



STATE OF NEW YORK
DEPARTMENT OF HEALTH
PO Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: March 13, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024785

[REDACTED]

Dear [REDACTED],

On January 12, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 23, 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
PO 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(b).

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: March 13, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024785

[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 Medicaid eligibility for you and your two older children, [REDACTED], was only conditional pending the production of income documentation, effective January 1, 2018?

Procedural History

On December 21, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective December 1, 2016. The notice also stated that your two older children remained eligible for Medicaid, also effective December 1, 2016.

On May 4, 2017, NYSOH issued an enrollment notice confirming your selection of an Medicaid Managed Care (MMC) plan you and your children on May 3, 2017. The notice stated that your MMC plan coverage with UnitedHealthcare of New York, Inc. (UHC) would begin effective June 1, 2017. The notice further stated that your older children's MMC plan coverage with Healthfirst would also begin effective June 1, 2017.

On September 21, 2017, NYSOH issued a notice that it was time to renew the health insurance for you and your older children for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not determine whether you and your older children would qualify for financial help paying for your health coverage, and that you needed to update

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your account by November 15, 2017 or your family might lose the financial assistance currently being received.

On October 26, 2017, NYSOH redetermined your household's eligibility for health insurance.

On October 27, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid coverage for all outpatient prenatal Medicaid services, effective December 1, 2017. The notice further stated that you could not enroll in an MMC due to the type of Medicaid coverage you have. Finally, the notice stated that your older children were conditionally eligible for Medicaid, effective December 1, 2017. To finalize eligibility for Medicaid for you and your children, you were requested to provide proof of your household income by November 10, 2017.

Also on October 27, 2017, NYSOH issued a disenrollment notice confirming that your MMC plan coverage with UHC would end effective November 30, 2017.

Finally, on October 27, 2017, NYSOH issued an enrollment notice confirming that your two older children were enrolled in their MMC plan with Healthfirst, effective June 1, 2017. The notice further stated that you could not enroll in an MMC due to the type of Medicaid coverage you have.

On November 20, 2017, NYSOH redetermined you and your older children's eligibility for financial assistance with health insurance.

On November 21, 2017, NYSOH issued an eligibility determination notice stating that you and your older children were no longer eligible for health insurance through NYSOH because you did not provide NYSOH with proof of your household income.

Also on November 21, 2017, NYSOH issued a disenrollment notice stating that your older children's MMC plan coverage with Healthfirst would end effective December 31, 2017.

Finally, on November 21, 2017, NYSOH received four earnings statements issued to you by your employer, [REDACTED], received between October 5, 2017 and October 26, 2017.

On November 22, 2017, NYSOH redetermined your household's eligibility for financial assistance with health insurance.

On November 23, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid coverage for all outpatient prenatal Medicaid services, effective January 1, 2018. The notice further stated that you could not enroll in an MMC due to the type of Medicaid coverage you have. Finally, the notice stated that your older children were

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conditionally eligible for Medicaid, effective January 1, 2018. To confirm you and your children's eligibility for Medicaid, you were requested to provide proof of your household income by November 10, 2017.

On November 24, 2017, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as you were seeking for you and your two older children to be eligible for Medicaid without condition.

On December 7, 2017, NYSOH received two additional earnings statements issued to you on November 9, 2017 and November 16, 2017.

Also on December 7, 2017, NYSOH received an update to your application for health insurance. In response to this application, NYSOH prepared a preliminary eligibility determination stating that you and your older children were eligible for and would be enrolled in Medicaid, but additional documentation was needed within 15 days to prove your eligibility.

On December 8, 2017, NYSOH issued an eligibility determination notice stating that your older children remained conditionally eligible for Medicaid, effective January 1, 2018.

Also on December 8, 2017, NYSOH issued an enrollment notice confirming that you and your two children were enrolled in UHC as your MMC plan as of December 7, 2017, with such coverage beginning January 1, 2018.

On December 18, 2017, NYSOH redetermined your household's eligibility for financial assistance with health insurance.

On December 19, 2017, NYSOH issued an eligibility determination notice stating that you and your older children were no longer eligible for Medicaid, effective January 1, 2018. This was because you did not provide your household income to confirm your eligibility.

