.

On your April 25, 2016 application, you attested to an expected household income of \$0.00.

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 \$11,880.00 for a one-person household. Since your application stated you expected to earned \$0.00, NYSOH properly found you to be eligible for Medicaid on an expected annual income basis, using the information provided in your application.

You testified that during that time you were out of work and limited in your ability to earn an income due to a prior accident. The record shows on March 28, 2016 you uploaded a letter from your employer dated March 8, 2016, stating you were limited to work since your accident in October 2014.

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Therefore, since your expected annual household income at the time of the April 25, 2016, application was correct the April 26, 2016 eligibility determination notice finding you eligible for Medicaid effective April 1, 2016, is AFFIRMED.

The second issue is whether NYSOH properly determined that you were no longer eligible for Medicaid, but would continue to receive Medicaid coverage until March 31, 2017.

You testified that when you were able to go back to work you updated your application and increased your expected annual household income to \$41,600.00 in your May 2, 2016, and July 6, 2016 applications.

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."

The credible evidence produced during your hearing confirms that you were eligible for Medicaid effective April 1, 2016, and that even though your estimated annual income increased when you modified your application on May 2, and July 6, 2016, you remain enrolled in Medicaid for the remainder of your 12-month eligibility period.

You further credibly testified that you did not have a triggering life event which would make you no longer eligible for continuous coverage Medicaid. Therefore, the May 3, 2016 eligibility determination is correct and is AFFIRMED.

The third issue is did NY State of Health properly disenroll you from your Medicaid Managed Care plan effective June 1, 2016.

On May 3, 2016, NYSOH issued a cancellation notice terminating your coverage with your Medicaid Managed Care plan effective June 1, 2016. The determination stated this was because you were no longer eligible to enroll in your current insurance.

Generally, an individual who is eligible for Medicaid and enrolled in a Medicaid Managed Care plan will be determined no longer eligible to remain enrolled in such a plan if they are shown as having active Third Party Health Insurance at the time.

Although there is no notice in your account alerting you to the fact that NYSOH was receiving information that you were enrolled in Third Party Health Insurance, they did speak with you about the issue.

An incident was filed with NYSOH on July 6, 2016, in which NYSOH agents had a conversation with you explaining you were showing as having active Third Party Health Insurance in the system. See Incident # [REDACTED] The incident

described that you would need to show proof of the end date of any third party health insurance, but that you could not do so.

During your telephone hearing you testified you have not had Third Party Health Insurance outside of NYSOH since 2010.

Since NYSOH disenrolled you from your Medicaid Managed Care plan for having showing as actively enrolled in Third Party Health Insurance when you were not enrolled in any other insurance at the time, the May 3, 2016 cancellation notice finding you no longer eligible to remain enrolled in your Medicaid Managed Care plan effective was improper and is RESCINDED.

Your case is RETURNED to NYSOH to ensure you are re-enrolled in your Medicaid Managed Care plan effective June 1, 2016.

Decision

The April 26, 2016, and July 7, 2016, eligibility determination notices are AFFIRMED.

The May 3, 2016, cancellation notice is RESCINDED.

Your case is RETURNED to NYSOH to ensure you are re-enrolled in your Medicaid Managed Care plan effective June 1, 2016.

Effective Date of this Decision: December 21, 2016

How this Decision Affects Your Eligibility

You remain eligible for Medicaid.

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.

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

Summary

The April 26, 2016, and July 7, 2016, eligibility determination notices are **AFFIRMED**.

The May 3, 2016, cancellation notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to ensure you are re-enrolled in your Medicaid Managed Care plan effective June 1, 2016.

You remain eligible for Medicaid.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

