



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

Notice of Decision

Decision Date: June 8, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012154

[REDACTED]

Dear [REDACTED],

On June 2, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 25, 2016 and September 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 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: June 8, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012154

[REDACTED]

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 your children were eligible for Medicaid, effective September 1, 2016?

Did NYSOH properly determine that your children were no longer eligible for Medicaid, but would continue to receive Medicaid coverage until July 1, 2017?

Procedural History

On August 25, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that your two children were eligible for Medicaid because your household income of \$0.00 was at or below the allowable income limit. This eligibility was effective as of September 1, 2016.

On September 19, 2016, NYSOH received your updated application for health insurance; specifically, the income information was updated.

On September 20, 2016, NYSOH issued a notice of eligibility determination stating that your children were no longer eligible for Medicaid. However, your children's Medicaid coverage would continue until July 31, 2017 because certain individuals determined eligible for Medicaid remain eligible for benefits for 12 continuous months from the date that they were determined eligible. This eligibility was effective as of September 1, 2016.

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On September 22, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of that eligibility determination insofar as your children's Medicaid coverage was continued and they were not found eligible for another insurance program.

On June 2, 2017, 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 2017 federal income tax return as head of household, and claim two dependents.
- 2) On August 19, 2016, you uploaded a copy of your 2015 tax return to your NYSOH account (██████████).
- 3) NYSOH records reflect that your 2015 tax return was deemed valid proof of income on August 24, 2016.
- 4) On August 24, 2016, NYSOH redetermined your children's eligibility and found them eligible for Medicaid.
- 5) According to the "Income Details" tab of your August 24, 2016 application, there was no entry in the section for income from a job. There was an entry for \$28,462.00 in deductions and \$2,850.00 in additional income.
- 6) According to the August 24, 2016 application, NYSOH determined your expected annual household income to be \$-25,612.00. You testified that this income was not an accurate representation of your household income.
- 7) You testified that as soon as you realized that the income on your application was incorrect you contacted NYSOH.
- 8) You testified that on September 19, 2016, you contacted NYSOH and a NYSOH representative advised you that the income from your 2015 tax return was inadvertently not entered in your August 24, 2016 application. You testified that on that date a NYSOH representative correctly entered your income as \$48,227.00.

- 9) You testified that your children should not have been determined eligible for Medicaid.
- 10) On September 20, 2016, NYSOH issued a notice stating that your children were no longer eligible for Medicaid, however, your children's Medicaid coverage would continue until July 31, 2017.
- 11) Your application states that your two children are ages [REDACTED].
- 12) You testified that you reside in Nassau County.
- 13) You testified that that you are appealing your children's eligibility determination insofar as they should not have been determined eligible for Medicaid, their Medicaid coverage was continued and they were not found eligible for another insurance program.

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

Applicable Law and Regulations

Medicaid for Children

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 154% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

In the case of an individual who expects to file a tax return and does not expect to be claimed by another taxpayer, the household consists of the taxpayer and all persons whom such individual expects to claim as a tax dependent (42 CFR § 435.603(f)(1)).

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 \$20,160.00 for a three-person household (81 Fed. Reg. 4036).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your children were eligible for Medicaid, effective September 1, 2016.

You are in a three-person household. According to the record, you expect to file your 2017 tax return as head of household and claim your two children as dependents.

Based on the August 24, 2016 application, NYSOH determined your expected household income to be \$-25,612.00.

Medicaid can be provided through NYSOH to a child who is at least one year of age but younger than nineteen if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 154% of the federal poverty level (FPL) for the applicable family size.

On the date of your application, the relevant FPL was \$20,160.00 for a three-person household. Since \$-25,612.00 is -127.04% of the 2016 FPL, NYSOH properly found your children to be eligible for Medicaid on an expected annual income basis, using the information in your application.

However, you testified the income listed on that application was not correct because NYSOH did not enter any income information in your August 24, 2016 application. You further testified that when you realized the mistake, you attempted to correct your application. You contacted NYSOH by telephone on September 19, 2017 and a NYSOH representative confirmed that your income information had not been entered in your August 24, 2016 application. You testified that on that date a NYSOH representative correctly entered your income as \$48,227.00.

Therefore, your household income at the time of the August 24, 2016 application was \$48,227.00. Since \$48,227.00 is 239.22% of the 2016 FPL, it is greater than the allowable Medicaid limit, and the August 25, 2016 eligibility determination notice finding your children eligible for Medicaid is not supported by the record and is RESCINDED.

The second issue is whether NYSOH properly determined that your children were no longer eligible for Medicaid, but would continue to receive Medicaid coverage until July 1, 2017.

Once a person is found eligible for Medicaid, they remain eligible for Medicaid for 12 continuous months whether their income increases. This is referred to as "continuous coverage."

On September 20, 2016, NYSOH issued a notice stating that your children were no longer eligible for Medicaid, however, your children's Medicaid coverage would continue until July 31, 2017.

Since the September 20, 2016 eligibility determination was issued based on incorrect information and is not supported by the record, and there was no other determination finding your children eligible for Medicaid, the continuous coverage policy should not have been applied to them. Therefore, the September 20, 2016 eligibility determination notice is also RESCINDED.

Decision

The August 25, 2016 and September 20, 2016 eligibility determination notices are RESCINDED.

Your case is RETURNED to NYSOH to redetermine your children's eligibility based on three-person household, residing in Nassau County with an expected annual income of \$48,227.00.

Effective Date of this Decision: June 8, 2017

How this Decision Affects Your Eligibility

Your children were incorrectly found eligible for Medicaid.

Your case is being sent back to NYSOH to redetermine your children's eligibility based on the information presented during the hearing. You will receive an eligibility determination notice informing you of your children's new eligibility.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. 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 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).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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 25, 2016 and September 20, 2016 eligibility determination notices are RESCINDED.

Your case is RETURNED to NYSOH to redetermine your children's eligibility based on three-person household, residing in Nassau County with an expected annual income of \$48,227.00.

Your children were incorrectly found eligible for Medicaid.

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).

Your case is being sent back to NYSOH to redetermine your children's eligibility based on the information presented during the hearing. You will receive an eligibility determination notice informing you of your children's new eligibility.

Legal Authority

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

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您免费提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

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).

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&tumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

שׂוּדִישׁ (Yiddish)

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דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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