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

Notice of Decision

Decision Date: January 05, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000025475

[redacted]

[redacted]

On December 18, 2017, you appeared by telephone at an expedited hearing on your appeal of NY State of Health's October 5, 2017 eligibility determination.

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).

This page intentionally left blank.

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

Decision

Decision Date: January 05, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000025475

[redacted]

Issue

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

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

Procedural History

On October 19, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible for Medicaid because your household income of $15,950.00 was at or below the allowable income limit. This eligibility was effective as of December 1, 2016.

On September 21, 2017, NYSOH issued a renewal notice stating that it was time to renew your health insurance through NYSOH. The notice stated that you were still qualified to get health care coverage under Medicaid, effective December 1, 2017 because state and federal data sources showed that your income was between $0.00 and $16,643.00. The notice also stated that you would be re-enrolled into your MMC plan as of December 1, 2017.

On October 4, 2017, you updated your NYSOH account, including the income information.

On October 5, 2017, NYSOH issued a notice of eligibility determination stating that you were no longer eligible for Medicaid. However, your Medicaid coverage would continue until November 30, 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 October 1, 2017.

On October 21, 2017, NYSOH issued a renewal notice, stating that it was time for you to renew your application for health insurance for 2018. The notice stated that you needed to update the information in your application by November 15, 2017 so that a decision could be made about your eligibility for financial assistance. The notice further stated that, if you failed to update your application by November 15, 2017, the financial assistance you were receiving could end.

No updates were made to your account by November 15, 2017.

On November 17, 2017, NYSOH redetermined your eligibility.

On November 18, 2017, NYSOH issued a discontinuance notice stating that, effective December 1, 2017, you were not eligible to enroll in coverage through NYSOH because you did not respond to the renewal notice and did not complete your renewal within the required timeframe.

Also on November 18, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your Medicaid Managed Care (MMC) plan was ending, effective November 30, 2017.

On December 7, 2017, you updated your NYSOH account. That day, NYSOH prepared a preliminary eligibility determination stating that you were eligible to receive up to $385.00 per month in advance payments of the premium tax credit, and eligible for cost-sharing reductions, effective January 1, 2018.

Also on December 7, 2017, you contacted NYSOH's Account Review Unit and requested an appeal, insofar as your Medicaid and MMC plan coverage ended on November 30, 2017. You requested that your appeal be expedited, and this request was granted on December 11, 2017.

On December 18, 2017, 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 January 2, 2018 to allow you to submit supporting documentation.

As of January 3, 2018, no documentation had been receiving, and none was visible in your NYSOH account. Therefore, the record was closed that same day, and this decision is based on the record as developed at the time of the hearing.

Findings of Fact

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

1) You were found eligible for Medicaid effective December 1, 2016, and that eligibility is not under review.

2) On September 21, 2017, NYSOH issued a renewal notice stating that you were still eligible for Medicaid, effective December 1, 2017, and that you would be reenrolled in your same MMC plan as of December 1, 2017.

3) You testified that you received an "early renewal" notice and that you called NYSOH to update your application on October 4, 2017 because you needed to renew and to make changes in information in your account.

4) You testified that, after you completed your application update on October 4, 2017, you thought you were all set with coverage for the coming year, and that you did not need to do anything else.

5) You testified that you made sure to do your renewal because you had [redacted] scheduled for [redacted] and you wanted to make sure that there was no problem with your coverage.

6) Your NYSOH account reflects that, on October 5, 2017, NYSOH issued a notice stating that you were no longer eligible for Medicaid, but that your coverage would continue until November 30, 2017.

7) You testified that you did not receive that notice, and that you also did not receive the October 21, 2017 renewal notice informing you that you needed to update your application by November 15, 2017.

8) You testified that the October 21, 2017 renewal notice was issued when you were in [redacted], and that you were also unaware that you were enrolled to receive email alerts regarding notices in your NYSOH account.

9) You testified that, in early December 2017, you went to the pharmacy to try to fill a prescription and were told that you did not have coverage.

