



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

Notice of Decision

Decision Date: January 31, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012846

[REDACTED]

On December 21, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's July 22, 2016 disenrollment notice and October 22, 2016 eligibility determination 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: AP000000012846



Issue

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

Did NY State of Health (NYSOH) properly determine that your spouse was not eligible for Medicaid in the month of September 2016?

Procedural History

On February 18, 2016, NYSOH received your application for financial assistance.

On February 19, 2016, NYSOH issued a notice of eligibility determination stating that your spouse was eligible for Medicaid because your household income of \$27,949.92 was at or below the allowable income limit. This eligibility was effective as of March 1, 2016.

On February 20, 2016, NYSOH issued an enrollment confirmation notice stating that your spouse's enrollment in a Medicaid Managed Care plan was effective April 1, 2016.

On July 21, 2016, NYSOH redetermined your household's eligibility for financial assistance.

On July 22, 2016 NYSOH issued a notice stating that more information was needed to make a determination on your spouse's eligibility. The notice requested that you provide income documentation for your household by August 5, 2016.

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Also, on July 22, 2016, NYSOH issued a notice of disenrollment stating that your spouse's coverage in his Medicaid Managed Care plan would end effective August 31, 2016.

On August 17, 2016, NYSOH issued an eligibility determination stating that your spouse was eligible to purchase a qualified health plan at full cost, effective October 1, 2016. The notice stated that your spouse was not eligible for Medicaid, Child Health Plus, or the Essential Plan, because NYSOH did not receive the income documentation needed to verify the income listed in your application.

On October 10, 2016, NYSOH issued an eligibility determination notice, stating that your spouse was eligible to enroll in the Essential Plan, effective November 1, 2016.

On October 12, 2016, an enrollment confirmation notice was issued stating that your spouse was enrolled in the Essential Plan, effective November 1, 2016.

On October 22, 2016, NYSOH issued an eligibility determination notice stating that your spouse's request for help paying medical bills for September 1, 2016 through September 30, 2016 was denied because the program he was eligible for cannot pay for any care received in the past.

On October 26, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of your spouse's eligibility determination insofar as he was not eligible for Medicaid in the month of September 2016.

On December 21, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open for 15 days to allow you time to submit proof of your spouse's September 2016 income by January 6, 2017, specifically the Hearing Officer directed you to submit paystubs or a letter from your spouse's employer indicating your spouse's September 2016 gross income. On December 27, 2016, you faxed a letter from your spouse's employer to the NYSOH appeals unit. The record remained open until the end of the 15-day time frame and no other documents were submitted. The record is now closed.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) You testified that you are seeking Medicaid eligibility for your spouse.
- 2) On February 19, 2016, your spouse was determined fully eligible for Medicaid, effective March 1, 2016.

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- 3) On July 21, 2016, the “System” ran your household’s eligibility for financial assistance.
- 4) On July 21, 2016, the “System” deleted your spouse’s enrollment in his Medicaid Managed Care plan.
- 5) On July 22, 2016, NYSOH issued a notice stating that your spouse’s eligibility was unable to be determined because you needed to supply income documents.
- 6) Your spouse was found eligible for the Essential Plan, effective November 1, 2016.
- 7) You testified that your spouse has outstanding medical bills for services rendered from September 2016 in the amount of \$3,000.00.
- 8) The record indicates that your spouse is eligible for and enrolled in the Essential Plan as of November 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 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)).

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)).

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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 issue under review is whether NYSOH properly determined that your spouse was not eligible for Medicaid in the month of September 2016.

On February 19, 2016, NYSOH issued an eligibility determination stating that your spouse was fully eligible for Medicaid, effective March 1, 2016.

On July 21, 2016, the “System” ran your household’s eligibility for financial assistance. As a result of this system run, your spouse’s enrollment in a Medicaid Managed Care plan was terminated and your entire household was asked to provide income documentation so that his eligibility could be determined.

Most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage even if their income increases above the Medicaid limit allowed for the household size.

Since the period of your spouse’s eligibility for Medicaid began on March 1, 2016, it should have continued until February 28, 2017, unless an event occurred to disqualify him from eligibility.

The credible evidence of the record indicates that the July 21, 2016 system run resulted in your household needing to provide income documentation, it can be implied that he was disenrolled because of an increase in household income. The record does not indicate that he would have been disqualified for any of the non-financial events stated above.

Accordingly, your spouse’s eligibility should not have been terminated prior to the end of his 12-months of Medicaid continuous coverage.

Therefore, the July 22, 2016 disenrollment notice terminating your spouse’s enrollment in his Medicaid Managed Care plan is **RESCINDED**.

Further, the October 22, 2016 eligibility determination notice stating that your spouse’s request for help paying medical bills for September 1, 2016 through September 30, 2016 was denied because the program he was eligible for cannot pay for any care received in the past, is **RESCINDED**.

Your case is RETURNED to NYSOH to reinstate your spouse in his Medicaid Managed Care plan for the months of September and October 2016.

Decision

The July 22, 2016 disenrollment notice is RESCINDED.

The October 22, 2016 eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your spouse in his Medicaid Managed Care plan for the months of September and October 2016.

Effective Date of this Decision: January 31, 2017

How this Decision Affects Your Eligibility

Your spouse was improperly terminated from his Medicaid Managed Care plan before the end of his 12-months of continuous coverage.

Your case is being sent back to reinstate his Medicaid for September and October 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

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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 fax: 1-855-900-5557

Summary

The July 22, 2016 disenrollment notice is RESCINDED.

The October 22, 2016 eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your spouse in his Medicaid Managed Care plan for the months of September and October 2016.

Your spouse was improperly terminated from his Medicaid Managed Care plan before the end of his 12-months of continuous coverage.

Your case is being sent back to reinstate his Medicaid for September and October 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

