



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

Notice of Decision

Decision Date: May 1, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013220

[REDACTED]

Dear [REDACTED],

On March 17, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 12, 2016, November 13, 2016, February 18, 2017 and February 25, 2017 eligibility determination 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 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

Decision Date: May 1, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013220

[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 you [REDACTED] were no longer eligible for Medicaid, but would continue to receive Medicaid coverage until July 31, 2017, pursuant to the November 12, 2016, November 13, 2016, February 18, 2017, and February 25, 2017 notices of eligibility determination?

Did NYSOH properly determine that your spouse and children were no longer eligible for Medicaid, but would continue to receive Medicaid coverage until November 30, 2017, pursuant to the February 18, 2017 notice of eligibility determination?

Procedural History

On August 17, 2016, NYSOH issued a notice of eligibility determination stating that you, [REDACTED], were eligible for Medicaid. This eligibility was effective as of September 1, 2016.

On November 11, 2016, you updated your NYSOH account.

On November 12, 2016, NYSOH issued an eligibility determination notice stating that you, [REDACTED], were no longer eligible for Medicaid. The notice stated that your Medicaid coverage would continue until July 31, 2017 because certain individuals who qualified for Medicaid get coverage for twelve continuous months from the last date they were determined eligible. The notice stated that you were no

longer eligible for Medicaid your household income of \$41,680.60 was over the allowable income limit for an adult of \$50,688.00.

Also on November 12, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of your household's eligibility for Medicaid.

On November 13, 2016, NYSOH issued an eligibility determination stating that you were no longer eligible for Medicaid. The notice stated that your Medicaid coverage would continue until July 31, 2017 because certain individuals who qualified for Medicaid get coverage for twelve continuous months from the last date they were determined eligible. The eligibility was effective November 1, 2016. The notice stated that you were no longer eligible for Medicaid because your household income of \$41,680.60 was over the allowable income limit of \$50,688.00.

On February 18, 2017, NYSOH issued a notice of eligibility determination stating that you were no longer eligible for Medicaid. However, your 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 February 1, 2017. The notice did not provide a reason or explain why your Medicaid coverage was ending.

The February 18, 2017 eligibility determination also stated that your spouse and children were no longer eligible for Medicaid, effective February 1, 2017. The notice stated that your spouse and two youngest children were no longer eligible for Medicaid because the household income you provided to NYSOH of \$41,680.60 was over the allowable income limit of \$50,688.00. The notice also stated that your three oldest children were no longer eligible for Medicaid because the household income you provided to NYSOH of \$41,680.60 was over the allowable income limit of \$56,565.00.

On February 25, 2017, NYSOH issued a notice of eligibility determination stating that you were no longer eligible for Medicaid. However, your 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 February 1, 2017. The notice did not provide a reason or explain why your Medicaid coverage was ending.

The February 25, 2017 notice of eligibility determination also found your spouse and children were again eligible to enroll in Medicaid, effective February 1, 2017.

On March 17, 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.

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).

Findings of Fact

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

- 1) In the August 17, 2016 notice of eligibility determination, NYSOH found you, your spouse, and your daughter [REDACTED] eligible for Medicaid effective September 1, 2016.
- 2) On November 12, 2016 and November 13, 2016, NYSOH issued eligibility determination notices stating that you were no longer eligible for Medicaid, effective November 1, 2016. These notices stated that you were no longer eligible for Medicaid because the household income you provided to NYSOH of \$41,680.60 was over the allowable income limit of \$50,688.00. Your household income of \$41,680.60 was in fact below the allowable limit of \$50,688.00.
- 3) The November 12, 2016 and November 13, 2016 eligibility determinations were based on incorrect information.
- 4) On February 18, 2017 and February 25, 2017, NYSOH issued eligibility determination notices stating that you were no longer eligible for Medicaid, effective February 1, 2017. Neither of the notices from NYSOH provided a reason why you were determined ineligible for Medicaid.
- 5) On February 18, 2017, NYSOH issued an eligibility determination stating that your spouse and children were no longer eligible for Medicaid, effective February 1, 2017. The notice stated that your spouse and two youngest children were no longer eligible for Medicaid because the household income you provided to NYSOH of \$41,680.60 was over the allowable income limit of \$50,688.00. The notice also stated that your three oldest children were no longer eligible for Medicaid because the household income you provided to NYSOH of \$41,680.60 was over the allowable income limit of \$56,565.00.
- 6) The February 18, 2017 eligibility determination was based on incorrect information.
- 7) The February 25, 2017 notice of eligibility determination also found your spouse and children were again eligible to enroll in Medicaid, effective February 1, 2017.
- 8) You are seeking that the Medicaid eligibility for you and your household be fully effective as of February 2017.

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)).

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). 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 \$36,730 for a seven-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)).

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Legal Analysis

The first issue under review is whether NYSOH properly determined that you, [REDACTED] were no longer eligible for Medicaid, but would continue to receive Medicaid coverage until August 31, 2017.

Under New York State law, once a person is found eligible for Medicaid, that eligibility continues for 12 months, even if the household income increases. This provision is referred to as “continuous coverage” and has limited exceptions, such as incarceration, lack of state residency, or no valid Social Security number as well as having third party health insurance.

NYSOH records reflect that you were determined eligible for Medicaid effective September 1, 2016. Since there is nothing in the record to indicate that you experienced any of the limited exceptions that would disqualify you from continuing your Medicaid coverage until the end of the 12-month period, you remained eligible for Medicaid until at least August 31, 2017.

