



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

Notice of Decision

Decision Date: April 03, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026328



On March 2, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 15, 2017 and December 28, 2017 eligibility determination notices.

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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Decision

Decision Date: April 03, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026328



Issue

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

Did NY State of Health (NYSOH) properly determine you were no longer eligible for Medicaid, effective January 1, 2018?

Procedural History

On March 23, 2017, NYSOH issued an eligibility determination notice stating you were eligible for Medicaid, effective April 1, 2017. You subsequently enrolled into a Medicaid Managed Care plan.

On October 31, 2017, NYSOH systematically redetermined your eligibility.

On November 1, 2017, NYSOH issued an eligibility determination notice stating you remained eligible for Medicaid, effective December 1, 2017. That notice further stated that "our information shows you have other health insurance or Medicare. Individuals who have health insurance or Medicare cannot be enrolled in a Medicaid Managed Care plan."

Also on November 1, 2017, NYSOH issued a disenrollment notice stating your Medicaid Managed Care plan coverage would end on November 30, 2017, because "our information shows you have other health insurance or Medicare. Individuals who have health insurance or Medicare cannot be enrolled in a Medicaid Managed Care plan."

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On December 14, 2017, NYSOH received an updated application for financial assistance with health insurance submitted on your behalf.

On December 15, 2017, NYSOH issued an eligibility determination notice stating you were newly eligible to purchase a qualified health plan at full cost, effective January 1, 2018. The notice indicated you were not eligible for Medicaid or the Essential Plan, because you did not meet income limits or other eligibility standards for those programs. The notice further stated that you were not eligible to receive APTC or cost-sharing reductions, because NYSOH was missing information about your taxes. Specifically, the notice stated that you either indicated you would not file a federal tax return, or you were married and would be filing taxes separately from your spouse, or APTC was paid to your health insurance company to reduce your premium costs in a prior year and NYSOH could not determine whether a tax return was filed.

On December 27, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as you were not eligible for financial assistance with your health insurance.

On December 28, 2017, NYSOH issued an eligibility determination notice, based on a December 27, 2017 systematic eligibility redetermination, stating you were eligible to purchase a qualified health plan at full cost, effective February 1, 2018. The notice indicated you were not eligible for Medicaid or the Essential Plan, because you did not meet income limits or other eligibility standards for those programs. The notice further stated that you were not eligible to receive APTC or cost-sharing reductions, because NYSOH was missing information about your taxes. Specifically, the notice stated that you either indicated you would not file a federal tax return, or you were married and would be filing taxes separately from your spouse, or APTC was paid to your health insurance company to reduce your premium costs in a prior year and NYSOH could not determine whether a tax return was filed.

On March 2, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed thereafter.

Findings of Fact

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

- 1) According to your account, you were determined eligible for Medicaid, effective April 1, 2017 and you enrolled into a Medicaid Managed Care plan, effective May 1, 2017.

- 2) On October 31, 2017 NYSOH systematically redetermined your eligibility.
- 3) According to your account, at that time, NYSOH received information from data sources showing you were enrolled in third-party health insurance (TPHI).
- 4) NYSOH determined you remained eligible for Medicaid, but disenrolled you from your Medicaid Managed Care plan, effective November 30, 2017.
- 5) On December 14, 2017, NYSOH received an updated application submitted on your behalf. That application increased your attested annual income to \$32,400.00 consisting of monthly Social Security benefit payments in the amount of \$1,700.00 and monthly pension payments of \$1,000.00.
- 6) You testified that the income information in the December 14, 2017 application was accurate, because you received monthly Social Security disability payments as well as pension payments in the amounts attested to in your application for all of 2017 and you expected to receive the same in 2018.
- 7) The December 14, 2017 application indicated that you would not be filing a tax return. You testified that was not accurate.
- 8) You testified that, at the time of the hearing, you had not yet filed a tax return for 2017, but you intended to file a tax return for both 2017 and 2018.
- 9) You testified that you are single and you will claim no dependents on your tax returns.
- 10) You testified that an application counselor helped you with your December 14, 2017 application and must have made a mistake by indicating you would not file a tax return.
- 11) NYSOH determined you to be ineligible for financial assistance, effective January 1, 2018, based on your December 14, 2017 application.
- 12) You testified that you are appealing insofar as you are no longer eligible for Medicaid.
- 13) You testified that you are enrolled in third-party health insurance (TPHI) through the union from your former employer. You testified that

you have been enrolled since early 2017, but you were previously unaware of it. You further testified that your TPHI will end in May 2018.

- 14) You testified that due to your disability you are eligible for Medicare coverage beginning May 1, 2018.
- 15) You testified that you did not move counties in 2017 or become incarcerated.
- 16) You live in Suffolk 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 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)).

Generally, most adults determined eligible for Medicaid are guaranteed twelve 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)).

