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

Notice of Decision

Decision Date: November 13, 2017

NY State of Health Account ID:
Appeal Identification Number: AP000000021584

On October 26, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 15, 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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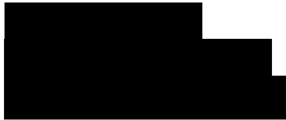

Issue

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

> Did NY State of Health properly determine that you were no longer eligible for Medicaid, effective August 1, 2017, but would continue to receive Medicaid coverage until November 30, 2017?

Procedural History

On October 10, 2016, NY State of Health (NYSOH) issued an eligibility determination stating that you were eligible for Medicaid, effective December 1, 2016.

On October 17, 2016, NYSOH issued a plan enrollment notice confirming your enrollment in a Medicaid Managed Care plan, effective May 1, 2016.

On August 11, 2017, NYSOH received your updated application for financial assistance.

On August 12, 2017, NYSOH issued an eligibility determination notice stating that you were no longer eligible for Medicaid, effective August 1, 2017, but that your Medicaid coverage would continue until November 30, 2017. This notice further directed you to submit income documentation to confirm your eligibility by August 26, 2017.

Also on August 12, 2017, you uploaded two documents to your NYSOH account.

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On August 14, 2017, NYSOH validated your income documentation and an updated application was submitted on your behalf.

On August 15, 2017, NYSOH issued an eligibility determination notice stating that you were no longer eligible for Medicaid, effective August 1, 2017, but that your Medicaid coverage would continue until November 30, 2017. This notice further stated that you were no longer eligible for Medicaid because you household income was over the allowable income limits for that program; however, certain individuals who qualified for Medicaid get coverage for twelve continuous months from the date they were last determined eligible. This eligibility was effective as of August 1, 2017.

On August 18, 2017, you spoke to NYSOH's Account Review Unit and appealed the fact that you were no longer eligible for Medicaid.

On October 26, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and the record was held open until November 11, 2017 to allow you time to submit supporting income documentation.

On October 27, 2017, you uploaded seven documents to your NYSOH account. These documents were made part of record as "Appellant's Exhibit #1" and the record was closed the same day.

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 single. You will claim no dependents on that tax return.

2) You are seeking insurance for yourself.

3) The application that was submitted on August 14, 2017 listed annual household income of $19,195.80, consisting of income you earn from your employment. You testified that this amount was incorrect.

4) You testified that you submitted your July 2017 paystubs in response to the August 12, 2017 eligibility determination which indicated that NYSOH needed information to confirm your eligibility.

5) You testified that the amount you earned in the summer months, including July 2017, is not indicative of the amount you make throughout the year due to the nature of your employment.

6) On August 12, 2017, you uploaded two biweekly paystubs to your NYSOH; including one paystub dated July 14, 2017 for a gross income amount of $698.28, and one paystub date July 18, 2017 for a gross income amount of $778.32.

7) You provided your 2016 W-2 which shows that in 2016 you earned an annual income of $13,633.55.

8) You testified that you expect your annual income for 2017 to remain relatively similar to what your annual income was in 2016.

9) Your application states that you will not be taking any deductions on your 2017 tax return.

10) You testified that you are appealing the fact that you were found no longer eligible for Medicaid, effective August 1, 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)).

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 2017 FPL, which is $12,060.00 for a one-person household (82 Federal Register 8831).

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 Process

For all individuals whose income is needed to calculate the household’s eligibility, NYSOH must request data that will allow NYSOH to verify the household’s income (45 CFR §155.320(c)(1)(i), 42 CFR § 435.945).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f) 42 CFR § 435.952).

Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every twelve months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR §155.335(h)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were no longer eligible for Medicaid, effective August 1, 2017, but would continue to receive Medicaid coverage until November 30, 2017.

The record indicates that you were found eligible for Medicaid, effective December 1, 2016.

You submitted an updated application for financial assistance on August 11, 2017; which included an updated annual income of $11,481.60. Subsequently, NYSOH issued an eligibility determination stating that you were no longer eligible for Medicaid, effective August 1, 2017, but your Medicaid coverage would continue until November 30, 2017. That notice also directed you to submit income documentation by August 26, 2017 to confirm your eligibility.

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income. If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

On August 12, 2017, you uploaded two documents to your NYSOH account. These documents included two biweekly paystubs; including one paystub dated July 14, 2017 for a gross income amount of $698.28 and one paystub dated July 28, 2017 for a gross income amount of $778.32.

On August 14, 2017, a NYSOH representative validated the income documentation you uploaded on August 12, 2017, recalculated your expected annual income from $11,481.60 to $19,195.80 and submitted an updated application on your behalf. As a result, NYSOH issued an eligibility determination notice stating that that you were no longer eligible for Medicaid, effective August 1, 2017, but your Medicaid coverage would continue until November 30, 2017.

You testified that the income that you make during the summer months, including July 2017, is not indicative of your expected annual income due to the nature of your employment. You provided income documentation that in 2016 you earned an annual amount of $13,633.55. You testified that you expect your annual income for 2017 to be relatively similar to the amount you made in 2016.

Therefore, the annual income amount relied upon in the August 15, 2017 eligibility determination is not supported by the record, and the notice is MODIFIED to reflect that you remained fully eligible for Medicaid, effective August 1, 2017.

NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency.

Since the record indicates that you were originally found eligible for Medicaid, effective December 1, 2016, NYSOH properly determined that your eligibility for Medicaid was effective until November 30, 2017.

As stated in the September 23, 2017 renewal notice, you are due for renewal of your health care coverage, and you may update your NYSOH account by logging on to your NYSOH account, or by contacting NYSOH at 1-855-355-5777 in order to reflect your most current household information.

Decision

The August 15, 2017 eligibility determination is MODIFIED to reflect that you remained fully eligible for Medicaid, effective August 1, 2017.

Effective Date of this Decision: November 13, 2017

How this Decision Affects Your Eligibility

You are fully eligible for Medicaid effective December 1, 2016 through November 30, 2017.

As stated in the September 23, 2017 renewal notice, you are due for renewal of your health care coverage, and you may update your NYSOH account by logging on to your NYSOH account, or by contacting NYSOH at 1-855-355-5777 in order to reflect your most current household information.

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 August 15, 2017 eligibility determination is MODIFIED to reflect that you remained fully eligible for Medicaid, effective August 1, 2017.

You are fully eligible for Medicaid effective December 1, 2016 through November 30, 2017.

As stated in the September 23, 2017 renewal notice, you are due for renewal of your health care coverage, and you may update your NYSOH account by logging on to your NYSOH account, or by contacting NYSOH at 1-855-355-5777 in order to reflect your most current household information.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

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).

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。我们可以为您免费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 مجانًا.

বাংলা (Bengali)

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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।

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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ 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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