



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

Notice of Decision

Decision Date: May 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015128

[REDACTED]

Dear [REDACTED],

On May 2, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 21, 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: May 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015128

[REDACTED]

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 and your spouse were eligible for Medicaid effective November 1, 2016?

Procedural History

On October 25, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you and your spouse were eligible for Medicaid because your household income of \$28,136.00 was at or below the allowable income limit. This eligibility was effective as of October 1, 2015.

On August 2, 2016, NYSOH issued a notice that it was time to renew your household's health insurance. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you and your spouse would qualify for financial help paying for your health coverage, and that you needed to update your account by September 15, 2016 or you and your spouse might lose the financial assistance you were currently receiving.

On September 17, 2016, NYSOH issued a notice of eligibility determination stating that you and your spouse were no longer eligible for Medicaid. However, your Medicaid coverage would continue until October 31, 2016 because certain individuals determined eligible for Medicaid remain eligible for benefits for 12 continuous months from the date that they were determined eligible. This notice also advised you that you must update your account between September 16, 2016 and October 15, 2016. This eligibility was effective as of October 1, 2016.

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On October 15, 2016, you updated your household's application for financial assistance with health insurance.

Also on October 15, 2016, income documentation was uploaded to your NYSOH account.

On October 16, 2016, NYSOH issued a notice advising you that the information in your application did not match what NYSOH had received from state and federal data sources and that income documentation was required in order to determine you and your spouse's eligibility. This income documentation was due by October 30, 2016.

On October 25, 2016, NYSOH reviewed the income documents that were uploaded to your NYSOH account on October 15, 2016. These were determined to be insufficient proof of your household's income as four weeks of paystubs from both you and your spouse's employers were required.

On October 26, 2016, NYSOH issued a notice stating that the income documentation you provided did not confirm the information in your application and that additional proof of your household's income was due by November 14, 2016.

On November 4, 2016 and November 19, 2016, additional income documentation was uploaded to your NYSOH account.

On November 21, 2016, NYSOH reviewed the additional income documents you submitted and found that these were valid proof of your household's income.

On November 21, 2016, NYSOH redetermined your and your spouse's eligibility for financial assistance with health insurance.

On November 22, 2016, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for Medicaid because your household income of \$35,004.00 was at or below the allowable income limit. This eligibility was effective as of November 1, 2016.

On November 23, 2016, NYSOH issued an enrollment confirmation notice stating that you and your spouse were enrolled in a Medicaid Managed Care plan as of January 1, 2017.

On December 1, 2016, NYSOH received your household's updated application for health insurance.

On December 2, 2016, NYSOH issued a notice advising you that the information in your application did not match what NYSOH had received from state and

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federal data sources and that income documentation was required in order to determine your and your spouse's eligibility. This income documentation was due by December 16, 2016.

Also on December 2, 2016, NYSOH issued a disenrollment notice stating that your and your spouse's enrollment in your Medicaid Managed Care plan ended on January 1, 2017 because you and your spouse were no longer eligible to enroll in a Medicaid Managed Care plan.

On December 8, 2016, NYSOH received your household's updated application for health insurance.

On December 9, 2016, NYSOH issued a notice advising you that the information in your application did not match what NYSOH had received from state and federal data sources and that income documentation was required in order to determine your and your spouse's eligibility. This income documentation was due by December 16, 2016.

On December 27, 2016, NYSOH redetermined your household's eligibility for financial assistance with health insurance.

On December 28, 2016, NYSOH issued a notice of eligibility determination stating that your spouse was eligible to purchase a qualified health plan at full cost through NYSOH, effective February 1, 2017. This was because you had not submitted the requested income documentation by the due date.

Also on December 28, 2016, NYSOH issued a notice advising you that the information in your application did not match what NYSOH had received from state and federal data sources and that income documentation was required in order to determine your eligibility. This income documentation was due by December 31, 2016.

On January 24, 2017, you contacted NYSOH's Account Review Unit and requested an appeal of those notices insofar as you and your spouse were not found eligible for Medicaid.

On January 26, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were granted Medicaid through NYSOH for a limited time as you and your spouse had been granted Aid to Continue until a decision was made on your appeal, effective January 1, 2017.

On May 2, 2017, 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 fourteen days to allow you the opportunity to submit additional income documentation.

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On May 6, 2017, the Appeals Unit received via fax copies of paystubs for yourself and your spouse, as well as your 2016 1040 form. These documents were collectively marked as Appellant's Exhibit #1 and incorporated into the record. The record is now closed.

