



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

Notice of Decision

Decision Date: February 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011300

[REDACTED]

[REDACTED]

Dear [REDACTED],

On February 3, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 2, 2016 eligibility determination, August 6, 2016 eligibility determination and August 20, 2016 disenrollment 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 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

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011300

[REDACTED]

[REDACTED]

Issue

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

Did NY State of Health properly determine that your spouse was eligible for Medicaid effective July 1, 2016?

Did NY State of Health properly determine that your spouse was disenrolled from Medicaid, effective September 30, 2016?

Procedural History

On July 11, 2016, NY State of Health (NYSOH) received your spouse's application for financial assistance with health insurance.

On July 12, 2016, NYSOH issued a notice stating that your spouse may be eligible for health insurance through NYSOH, but more information was needed to make a determination. This notice directed you to submit income documentation for your household by July 26, 2016.

Also on July 12, 2016, income documentation for your spouse was uploaded to your NYSOH account.

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On July 19, 2016, NYSOH invalidated this income documentation as income documentation was needed for the account holder.

On July 20, 2016, NYSOH issued a notice stating that additional proof of income was needed to confirm the information in your application. This notice directed you to submit income documentation for your household by August 10, 2016.

Also on July 20, 2016, you updated your spouse's application for financial assistance with health insurance.

On July 21, 2016, NYSOH issued a notice stating that your spouse may be eligible for health insurance through NYSOH but more information was needed to make a determination. This notice directed you to submit income documentation for your household by August 10, 2016.

On July 25, 2016, income documentation was uploaded to your NYSOH.

On August 1, 2016, NYSOH redetermined your spouse's eligibility for financial assistance with health insurance.

On August 2, 2016, NYSOH issued a notice of eligibility determination stating that your spouse was eligible for Medicaid, effective July 1, 2016.

On August 5, 2016, you updated your spouse's application for financial assistance with health insurance with the assistance of a certified application counselor. That day, NYSOH issued a preliminary eligibility determination, stating that your spouse was eligible to purchase a qualified health plan at full cost.

Also on August 6, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of that preliminary eligibility determination, insofar as your spouse was no longer eligible for Medicaid.

On August 6, 2016, NYSOH issued a notice of eligibility determination, based on the August 5, 2016 application, stating that your spouse was eligible to purchase a qualified health plan at full cost through NYSOH, effective September 1, 2016.

On August 20, 2016, NYSOH issued a disenrollment notice stating that your spouse was disenrolled from his Medicaid coverage, effective September 30, 2016, as he was no longer eligible to remain enrolled in his current health insurance.

On December 29, 2016, you were scheduled for a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. You requested that day that the hearing be adjourned to a later date.

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On January 13, 2017, your adjourned hearing was scheduled to take place. You requested that day that the hearing be adjourned to a later date.

On February 3, 2017, you had an adjourned telephone hearing with a Hearing Officer from NYSOH's Appeal Unit. Under oath, you waived your right to formal notice of the hearing. During the hearing, [REDACTED] acted as your Authorized Representative and assisted you with your testimony. The record was developed during the hearing and left open for 10 days to allow you the opportunity to submit additional income documentation. On February 4, 2017 the Appeals Unit received via fax copies of your 2016 W-2, your spouse's 2016 W-2, your 2016 1099-G, your spouse's 2016 1099-G, your official record of benefit payment history from the Department of Labor, your spouse's official record of benefit payment history from the Department of Labor, and a print-out from your bank account showing receipt of Unemployment Insurance Benefit payments in July 2016 and August 2016. These documents were collectively 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) Your spouse was determined eligible for Medicaid, effective July 1, 2016.
- 2) There is no indication in the record that your spouse was incarcerated after July 1, 2016.
- 3) Your NYSOH account reflects no changes to your address since you first created your NYSOH account and you testified that you and your spouse resided in Nassau County throughout 2016.
- 4) You testified that you expect to file your 2016 taxes with a tax filing status of married filing jointly. You will claim no dependents on that tax return.
- 5) You testified that your spouse lost his job in June 2016. You testified that your spouse's only sources of income in 2016 were wages from his employment and Unemployment Insurance Benefit payments. You testified that your spouse has not returned to work since June 8, 2016. You testified that your spouse did not receive any severance pay or pension from his employer.
- 6) On July 12, 2016, you submitted a copy of your spouse's termination letter from his employer dated June 8, 2016, indicating that his employment ended on June 8, 2016.