Third Party Health Insurance

A person who has primary medical or health care coverage available from or under a third-party insurance provider is not permitted to enroll into a Medicaid Managed Care plan (NY Social Services Law (NY SSL) § 364-j(3)(e)(xx); Medicaid Managed Care Model Contract (Appendix H-6), effective 3/1/2014 – 2/28/2019). However, they will remain eligible for fee-for-service Medicaid with limited exceptions, including entering prison or another facility that provides medical care, lack of state residence, or failing to provide a valid Social Security number (NY SSL § 366(4)(c)).

Legal Analysis

The issue under review is whether NYSOH properly determined you were no longer eligible for Medicaid, effective January 1, 2018.

According to your account, you were determined eligible for Medicaid, effective April 1, 2017, and you subsequently enrolled into a Medicaid Managed Care plan.

Pursuant to the above cited regulations, once a person is determined eligible for Medicaid, that eligibility continues for 12 months, with limited exceptions, even if the applicant's income increases above the allowable Medicaid limit within that period. This provision is called "continuous coverage."

Therefore, having been determined eligible for Medicaid effective April 1, 2017, barring the occurrence of certain events, your eligibility for Medicaid should not have ended prior to March 31, 2018.

Although your account confirms that on October 31, 2017, NYSOH systematically redetermined your eligibility and received information from data sources showing you were enrolled in TPHI, and, as a result, disenrolled you from your Medicaid Managed Care plan, effective November 30, 2017, you remained eligible for fee-for-service Medicaid coverage.

Subsequently, an updated application was submitted on your behalf on December 14, 2017 wherein your attested household income amount was increased to \$32,400.00 and, as a result, NYSOH determined you were no longer eligible for Medicaid, effective January 1, 2018. However, as discussed above, since you had already been determined eligible for Medicaid, you were eligible to continue your coverage for 12 months despite any subsequent income disqualification.

Because there is no evidence in your account that you entered prison or another facility that provides medical care, moved out of state, or failed to provide a valid

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Social Security number, it was improper for NYSOH to determine you to be ineligible for Medicaid, effective January 1, 2018. It is noted however, that based on the evidence that you were and are enrolled in TPHI, you were not eligible to continue your Medicaid Managed Care plan enrollment.

Thus, the December 15, 2017 and December 28, 2017 eligibility determination notices stating you were eligible to purchase a full cost qualified health plan, effective January 1, 2018, is MODIFIED to reflect you were eligible for continuous fee-for-service Medicaid coverage until March 31, 2018.

Your case is RETURNED to NYSOH to reinstate you in your fee-for-service Medicaid coverage from January 1, 2018 through March 31, 2018.

Furthermore, based on your testimony that you will file a tax return for 2018 with a tax filing status of single and you will claim no dependents on that tax return, your case is RETURNED to NYSOH to redetermine your current eligibility, effective April 1, 2018, based on a household size of one and the evidence establishing you are currently enrolled in TPHI with an expected annual income for 2018 of \$32,400.00.

Decision

The December 15, 2017 and December 28, 2017 eligibility determination notices are MODIFIED to reflect you were eligible for continuous fee-for-service Medicaid coverage until March 31, 2018.

Your case is RETURNED to NYSOH to reinstate you in your fee-for-service Medicaid coverage from January 1, 2018 through March 31, 2018.

Your case is also RETURNED to NYSOH to redetermine your current eligibility, effective April 1, 2018, based on a household size of one and the evidence establishing you will file a tax return in 2018, you are currently enrolled in TPHI, and you have an expected annual income for 2018 of \$32,400.00.

Effective Date of this Decision: April 03, 2018

How this Decision Affects Your Eligibility

Your fee-for-service Medicaid coverage should not have been terminated on January 1, 2018.

Your case is being sent back to NYSOH to reinstate you in your fee for-service Medicaid coverage from January 1, 2018 through March 31, 2018.

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Your case is also being sent back to NYSOH to redetermine your current eligibility based on the record as developed during the hearing.

You will receive an updated written determination of your current eligibility from NYSOH.

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 December 15, 2017 and December 28, 2017 eligibility determination notices are MODIFIED to reflect you were eligible for continuous fee-for-service Medicaid coverage until March 31, 2018.

Your case is RETURNED to NYSOH to reinstate you in your fee-for-service Medicaid coverage from January 1, 2018 through March 31, 2018.

Your case is also RETURNED to NYSOH to redetermine your current eligibility, effective April 1, 2018, based on a household size of one and the evidence establishing you will file a tax return in 2018, you are currently enrolled in TPHI, and you have an expected annual income for 2018 of \$32,400.00.

Your fee-for-service Medicaid coverage should not have been terminated on January 1, 2018.

You will receive an updated written determination of your current eligibility from NYSOH.

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 איר געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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