Findings of Fact

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

- 1) You testified that you filed your 2016 tax return with a tax filing status of married filing jointly and claimed three dependents on that tax return. You further testified that you and your spouse plan on filing your 2017 tax return with a tax filing status of married filing jointly and will claim three dependents on that tax return.
- 2) The applications that you submitted on October 15, 2016, December 1, 2016, and December 8, 2016 listed household income of \$35,004.00, consisting of \$22,840.00 you earn from your employment and \$12,164.00 your spouse earns from his employment. You testified that this amount is correct.
- 3) You testified that you have two jobs, [REDACTED] which is an on-call job for which you only receive one paycheck per month, and [REDACTED] [REDACTED]) for which you are paid biweekly.
- 4) You testified that your spouse works for [REDACTED], but that this is a seasonal job, as well as the [REDACTED] which is a part-time job, and that your spouse also now works for [REDACTED], but you were not sure when this job began.
- 5) You testified that you and your spouse claimed approximately \$200.00 in student loan interest deductions on your 2016 tax return, and you believe you will claim a similar deduction on your 2017 tax return.
- 6) You testified that your dependents do not have any income.
- 7) You testified that you expect your 2017 income to be similar to your 2016 income, except that your spouse had gambling winnings in 2016 that you do not expect to be repeated.
- 8) On October 15, 2016, you uploaded your 2015 tax return to your NYSOH account. Your 2015 1040 form indicates that you and your spouse had income consisting of \$25,375.00 in wages, \$376.00 in taxable interest, \$17.00 in ordinary dividends, \$8,000.00 in business income, \$2,644.00 in pension and annuity payments, and \$8,059.00 in

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discharged debt; and deductions for self-employment tax of \$565.00 and student loan interest of \$450.00; for an adjusted gross income of \$43,456.00.

- 9) On October 25, 2016, NYSOH reviewed the income documents that were uploaded to your NYSOH account on October 15, 2016. These were determined to be insufficient proof of your household's income as four weeks of paystubs from both your and your spouse's employers were required.
- 10) On November 4, 2016 four of your paystubs were uploaded to your account. Two paystubs are from your employer [REDACTED] the first is for pay date August 26, 2016 for a gross pay amount of \$90.94; the second is for pay date October 7, 2016 for a gross pay amount of \$90.94. Two paystubs are from your employer [REDACTED]; the first is for pay date October 7, 2016 for a gross pay amount of \$932.52; the second is for pay date October 21, 2016 for a gross pay amount of \$846.32.
- 11) On November 19, 2016 two of your spouse's paystubs were uploaded to your account. These paystubs are from [REDACTED]. The first is for pay date October 7, 2016 for a gross pay amount of \$480.00; the second is for pay date October 14, 2016 for a gross pay amount of \$251.25.
- 12) On November 19, 2016, a third paystub was uploaded to your NYSOH account. There is no indication who this paystub belongs to or from which employer this paystub was issued. The paystub notes a pay date of October 7, 2016 for a gross pay amount of \$253.67.
- 13) On November 21, 2016, your and your spouse's paystubs were verified as acceptable proof of income.
- 14) On May 6, 2017, you submitted a letter signed by yourself and your spouse indicating that your spouse did not begin working for [REDACTED] until January 2017.
- 15) Also on May 6, 2017 you submitted a copy of your and your spouse's 2016 1040 form. Your 2016 1040 form indicates that you and your spouse had income consisting of \$49,763.00 in wages, \$170.00 in taxable interest, and \$2,026.00 as income from sporadic activity; and deductions for student loan interest of \$295.00; for an adjusted gross income of \$51,664.00.
- 16) Additionally, on May 6, 2017 seven of your paystubs were uploaded to your account. Two paystubs are from your employer [REDACTED]; the

first is for pay date November 4, 2016 for a gross pay amount of \$90.94; the second is for pay date December 9, 2016 for a gross pay amount of \$90.94. Five paystubs are from your employer [REDACTED]; the first is for pay date November 4, 2016 for a gross pay amount of \$932.52; the second is for pay date November 18, 2016 for a gross pay amount of \$934.80; the third is for pay date December 2, 2016 for a gross pay amount of \$996.27; the fourth is for pay date December 16, 2016 for a gross pay amount of \$849.32; and the fifth is for pay date December 30, 2016 for a gross pay amount of \$900.34.