- 7) On July 25, 2016, you submitted a copy of an Unemployment Insurance Benefit monetary benefit determination stating that your claim start date was July 18, 2016.
- 8) On February 4, 2017, you submitted an official record of benefit payment history from the Department of Labor which indicates that your spouse received his first Unemployment Insurance Benefit payment on August 3, 2016.
- 9) You testified that in 2016 you had income from employment and explained that you work during the school year. You testified that during the summer months of July 2016 and August 2016 you collected Unemployment Insurance Benefits. You testified that there were no deductions taken from your Unemployment Insurance Benefit payments.
- 10) On July 25, 2016, you submitted a letter from your employer dated July 25, 2016 stating that your position is a 10 month a year position which operates on the school year schedule.
- 11) On February 4, 2017, you submitted an official record of payment history from the Department of Labor. You also submitted a print-out from your bank account indicating that you received Unemployment Insurance Benefit payments from the Department of Labor via direct deposit on July 8, 2016 in the amount of \$149.00, on July 14, 2016 in the amount of \$149.00, on July 20, 2016 in the amount of \$149.00, and on July 29, 2016 in the amount of \$149.00.
- 12) Your July 11, 2016 application and July 20, 2016 application indicate a monthly income for July 2016 for yourself of \$596.00 and for your spouse of \$0.00.
- 13) Your August 5, 2016 application indicates a monthly income for August 2016 for yourself of \$596.00 and for your spouse of \$1,700.00.
- 14) You testified that you are seeking for your spouse to have Medicaid as of August 1, 2016.

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

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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 application, that was the 2016 FPL, which is \$16,020.00 for a two-person household (81 Federal Register 4036).

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 your spouse was eligible for Medicaid effective July 1, 2016.

Your spouse is in a two-person household. According to the record, you expect to file your 2016 tax return as married filing jointly and claim no dependents on that return.

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

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at or below 138% of the FPL for the applicable family size. Financial eligibility for Medicaid applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

You submitted a print-out from the Department of Labor as well as your bank account that shows in July 2016 you received \$731.00. You also submitted a letter of termination and a print-out from the Department of Labor that shows in July 2016 your spouse received \$0.00.

To be eligible for Medicaid, your spouse would need to meet the non-financial criteria and have an income no greater than 138% of the 2016 FPL for a two-person household, which is \$1,335.00.00 per month. Since \$731.00 is 54.76% of the 2016 monthly FPL, NYSOH properly found your spouse to be eligible for Medicaid on a monthly income basis.

Since the August 2, 2016 eligibility determination properly stated that, based on the information you provided, your spouse was eligible for Medicaid, it is correct and is AFFIRMED.

The second issue under review is whether NYSOH properly disenrolled your spouse from Medicaid, effective September 30, 2016.

On August 2, 2016, NYSOH issued an eligibility determination notice stating that your spouse was eligible for Medicaid, effective July 1, 2016.

On August 5, 2016, you updated your application to NYSOH for financial assistance, indicating a higher monthly income for August 2016. As a result, your spouse was determined eligible to enroll in a qualified health plan at full cost, effective September 1, 2016, and disenrolled from Medicaid, effective September 30, 2016.

However, under New York State law, once a person is found 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 there were no events that would have been a basis for your spouse's Medicaid coverage to have been terminated, such as a permanent move or incarceration. Since your spouse was determined eligible for Medicaid, effective July 1, 2016, your spouse remained eligible for Medicaid for 12 continuous months, regardless of any increases in your household income. As a result, your spouse was improperly disenrolled from Medicaid, effective September 30, 2016.

Since NYSOH determined your spouse was eligible for Medicaid as of July 1, 2016, and therefore eligible for continuous coverage, the August 6, 2016

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eligibility determination notice and the August 20, 2016 disenrollment notice are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your spouse into Medicaid, effective July 1, 2016.

Decision

The August 2, 2016 eligibility determination notice is AFFIRMED.

The August 6, 2016 eligibility determination notice is RESCINDED.

The August 20, 2016 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your spouse into Medicaid, effective July 1, 2016.

Effective Date of this Decision: February 21, 2017

How this Decision Affects Your Eligibility

Your spouse was properly found eligible for Medicaid, effective July 1, 2016.

Your spouse's Medicaid coverage, which began on July 1, 2016, will continue until June 30, 2017.

Your case is being sent back to NYSOH to reinstate your spouse into his Medicaid as of July 1, 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

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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 August 2, 2016 eligibility determination notice is **AFFIRMED**.

Your spouse was properly found eligible for Medicaid, effective July 1, 2016.

The August 6, 2016 eligibility determination notice is **RESCINDED**.

The August 20, 2016 disenrollment notice is **RESCINDED**.

Your spouse's Medicaid coverage, which began on July 1, 2016, will continue until June 30, 2017.

Your case is **RETURNED** to NYSOH to reinstate your spouse into Medicaid, effective July 1, 2016.

Your case is being sent back to NYSOH to reinstate your spouse into his Medicaid as of July 1, 2016.

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:

[REDACTED]

[REDACTED]