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

Notice of Decision

Decision Date: January 24, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000011905

[redacted]

Dear [redacted],

On December 6, 2016, your authorized representative appeared on your behalf by telephone at a hearing on your appeal of NY State of Health's August 30, 2016 eligibility redetermination 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 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]
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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 as of your August 29, 2016 application for financial assistance?

Procedural History

On January 5, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible for Medicaid. This eligibility was effective as of January 1, 2016.

Also on January 5, 2016, NYSOH issued a notice of enrollment confirming your enrollment in a Medicaid Managed Care (MMC) plan. The notice also stated that your insurance coverage with your MMC plan began April 1, 2015.

On August 29, 2016, NYSOH received your updated application for health insurance in which you reported an increase in income.

On August 30, 2016, NYSOH issued an eligibility redetermination notice based on the information contained in the August 29, 2016 application. It stated that, effective October 1, 2016, you were newly conditionally eligible for up to $225.00 per month in advance payments of the premium tax credit (APTC), newly conditionally eligible for cost-sharing reductions (CSR), and ineligible for Medicaid.

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Also on August 30, 2016, NYSOH issued a disenrollment notice stating that your MMC coverage would end effective September 30, 2016. This was because you were found no longer eligible to remain enrolled in your current health insurance.

Also on August 30, 2016, NYSOH issued an enrollment notice confirming that you had selected and enrolled in a silver-level plan through qualified health plan, effective October 1, 2016. The notice also stated that the monthly premium after deduction of your APTC of $225.00 was $170.41 per month.

On September 7, 2016, you contacted NYSOH's Account Review Unit and requested an appeal insofar as your MMC coverage had been terminated as of September 30, 2016 and because you were redetermined newly eligible for APTC and CSR as of October 1, 2016.

On December 2, 2016, your authorized representative 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) Your authorized representative 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) Your authorized representative testified that she is your parent and that you are hearing impaired. She testified that you reside with her and that she has personal knowledge of your income. She testified that you give her your pay stubs and your wages are deposited into a bank account on which she is also a named account holder.

3) According to your NYSOH account, you were found eligible for Medicaid coverage, effective January 1, 2016, as reflected in the January 5, 2016 eligibility determination notice and were enrolled in a MMC plan.

4) Your authorized representative testified that in January 2016 you were working part time and then were laid off in July 2016.

5) Your authorized representative testified that you found full time employment around Labor Day 2016. As a result of this change, you updated your NYSOH account with new income and wage information.

6) Your authorized representative testified that in your new employment you were earning about $18.00/hr. and were working a 40-hour week.

7) According to your August 29, 2016 application for financial aid, your expected annual income for 2016 was $26,403.75 consisting of $17,273.75 in wages and $9,130.00 in unemployment benefits. Your authorized representative testified these amounts were correct.

8) Your application states that you will not be taking any deductions on your 2016 tax return.

9) Your application states that you live in Suffolk County.

10) Your authorized representative testified that you have resided in New York State at all times relevant.

11) According to your NYSOH account, you have a valid Social Security number.

12) Your authorized representative testified that you are seeking to reinstate your MMC plan, effective October 1, 2016, and to appeal that you were found eligible for an APTC of $225.00 effective October 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

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)).

Most adults determined eligible for Medicaid are guaranteed twelve 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 twelve-month period. This twelve-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)).

An individual will be enrolled or remain in their Medicaid coverage with limited exceptions, including lack of state residence or failing to provide a valid social security number. (N.Y. Soc. Serv. Law § 366(4)(c)).

Legal Analysis

The only issue under review is whether NYSOH properly determined that you were not eligible for Medicaid as of your August 29, 2016 application.

You were found eligible for Medicaid in an eligibility determination notice dated January 5, 2016, with your Medicaid coverage starting on January 1, 2016.

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

Your authorized representative testified that you have been a continuous resident of NY State and your account contains a valid Social Security number. Therefore, despite the fact that you reported an increased income that brought you above the Medicaid income limit in August 2016, you should have had continuous Medicaid coverage through December 31, 2016.

Therefore, the August 30, 2016 eligibility determination is MODIFIED to state that you are no longer eligible for Medicaid coverage, but that your Medicaid coverage will continue until December 31, 2016 because you remain eligible for Medicaid for twelve continuous months from the date your Medicaid eligibility began.

In addition, the August 30, 2016 enrollment confirmation notice is MODIFIED to state that your MMC plan will end December 31, 2016, and the August 30, 2016 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to re-enroll you in your MMC plan for the period of October 1, 2016 through December 31, 2016 and to facilitate the reimbursement of any premiums you may have paid for your qualified health plan coverage for that period.

Decision

The August 30, 2016 eligibility determination is MODIFIED to state that you are no longer eligible for Medicaid coverage, but that your Medicaid coverage will

continue until December 31, 2016 because you remain eligible for Medicaid for twelve continuous months from when your coverage began.

In addition, the August 30, 2016 enrollment confirmation notice is MODIFIED to state that your MMC plan will end December 31, 2016, and the August 30, 2016 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to re-enroll you in your MMC plan for the period of October 1, 2016 through December 31, 2016 and to facilitate the reimbursement of any premiums you may have paid for your qualified health plan coverage for that period.

Effective Date of this Decision: January 24, 2017

How this Decision Affects Your Eligibility

Your Medicaid coverage, which began on January 1, 2016, should have continued until December 31, 2016.

Your case is being sent back to NYSOH to re-enroll you in your MMC plan for the period of October 1, 2016 through December 31, 2016. NYSOH will notify you once this has been achieved.

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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Summary

The August 30, 2016 eligibility determination is MODIFIED to state that you are no longer eligible for Medicaid coverage, but that your Medicaid coverage will continue until December 31, 2016 because you remain eligible for Medicaid for twelve continuous months from when your coverage began.

In addition, the August 30, 2016 enrollment confirmation notice is MODIFIED to state that your MMC plan will end December 31, 2016, and the August 30, 2016 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to re-enroll you in your MMC plan for the period of October 1, 2016 through December 31, 2016 and to facilitate the reimbursement of any premiums you may have paid for your qualified health plan coverage for that period.

Your Medicaid coverage, which began on January 1, 2016, should have continued until December 31, 2016.

Your case is being sent back to NYSOH to re-enroll you in your MMC plan for the period of October 1, 2016 through December 31, 2016. NYSOH will notify you once this has been achieved.

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A Copy of this Decision Has Been Provided To:

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