Between January 19, 2018 and February 14, 2018, you made three additional attempts to update your application, but it was ultimately determined that you and your older children were not eligible for coverage through NYSOH because you did not provide the income documentation needed to verify the income listed in your application.

On January 12, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open through February 3, 2018 to allow you time to submit supporting documentation. No additional documentation was received from you by February 3, 2018.

Accordingly, the record was closed on February 3, 2018.

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Findings of Fact

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

- 1) You testified that you were appealing on behalf of yourself and your two older children, whose eligibility for Medicaid was conditional on your providing income documentation. Your infant child was enrolled in Medicaid, without condition.
- 2) You first reported to NYSOH that you were pregnant with one child [REDACTED] application update.
- 3) Based on the application update received on October 26, 2017, you were found for Medicaid coverage for all outpatient prenatal Medicaid services, effective December 1, 2017, but could not enroll in a Medicaid Managed Care plan. Your two older children were found conditionally eligible for Medicaid, effective December 1, 2017. You were requested to provide income documentation to confirm your household's eligibility by November 10, 2017.
- 4) Your MMC plan coverage with UHC was terminated, effective November 30, 2017.
- 5) The record reflects that you did not provide the required income documentation to confirm your household's eligibility for Medicaid by November 10, 2017.
- 6) On November 21, 2017, you provided to NYSOH four earnings statements issued to you by your employer, [REDACTED], reflecting that you received (1) \$446.25 on October 5, 2017, (2) \$446.25 on October 12, 2017, (3) \$507.50 on October 19, 2017, and (4) \$437.50 on October 26, 2017. These documents while apparently verified, were also apparently not considered when your household's eligibility was redetermined on November 22, 2017.
- 7) On November 22, 2017, you were again found eligible for Medicaid coverage for outpatient prenatal Medicaid services, but effective January 1, 2018. Your two older children were found conditionally eligible for Medicaid, January 1, 2018. You were requested to provide additional income documentation to confirm your household's eligibility, but provided no due date by which to provide such information.
- 8) On December 7, 2017, NYSOH received two additional earnings statements issued to you on November 9, 2017 and November 16, 2017, reflecting that you had received \$280.00 and \$245.00 from your employer on those dates, respectively.

- 9) Based on the documentation provided on December 7, 2017, you and your older children were found conditionally eligible for Medicaid, effective January 1, 2018. Each of you were enrolled in an MMC plan with UHC, with coverage beginning effective January 1, 2017.
- 10) On December 18, 2017, NYSOH redetermined your household's eligibility for health insurance. You and your older children were ultimately disenrolled from Medicaid and your MMC plan effective January 1, 2017.
- 11) You testified that you were seeking for you and your children to be found eligible for Medicaid, without condition, and to enroll in an MMC.

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 \$24,600.00 for a four-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, citizenship status, lack of state residence, or failing to provide a valid Social Security number (NY Social Services Law § 366(4)(c)).

Medicaid for Pregnant Women

In New York State, presumptive eligibility for Medicaid is a means of immediately providing Medicaid coverage for prenatal care services pending a full Medicaid eligibility determination. A pregnant woman does not need to provide documentation of income for the presumptive eligibility determination. Pregnant women are also not required to document citizenship/immigration status for presumptive eligibility or for ongoing Medicaid eligibility. Citizenship/immigration status is not an eligibility requirement for a pregnant woman throughout her pregnancy and for two months after the month in which the pregnancy ends (N.Y. Social Services Law § 366 (4)(b)). Medicaid pays providers during the presumptive eligibility period for care provided to pregnant women; however, as a matter of Medicaid Program policy, labor and delivery services are excluded from payment.

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).

FPL for Pregnant Women

Medicaid is currently available to pregnant women who have a modified adjusted gross income at or below 223% of the FPL for the applicable family size (see 42 CFR § 435.116(c); NY Department of Health Administrative Directive 13ADM-03).

Household Size

For purposes of Medicaid and CHP eligibility, the household size of either a pregnant woman or a person who is in the family of a pregnant woman includes not only the pregnant woman, but also the number of children she expects to deliver (42 CFR § 435.603(b); State Plan Amendment (SPA) 13-0055-MM3, as

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approved by the US Department of Health and Human Services, March 19, 2014).

