



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

Notice of Decision

Decision Date: March 7, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012374

[REDACTED]

Dear [REDACTED],

On February 7, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 2, 2016 eligibility redetermination notice and disenrollment 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

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012374



Issue

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

Did NY State of Health (NYSOH) properly determined that your spouse was no longer eligible for Medicaid effective August 31, 2016?

Procedural History

On April 18, 2016, NY State of Health (NYSOH) received your household's application for financial assistance. That day, a copy of your spouse's Social Security card and NYS driver's license were uploaded to your NYSOH account.

On April 21, 2016, NYSOH issued a notice of eligibility determination stating that you and your child were eligible for Medicaid, and your spouse was conditionally eligible for Medicaid effective April 1, 2016. Her eligibility was based on the condition she provide proof of her citizenship status and Social Security number by July 17, 2016.

On April 23, 2016, an enrollment confirmation notice was issued confirming your household's enrollment in a Medicaid Managed Care plan effective June 1, 2016.

On August 2, 2016, NYSOH issued a notice of eligibility determination stating that your spouse was no longer eligible for Medicaid. The notice stated this was because you did not provide the information to confirm her citizenship status and Social Security number. The notice stated her eligibility would end effective August 31, 2016.

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Also on August 2, 2016, NYSOH issued a disenrollment notice stating that your spouse was disenrolled from her Medicaid Managed Care plan effective August 31, 2016.

On August 31, 2016, an eligibility determination notice was issued stating you and your child were no longer eligible for Medicaid, but your coverage would continue until March 31, 2017. The notice stated this was because certain individuals who qualified for Medicaid get coverage for twelve continuous months from the date they were last determined eligible. The notice also stated your spouse was conditionally eligible to purchase a qualified health plan at full cost, effective October 1, 2016. The notice stated her eligibility was based on the condition that proof of her citizenship status, and Social Security number be received by November 28, 2016.

On October 4, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of that eligibility determination insofar as you wanted your spouse's enrollment in Medicaid to be continued to March 31, 2017.

On February 7, 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 2016 federal income tax return as married filing jointly, and claim one dependent.
- 2) On April 18, 2016 you uploaded a copy of your paystubs, your spouse's Social Security card with her previous last name, and a copy of her NYS driver's license.
- 3) On April 20, 2016, an NYSOH representative verified your paystubs as valid income documentation. A note entered into the system that day confirms that your spouse uploaded copies of her NYS ID card and a Social Security card.
- 4) There is no indication or notice in your account stating your spouse's Social Security information was determined to be invalid.
- 5) The Social Security number for your spouse listed on your account on the April 18, 2016 application and all subsequent applications matches the Social Security number listed on the card that was uploaded.

- 6) There is no notice in your NYSOH account showing NYSOH alerted you that you needed to provide more documentation to confirm your spouse's Social Security number until the August 31, 2016 eligibility determination notice.
- 7) You testified you were not aware your spouse needed to provide her updated Social Security number with her new name on it until October 4, 2016.
- 8) You testified you are seeking that your spouse remains enrolled in her Medicaid Managed Care plan, and that any premium payments you were responsible for your spouse's qualified health plan be returned to you.
- 9) You reside in ██████████ 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 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)).

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)).

Verification of Social Security Number

NYSOH must review an applicant's Social Security Number (SSN) when applying for Medicaid, as well as case records for those already enrolled to determine whether they contain a beneficiary's SSN, or in the case of families, each family member's SSN. If the case record does not contain the required SSN's, the agency must require the beneficiary to furnish them (42 CFR §§ 435.910, 435.920 (a)(b)).

Timely Notice of Medicaid Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

Legal Analysis

The issue is whether NYSOH properly determined that your spouse was no longer eligible for Medicaid effective August 31, 2016.

NYSOH received your application for financial assistance on April 18, 2016. Also on April 18, 2016 you uploaded a copy of your paystubs, your spouse's Social Security card with her previous last name, and a copy of her NYS driver's license.

NYSOH must verify that individuals applying for coverage have a valid Social Security number and citizenship status. If NYSOH is unable to verify this information, they must send notice to the individual alerting them of any inconsistencies in their account and allowing them sufficient time to submit documentation to resolve the inconsistency.

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On April 21, 2016, NYSOH issued a notice of eligibility determination stating your spouse was conditionally eligible for Medicaid effective April 1, 2016. Her eligibility was based on the condition she provide proof of her citizenship status and Social Security number by July 17, 2016.

You did not submit any additional information to confirm your spouse's Social Security number and citizenship status prior to July 17, 2016.

On August 2, 2016, NYSOH issued an eligibility redetermination notice stating that your spouse was no longer eligible for Medicaid because you did not provide the information to confirm her citizenship status and Social Security number. She was subsequently disenrolled from her Medicaid Managed Care plan effective August 31, 2016.

However, as noted above on April 18, 2016, you uploaded a copy of your paystubs, your spouse's Social Security card with her previous last name, and a copy of her NYS driver's license. On April 20, 2016, an NYSOH representative verified your paystubs but there is no indication in the record that NYSOH ever verified your spouse's documentation.

Furthermore, the Social Security number for your spouse listed on your account on the April 18, 2016 application, and all subsequent applications, matches the Social Security number listed on the card that was uploaded that day.

If there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application.

Since you submitted appropriate documentation to confirm your spouse's Social Security number and citizenship status and NYSOH failed to act upon the information or properly notify you that the documentation you provided was insufficient, the August 2, 2016, eligibility redetermination and disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your spouse's enrollment in her Medicaid Managed Care plan effective September 1, 2016, and continued through to March 31, 2017.

Decision

The August 2, 2016, eligibility redetermination notice is RESCINDED.

The August 2, 2016 disenrollment notice is RESCINDED.

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 RETURNED to NYSOH to reinstate your spouse's enrollment in her Medicaid Managed Care plan effective September 1, 2016, and continued through to March 31, 2017.

Effective Date of this Decision: March 7, 2017

How this Decision Affects Your Eligibility

Your spouse was improperly terminated from her Medicaid Managed Care plan effective August 31, 2016.

Your case is being sent back to NYSOH to reenroll in your spouse in her Medicaid Managed Care plan effective September 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 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

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

Summary

The August 2, 2016, eligibility redetermination notice is RESCINDED.

The August 2, 2016 disenrollment notice is RESCINDED.

Your spouse was improperly terminated from her Medicaid Managed Care plan effective August 31, 2016.

Your case is RETURNED to NYSOH to reinstate your spouse's enrollment in her Medicaid Managed Care plan effective September 1, 2016, and continued through to March 31, 2017.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

