



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

## Notice of Decision

Decision Date: November 3, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000020421

[REDACTED]

Dear [REDACTED],

On September 26, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 27, 2017 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 NY State of Health 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: November 3, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000020421



## Issue

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

Did NY State of Health properly determine that your children were eligible for Medicaid, effective July 1, 2017?

## Procedural History

On June 23, 2017, you submitted an updated application for financial assistance and added your three children to your account.

On June 24, 2017, NYSOH issued a notice stating more information was needed in order to make a determination. The notice explained the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by July 8, 2017.

On June 26, 2017, you uploaded to your account self-employment business records for you and your spouse for the past three months. On June 26, 2017, those documents were verified and your annual household income was changed to \$41,020.00. NYSOH redetermined your household eligibility based on the updated income.

On June 27, 2017, NYSOH issued an eligibility determination notice stating in part that your children were eligible for Medicaid, effective July 1, 2017, because the household income you provided, \$41,040.00, was under the allowable income limit of \$44,322.00 for them to qualify for Medicaid.

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Also on June 27, 2017, NYSOH issued a plan enrollment confirmation notice stating, in relevant part, that you needed to select a health plan for your children.

Also on June 27, 2017, you uploaded to your account revised self-employment business records for you and your spouse for the past three months. NYSOH did not take any action on those income documents.

On July 11, 2017, you spoke to NYSOH's Account Review Unit and appealed the June 27, 2017 eligibility determination insofar as your children were eligible for Medicaid and not eligible for Child Health Plus.

On September 26, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed and the end of the hearing.

## **Findings of Fact**

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

- 1) You testified that you expect to file your 2017 taxes with a tax filing status of married filing jointly. You will claim three dependents on that tax return.
- 2) You are seeking insurance for your three children.
- 3) According to your NYSOH account, your children are [REDACTED]
- 4) On June 23, 2017, you updated your NYSOH account and added your three children. At that time, you submitted an application for financial assistance for your household. The household income listed in that application of \$11,806.00 did not match what NYSOH received from state and federal data sources and you were directed to submit proof of household income by July 8, 2017.
- 5) On June 26, 2017, you uploaded to your account two pages of documents prepared by a certified public accountant, which showed three consecutive months of business income and expenses for you and your spouse's business. Those documents indicated a three-month average of \$1,710.00 for you and a \$1,710.00 three-month average for your spouse (see Document [REDACTED]).
- 6) On June 26, 2017, NYSOH verified those documents as valid proof of income and your household income was changed to \$41,040.00. NYSOH

re-ran your application for financial assistance for your household at that time.

- 7) On June 27, 2017, you uploaded to your account two pages of revised documents prepared by a certified public account which showed the same three-months of business income and expenses for you and your spouse, but with a higher monthly average of \$1,860.00 for you and \$1,860.00 for your spouse (see Document [REDACTED].)
- 8) You testified that the second set of self-employment documents showing the higher monthly average was accurate.
- 9) Your application states that you will not be taking any deductions on your 2017 tax return.
- 10) According to your NYSOH account, you did not select a Medicaid Managed Care plan for your children, so a plan was selected automatically for them on July 11, 2017, and their enrollment start date in that plan was August 1, 2017.
- 11) Your application states that you and your family live in [REDACTED], New York.
- 12) You testified that you want your children to be covered through Child Health Plus and not Medicaid.

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 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 2017 FPL, which is \$28,780.00 for a five-person household (82 Federal Register 8831).

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## Child Health Plus

A child who meets the eligibility requirements for Child Health Plus (CHP) may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (New York Public Health Law (PHL) § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be “eligible for medical assistance”; that is, must not be eligible for Medicaid (NY Public Health Law § 2511(2)(b)).

## Medicaid Continuous Coverage

Generally, most applicants 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 your children were eligible for Medicaid, effective July 1, 2017.

Your children are in a five-person household. You expect to file your 2017 income taxes as married filing jointly and will claim three dependents on that tax return.

On your June 23, 2017 application, you attested to an expected household income of \$11,860.00 and this amount did not correspond to what NYSOH received from state and federal data sources. You were directed to submit proof of household income by July 8, 2017. On June 26, 2017, you uploaded to your account three months of self-employment business record for you and your spouse. Those documents were verified and your annual household income was changed to \$41,020.00, which amount accurately reflects your and your spouse’s reported monthly income of \$1,710.00 each for 12 months.

NYSOH relied upon the income information you uploaded to your account on June 26, 2017, in determining your children's eligibility for financial assistance and in issuing the June 27, 2017 eligibility determination notice.

Medicaid can be provided through NYSOH to children between the ages of 1 and 19 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 154% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$28,780.00 for a five-person household and your children were between the ages of 1 and 19. Since \$41,020.00 is 142.52% of the 2017 FPL, which is below the 154% threshold, NYSOH properly found your children to be eligible for Medicaid, effective July 1, 2017, on an expected annual income basis, using the income information you provided on June 26, 2017.

You testified that the second set of income documentation you uploaded to your account on June 27, 2017, that increased your household income was correct. You testified that you want your children enrolled in health coverage through Child Health Plus and not Medicaid. However, under New York State's Public Health Law, a Medicaid-eligible child does not qualify to enroll in health insurance through Child Health Plus.

Once a person is found eligible for Medicaid, they remain eligible for Medicaid for 12 continuous months whether or not their income increases above the level for their respective age and household income. This is referred to as "continuous coverage."

Since the credible evidence confirms that your children were eligible for Medicaid effective July 1, 2017, and that even though your estimated annual income for 2017 may have increased when you submitted revised self-employment documentation on June 27, 2017, your children remain enrolled in Medicaid for the remainder of their 12-month eligibility period.

Since the June 27, 2017 eligibility determination notice properly stated that, based on the information you provided, your children were eligible for Medicaid, effective July 1, 2017, it is correct and is AFFIRMED.

## **Decision**

The June 27, 2017 eligibility determination notice is AFFIRMED.

**Effective Date of this Decision:** November 3, 2017

## **How this Decision Affects Your Eligibility**

Your children were eligible for Medicaid, effective July 1, 2017, and remain eligible for Medicaid for 12 months, provided none of the disqualifying events occur.

## **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

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 June 27, 2017 eligibility determination notice is AFFIRMED.

Your children were eligible for Medicaid, effective July 1, 2017, and remain eligible for Medicaid for 12 months, provided none of the disqualifying events occur.

## **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।

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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&btumi ama wo obi a okyerε 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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