On November 12, 2016 and November 13, 2016, NYSOH issued eligibility determination notices stating that you were no longer eligible for Medicaid, effective November 1, 2016. These notices stated that you were no longer eligible for Medicaid because the household income you provided to NYSOH of \$41,680.00 was over the allowable income limit of \$50,688.00. Since your household income of \$41,680.00 was in fact below the allowable limit of \$50,688.00, NYSOH incorrectly determined that you were no longer eligible for Medicaid.

The November 12, 2016 and November 13, 2016 eligibility determinations were based on incorrect information, and you should have been determined eligible for Medicaid coverage, effective November 1, 2016.

Since there is nothing in the record to indicate that you experienced any of the limited exceptions that would disqualify you from continuing your Medicaid coverage until the end of the 12-month period, the November 12, 2016 and November 13, 2016 eligibility determinations stating that you were no longer eligible for Medicaid are MODIFIED to reflect that you were eligible for Medicaid coverage until October 31, 2017.

On February 18, 2017 and February 25, 2017, NYSOH issued eligibility determination notices stating that you were no longer eligible for Medicaid, effective February 1, 2017. Neither of the notices from NYSOH provided a reason for why you were determined ineligible for Medicaid and were incorrectly issued. Moreover, the notice indicated that your household income was

\$41,680.60, which is under the Medicaid limit for a family of seven, you should have been determined eligible for Medicaid, effective February 1, 2017.

Since there is nothing in the record to indicate that you experienced any of the limited exceptions that would disqualify you from continuing your Medicaid coverage until the end of the 12-month period, the February 18, 2017 and February 25, 2017 eligibility determinations stating that you were no longer eligible for Medicaid are MODIFIED to reflect that you were eligible for Medicaid coverage until January 31, 2018, assuming no further changes in nonfinancial eligibility.

The second issue under review is whether NYSOH properly determined that your spouse and children were no longer eligible for Medicaid, but would continue to receive Medicaid coverage until November 30, 2017.

Under New York State law, once a person is found eligible for Medicaid, that eligibility continues for 12 months, even if the household income increases. This provision is referred to as “continuous coverage” and has limited exceptions, such as incarceration, lack of state residency, or no valid Social Security number as well as having third party health insurance.

On February 18, 2017, NYSOH issued an eligibility determination stating that your spouse and children were no longer eligible for Medicaid, effective February 1, 2017. The notice stated that your spouse and two youngest children were no longer eligible for Medicaid because the household income you provided to NYSOH of \$41,680.60 was over the allowable income limit of \$50,688.00. The notice also stated that your three oldest children were no longer eligible for Medicaid because the household income you provided to NYSOH of \$41,680.60 was over the allowable income limit of \$56,565.00.

Since your household income of \$41,680.00 was in fact below the allowable limits of \$50,688.00 or \$56,565.00, NYSOH’s February 18, 2017 eligibility determination was based on incorrect information. As such, NYSOH improperly determined that your spouse and children were no longer eligible for Medicaid and they should have been determined eligible for Medicaid effective February 1, 2017.

Since there is nothing in the record to indicate that your spouse or children experienced any of the limited exceptions that would disqualify them from continuing their Medicaid coverage until the end of the 12-month period, the February 18, 2017 eligibility determination stating that your spouse and children were no longer eligible for Medicaid is MODIFIED to reflect that they were eligible for Medicaid coverage under the policy of continuous coverage until January 31, 2018.

Decision

The November 12, 2016, November 13, 2016, February 18, 2017; and February 25, 2017 eligibility determination notices are MODIFIED to reflect that:

- 1) You, [REDACTED] remain eligible for Medicaid coverage under the continuous coverage policy until January 31, 2018, barring nonfinancial changes in your eligibility;
- 2) Your spouse and children remain eligible for Medicaid coverage under the continuous coverage policy until January 31, 2018, barring nonfinancial changes in their eligibility.

Your case is RETURNED to NYSOH to effectuate the changes necessary to bring you, your spouse, and your children's Medicaid eligibility in line with this decision and to advise you accordingly.

Effective Date of this Decision: May 1, 2017

How this Decision Affects Your Eligibility

Medicaid coverage for you, [REDACTED] continues until January 31, 2018 barring subsequent nonfinancial changes in your eligibility.

Your spouse and children's Medicaid coverage continues until January 31, 2018, barring subsequent changes in their 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 November 12, 2016, November 13, 2016, February 18, 2017; and February 25, 2017 eligibility determination notices are MODIFIED to reflect that:

- 3) You, [REDACTED] remain eligible for Medicaid coverage under the continuous coverage policy until January 31, 2018, barring nonfinancial changes in your eligibility;

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).

- 4) Your spouse and children remain eligible for Medicaid coverage under the continuous coverage policy until January 31, 2018, barring nonfinancial changes in their eligibility.

Your case is RETURNED to NYSOH to effectuate the changes necessary to bring you, your spouse, and your children's Medicaid eligibility in line with this decision and to advise you accordingly.

Medicaid coverage for you, [REDACTED], continues until January 31, 2018 barring subsequent nonfinancial changes in your eligibility.

Your spouse and children's Medicaid coverage continues until January 31, 2018, barring subsequent changes in their 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)

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।

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).

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 महत्त्वपूर्ण 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&btumi 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.

אײַדיש (Yiddish)

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