Legal Analysis

The issue under review is whether NYSOH properly determined that Medicaid eligibility for you and your two older children, [REDACTED], was only conditional pending the production of income documentation, effective January 1, 2018.

You updated your NYSOH application on October 26, 2017, and indicated that you were pregnant and expecting one child on [REDACTED]. NYSOH issued a notice of eligibility determination that stated that you were eligible for Medicaid coverage for all outpatient prenatal Medicaid services, effective November 1, 2017. This is known as “presumptive Medicaid eligibility.” Your two children were found conditionally eligible for Medicaid. The notice further directed you to submit documentation of your household income by November 10, 2017 to confirm your household’s eligibility.

Pregnant women who apply for Medicaid, and whose financial eligibility is not confirmed, will be eligible for presumptive Medicaid only, until the woman’s eligibility for full Medicaid can be determined. Presumptive Medicaid eligibility covers prenatal care only.

The record reflects that you did not provide the required documentation by the November 10, 2017 deadline, but did provide it on November 21, 2017. On this date, you provided to NYSOH four earnings statements issued to you by your employer, [REDACTED], reflecting that you received (1) \$446.25 on October 5, 2017, (2) \$446.25 on October 12, 2017, (3) \$507.50 on October 19, 2017, and (4) \$437.50 on October 26, 2017. These documents, while apparently verified, were not used when your household’s eligibility was redetermined on November 22, 2017.

According to the record, you expect to file a federal income tax return for the 2018 tax year as head of household and claim your two children as a dependent. However, you were also pregnant and expecting one child [REDACTED]. Therefore, both you and your two children are in a four-person household.

Based upon the income documentation you provided on November 21, 2017, had a gross income of \$1,837.50, which based on an average weekly income would have projected to an annual household income of \$23,887.50. While this information was apparently used to redetermine your household’s eligibility on November 22, 2017, the documentation was never verified, and ultimately never determined to be sufficient to confirm your household’s eligibility for Medicaid.

We find, however, this documentation to have been sufficient for purposes of determining your Medicaid eligibility, because it included four consecutive weeks' worth of paystubs issued by your employer, and you attested to your children not having received any income.

Accordingly, the November 23, 2017 eligibility determination notice is MODIFIED to state that you and your older children were eligible for Medicaid, without condition, effective December 1, 2017. Furthermore, your family's MMC plan coverage, as reflected in the December 8, 2017 enrollment notice, is reinstated to reflect that you and your older children's MMC plan coverage was in effect beginning January 1, 2018.

Your case is RETURNED to NYSOH to (1) reinstate you and your older children's fee-for-service Medicaid during the month of December 2017, and (2) reinstate you and your older children's MMC plan coverage effective January 1, 2018, which barring any other qualifying reason to end their coverage, should continue unabated until November 30, 2018.

Decision

The November 23, 2017 eligibility determination notice is MODIFIED to state that you and your older children were eligible for Medicaid, without condition, effective December 1, 2017.

Your case is RETURNED to NYSOH to (1) reinstate you and your older children's fee-for-service Medicaid during the month of December 2017, and (2) reinstate you and your older children's MMC plan coverage effective January 1, 2018, which barring any qualifying reason to end their coverage, should continue unabated until November 30, 2018.

Effective Date of this Decision: March 13, 2018

How this Decision Affects Your Eligibility

You and your older children were eligible for fee-for-service Medicaid from December 1, 2017 through December 31, 2017.

You and your older children's coverage through your MMC plan, UHC, is reinstated effective January 1, 2018.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the 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 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 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
PO Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The November 23, 2017 eligibility determination notice is MODIFIED to state that you and your older children were eligible for Medicaid, without condition, effective December 1, 2017.

Your case is RETURNED to NYSOH to (1) reinstate you and your older children's fee-for-service Medicaid during the month of December 2017, and (2) reinstate you and your older children's MMC plan coverage effective January 1, 2018, which barring any qualifying reason to end their coverage, should continue unabated until November 30, 2018.

You and your older children were eligible for fee-for-service Medicaid from December 1, 2017 through December 31, 2017.

You and your older children's coverage through your MMC plan, UHC, is reinstated effective January 1, 2018.

Legal Authority

We are issuing this determination 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، يرجى الاتصال بالرقم 1-855-355-5777. يمكننا 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 איך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.