10) You testified that you called NYSOH and were informed that your coverage had ended, and that you had been sent a notice telling you to update your application.

11) You testified that the NYSOH representative you spoke with in early December also informed you that you were enrolled to receive email alerts. You testified that you never requested email alerts, and that you do not recall receiving any emails in the past from NYSOH.

12) You testified that the email address that NYSOH had on file for you was one from years ago that you no longer use.

13) Your NYSOH account reflects that, on December 10, 2013, NYSOH issued a notice confirming your choice to receive information from NYSOH electronically.

14) You testified that you immediately updated your NYSOH application, and your NYSOH account reflects that you updated your account on December 7, 2017.

15) You testified that you are not appealing the new eligibility determination for January 2018, even though you were not sure why you were not eligible for Medicaid.

16) You testified that you filed this appeal because you needed coverage for the month of December 217 because you have prescription medications that you cannot stop taking.

17) You expect to file your 2017 federal income tax return as single, and claim no dependents.

18) According to the October 4 ,2017 application, you attested to an expected annual household income of $27,940.00. You testified that you receive $1,340.00 per month in Social Security Disability, and that you have a rental property for which you receive $1,100.00 in monthly rent.

19) You testified that, with the expenses you have for the rental property, you will actually end up with a loss of income for 2017 from the rental, and that, additionally, it was not rented out for part of 2017.

20) The record was held open for fifteen days after the hearing so that you could provide documentation to show your income and expenses for your rental property. No documentation was received by the end of the fifteen-day period.

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)).

Legal Analysis

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

You were found eligible for Medicaid effective December 1, 2016, and that eligibility determination is not under review.

On September 21, 2017, NYSOH issued a renewal notice stating that you were eligible for Medicaid again, beginning December 1, 2017. You testified that you received this renewal notice, and that you updated your NYSOH application on October 4, 2017 to complete an “early renewal,” and because you needed to update some information in your application.

Your October 4, 2017 application update indicated that your annual expected income was $27,940.00, and the October 5, 2017 eligibility determination relied on that information. You testified that you receive $1,340.00 per month in Social Security Disability, and $1,100.00 per month in rental income and this information was the basis of your $27,940.00 in annual income.

However, you testified that your rental property was not rented out for every month in 2017, and that, after expenses, your income from the rental will end up as a loss. The record was left open so that you could submit documentation showing your income and expenses from your rental property. However, no documentation was submitted. Therefore, the Appeals Unit is constrained to review your eligibility based on the income information in your application.

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.

You are in a one-person household. On the date of your application, the relevant FPL was $12,060.00 for a one-person household. Since $27,940.00 is 231.67% of the 2017 FPL, NYSOH properly determined that you were no longer eligible for Medicaid, as of your October 4, 2017 application.

However, under New York State law, once a person is eligible for Medicaid, that eligibility continues for 12 months, even if the household income rises above 138% of the FPL. This provision is called “continuous coverage.”

You were found eligible for Medicaid effective December 1, 2016. Even though your estimated annual income increased when you modified your application on October 4, 2017, you remained enrolled in Medicaid for the remainder of your 12-month eligibility period. However, since that 12-month eligibility period ended as of November 30, 2017, your coverage ended on that date, and you were not eligible to remain enrolled in Medicaid for December 2017.

Therefore, the October 5, 2017 eligibility determination is correct and is AFFIRMED.

Decision

The October 5, 2017 eligibility determination is AFFIRMED.

Effective Date of this Decision: January 05, 2018

How this Decision Affects Your Eligibility

Your Medicaid coverage, which began on December 1, 2016, continued until November 30, 2017 because you were entitled to 12 months of continuous coverage.

Your Medicaid eligibility properly ended on November 30, 2016.

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 October 5, 2017 eligibility determination is AFFIRMED.

Your Medicaid coverage, which began on December 1, 2016, continued until November 30, 2017 because you were entitled to 12 months of continuous coverage.

Your Medicaid eligibility properly ended on November 30, 2016.

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)

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 नि:शुल्क 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.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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.

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).