



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

Notice of Decision

Decision Date: August 09, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006453

[REDACTED]

Dear [REDACTED],

On July 18, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's two December 4, 2015 eligibility determination notices and December 5, 2015 notice of enrollment.

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: August 09, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006453

[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 your enrollment in an Essential Plan was effective no earlier than January 1, 2016?

Procedural History

On November 29, 2015, NYSOH received your initial application for health insurance.

Also on November 29, 2015, NYSOH received a tribal membership card, issued as of September 29, 1990, reflecting that your status as a member of the [REDACTED]

On December 3, 2015, NYSOH received your revised application for health insurance.

On December 4, 2015, NYSOH issued an eligibility determination notice, based on your December 3, 2015 application, stating that you were eligible to enroll in the Essential Plan, effective January 1, 2016.

On December 4, 2015, NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid for October 1, 2015 through October 31, 2015 because your monthly household income you provided to NYSOH of \$2,280.00 was over the allowable monthly income limit of \$1,832.00. It

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).

requested additional income documentation to make a determination on your eligibility for Medicaid during the months of November and December 2015.

On December 5, 2015, NYSOH issued a notice of enrollment, based on your plan selection on November 29, 2015, stating that you were enrolled in an Essential Plan, and that your plan would start January 1, 2016.

Also on December 5, 2015, NYSOH issued an eligibility determination notice, based on the information contained in the November 29, 2015 application. It stated that you were eligible to enroll in the Essential Plan for a limited time, and that you must provide documents to confirm "Membership in an American Indian/Alaskan Native Tribe" before February 27, 2016.

On January 25, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan, insofar as it did not begin October 1, 2015.

On July 18, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) You submitted an applications to NYSOH for financial assistance on November 29, 2015 and December 3, 2015. In each application, you attested that you were seeking help with paying medical bills for the three month period prior to your application.
- 2) You testified, and each of your applications reflect, that you anticipate filing your 2016 taxes jointly with your spouse.
- 3) Each application you submitted reflected that your expected annual income for 2016 was \$27,360.00, which was based on your weekly income of \$300.00 and your spouse's Social Security benefits of \$980.00 per month. You testified that this figure was accurate when provided within each of your applications.
- 4) The record reflects that you initially enrolled in an Essential Plan on November 29, 2015.
- 5) You have been a certified member of the [REDACTED] since at least September 29, 1990.

- 6) You testified that you wanted your eligibility for and enrollment in the Essential Plan to begin on October 1, 2015, since you incurred some out-of-pocket medical expenses between October 1, 2015 and December 31, 2015.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

In an analysis of Essential Plan eligibility, the determination is based on the FPL in effect on the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). On the date of your application, that was the 2015 FPL, which is \$15,930.00 for a two-person household (80 Federal Register 3236, 3237).

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); see *also* 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

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).

Legal Analysis

The issue is whether NYSOH properly determined that your enrollment in the Essential Plan was effective no earlier than January 1, 2016.

Your initial application that was submitted on November 29, 2015 listed an annual household income of \$27,360.00 and the eligibility determination relied upon that information.

You are in a two-person household; your application indicated that anticipated filing your 2016 income taxes jointly with your spouse.

The Essential Plan is provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is between 138% and 200% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$15,930.00 for a two-person household. Since an annual household income of \$27,360.00 is 171.75% of the 2015 FPL, NYSOH properly found you to be eligible for the Essential Plan.

You testified, and the record indicates, that you elected to enroll in an Essential Plan on November 29, 2015.

The date on which enrollment in an Essential Plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

On November 29, 2015, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following November 29, 2015; that is, on January 1, 2016.

Therefore, the December 5, 2015 notice of enrollment stating that your enrollment in the Essential Plan was effective January 1, 2015, is correct and must be AFFIRMED.

The second issue is whether NYSOH properly determined that you were ineligible for retroactive coverage under the Essential Plan during the months of October, November and December 2015.

There is no provision in the Essential Plan to provide retroactive Essential Plan coverage; the start of coverage is dependent on the date of enrollment.

Therefore, the December 4, 2015 eligibility determination notice stating that you were ineligible for retroactive coverage for October 2015, is AFFIRMED.

Decision

The December 5, 2015 notice of enrollment is AFFIRMED.

The December 4, 2015 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: August 09, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Essential Plan is January 1, 2016.

You are not eligible for retroactive coverage for October 2015.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. 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 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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The December 5, 2015 notice of enrollment is AFFIRMED.

The December 4, 2015 eligibility determination notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Plan is January 1, 2016.

You are not eligible for retroactive coverage for October 2015.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