- 17) On May 6, 2017 twelve of your spouse's paystubs were uploaded to your NYSOH account. Five paystubs are from his employer [REDACTED]; the first is for pay date November 4, 2016 for a gross pay amount of \$243.75; the second is for pay date November 10, 2016 for a gross pay amount of \$416.25; the third is for pay date November 18, 2016 for a gross pay amount of \$240.00; the fourth is for pay date November 25, 2016 for a gross pay amount of \$120.00; and the fifth is for pay date December 23, 2016 for a gross pay amount of \$240.00. Seven paystubs are from his employer [REDACTED]; the first is for pay date October 7, 2016 for a gross pay amount of \$253.67; the second is for pay date October 21, 2016 for a gross pay amount of \$345.91; the third is for pay date November 4, 2016 for a gross pay amount of \$302.67; the fourth is for pay date November 18, 2016 for a gross pay amount of \$374.74; the fifth is for pay date December 2, 2016 for a gross pay amount of \$426.63; the sixth is for pay date December 16, 2016.
- 18) You testified that you reside in Queens 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 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)).

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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 \$28,440.00 for a five-person household (81 Federal Register 4036).

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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you and your spouse were eligible for Medicaid effective November 1, 2016.

You and your spouse are in a five-person household. According to the record, you filed your 2016 tax return as married filing jointly and claimed three children as dependents on that return.

On your October 15, 2016 application, you attested to an expected annual household income of \$35,004.00.

However, you have subsequently submitted documentation that your annual household income for 2016 was \$51,664.00

Medicaid can be provided through NYSOH to adults between the ages of 19 and 64 who meet the non-financial requirements and have a household MAGI that is at or below 138% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$28,440.00 for a five-person household. Since

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\$51,664.00 is 181.66% of the 2016 FPL, it is greater than the allowable Medicaid limit.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

You submitted paystubs that show in November 2016 you received \$1,958.26 and your spouse received \$1,697.41, for a total monthly household income for November 2016 of \$3,655.67.

To be eligible for Medicaid, you and your spouse would need to meet the non-financial criteria and have an income no greater than 138% of the 2016 FPL, which is \$2,370.00 per month. Since the documentation you provided shows that your monthly household income for November 2016 was \$3,655.67, you and your spouse did not qualify for Medicaid on the basis of monthly income as of the date of the November 2016 redetermination.

Therefore, the November 22, 2016 eligibility determination notice finding you and your spouse eligible for Medicaid is not supported by the record and is **RESCINDED**.

Your case is **RETURNED** to NYSOH to redetermine your and your spouse's eligibility for financial assistance with health insurance as of November 22, 2016 based on a household of five, residing in Queens County, with an expected annual household income of \$51,664.00.

You and your spouse may elect to enroll in a plan based on your redetermined eligibility as of November 22, 2016 or as of the date of this decision.

Decision

The November 22, 2016 eligibility determination notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to redetermine your and your spouse's eligibility for financial assistance with health insurance as of November 22, 2016 based on a household of five, residing in Queens County, with an expected annual household income of \$51,664.00.

You and your spouse may elect to enroll in a plan based on your redetermined eligibility as of November 22, 2016 or as of the date of this decision.

Effective Date of this Decision: May 18, 2017

How this Decision Affects Your Eligibility

You and your spouse were incorrectly found eligible for Medicaid.

Your case is being sent back to NYSOH to redetermine your and your spouse's eligibility as of November 22, 2016 based on the information presented during the hearing. You will receive an eligibility determination notice informing you of your and your spouse's new eligibility.

You and your spouse may choose to enroll in a plan based on your redetermined eligibility as of November 22, 2016 or as of the date of this decision.

You will be responsible for the premiums, if any, associated with this coverage.

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 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

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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):

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- 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 22, 2016 eligibility determination notice is **RESCINDED**.

You and your spouse were incorrectly found eligible for Medicaid.

Your case is **RETURNED** to NYSOH to redetermine your and your spouse's eligibility for financial assistance with health insurance as of November 22, 2016 based on a household of five, residing in Queens County, with an expected annual household income of \$51,664.00.

Your case is being sent back to NYSOH to redetermine your and your spouse's eligibility as of November 22, 2016 based on the information presented during the hearing. You will receive an eligibility determination notice informing you of your and your spouse's new eligibility.

You and your spouse may elect to enroll in a plan based on your redetermined eligibility as of November 22, 2016 or as of the date of this decision.

You will be responsible for the premiums, if any, associated with this coverage.

Legal Authority

We are sending you this notice in accordance with 45 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).

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।

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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&etumi 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.

אידיש (Yiddish)

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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