



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

Notice of Decision

Decision Date: June 17, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006495

[REDACTED]

[REDACTED]

Dear [REDACTED],

On May 24, 2016, [REDACTED], the authorized representative in this case, appeared by telephone at a hearing on your appeal of NY State of Health's January 9, 2016 eligibility determination and enrollment 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 NY State of Health Account ID at the top of this notice.

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 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: June 17, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006495

[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health properly determine that you and your 3 children were eligible for Medicaid, effective December 1, 2015?

Did NY State of Health properly determine that you and your spouse were eligible for advance payments of the premium tax credit and enrolled in a qualified health plan, effective February 1, 2016?

Procedural History

On October 24, 2015, NY State of Health (NYSOH) issued a renewal notice that stated a decision about your household's eligibility for financial assistance in 2016 could not be made and you needed to update the information in your NYSOH account by December 15, 2015, so that your household's eligibility could be confirmed for the upcoming policy year.

On December 15, 2015, NYSOH issued an eligibility redetermination notice that in part stated you and your spouse were conditionally eligible to receive advance payments of the premium tax credit (APTC) and cost sharing reductions, effective January 1, 2016.

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).

Also on December 15 and 18, 2015, NYSOH issued identical enrollment notices confirming in part that you and your spouse were enrolled in a platinum level qualified health plan as of January 1, 2016, and that your APTC was to be applied to the premium amount effective that date, leaving you with a monthly premium responsibility of \$1,106.74.

On December 24, 2015, based on your December 22, 2015 updated application, NYSOH issued an eligibility redetermination notice that in part stated you and your spouse were eligible to receive APTC and cost sharing reductions, effective February 1, 2016.

On December 30, 2015, NYSOH issued an enrollment notice confirming in part that you and your spouse were enrolled in a platinum level qualified health plan as of January 1, 2016, and that your monthly APTC was to be applied to the premium amount effective that date, leaving you with a monthly premium responsibility of \$1,106.74.

On January 1, 2016, based on your December 31, 2015 updated application in which you removed your spouse and changed your household income to \$12,600.00, NYSOH issued an eligibility redetermination notice that in part stated you and your three children were eligible for Medicaid, effective December 1, 2015.

Also on January 1, 2016, NYSOH issued a notice informing you that you alone were eligible for Medicaid retroactively from September 1, 2015 through November 30, 2015, based on your household monthly income of \$1,050.00. That same day, NYSOH issued a disenrollment notice that stated you and your spouse were disenrolled from the platinum-level QHP you had selected, effective as of its January 1, 2016 start date.

On January 9, 2016, based on your January 8, 2016 updated application in which you added your spouse as a household member needing health insurance and reported an annual household income of \$58,360.00, NYSOH issued an eligibility redetermination notice that in part stated you and your spouse were newly eligible to receive APTC and cost sharing reductions, effective February 1, 2016.

On January 9, 2016, NYSOH issued a disenrollment notice that in part stated you were disenrolled from your Medicaid Fee-For-Services coverage as of January 31, 2016.

On January 10, 2016, NYSOH issued another eligibility redetermination notice which stated in part that you and your spouse were eligible to purchase a qualified health plan at full cost, effective February 1, 2016, because you were married but not filing taxes jointly, as is required to be eligible for APTC. It also stated that you were over-income for Medicaid.

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).

On January 26, 2016, you contacted NYSOH's Account Review Unit and appealed the January 8, 2016 eligibility redetermination as stated in the January 9, 2016 notice in that you and your spouse could not be enrolled in a qualified health plan as of January 1, 2016.

On May 26, 2016, NYSOH issued an enrollment notice confirming that you and your spouse were enrolled in a platinum-level qualified health plan with APTC, effective February 1, 2016.

On May 24, 2016, your authorized representative appeared for the telephone hearing with a Hearing Officer from NYSOH's Appeal Unit. The record was developed during the hearing and held open up to June 15, 2016, to allow you and/or your authorized representative the opportunity to submit supporting documentation.

As of June 15, 2016, no documentation was submitted to the Appeals Unit and there were no documents viewable in your NYSOH account. Therefore, the record was closed that same day and this decision is based on the record as developed during the hearing.

Findings of Fact

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

- 1) According to your NYSOH account and your authorized representative's testimony, you became legally separated from your spouse on December 31, 2015.
- 2) Your authorized representative testified that, as part of the legal separation, you are required to maintain health insurance for your spouse until your divorce becomes final.
- 3) According to your NYSOH account and your authorized representative's testimony, you accessed your online account on December 31, 2015 to see what your household's eligibility would be without your spouse.
- 4) Your authorized representative further testified that, when you accessed your NYSOH account that day, you thought you were only checking for future reference at the direction of a NYSOH representative and did not realize you were actually updating your application.
- 5) According to your NYSOH account, on December 31, 2015, you and your three children were determined eligible for Medicaid, effective December 1, 2015, based on your updated application, which stated you had a four-

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).

person household and an income of \$12,600.00. In addition, your health plan selection for you and your spouse that was to begin January 1, 2016 was cancelled effective as of that date.

- 6) The updated information and NYSOH's eligibility redetermination resulted in your spouse not having health insurance coverage for January 2016.
- 7) According to your NYSOH account, on January 8, 2016, you updated your application again, added your spouse back on, and listed your household income as \$58,360.00 and your tax filing status as married filing jointly. Your household's eligibility was redetermined, including that of your spouse, with a February 1, 2016 effective date.
- 8) According to your NYSOH account, on January 8, 2016, you selected an MVP platinum-level qualified health plan for you and your spouse.
- 9) You want your and your spouse's eligibility for and enrollment in your MVP platinum-level plan through NYSOH to be made effective January 1, 2016, instead of February 1, 2016.

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

Applicable Law and Regulations

Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health 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)). 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)).

Medicaid

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13ADM-03(III)(F)).

People who receive or are eligible for Medicaid are not eligible for APTC since they have, or will soon have, active coverage in the system. They will be enrolled or remain in their Medicaid plan for 12 months, with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, failing to provide a valid Social Security number, or having third party health insurance (N.Y. Soc. Serv. Law § 366(4)(c)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you and your spouse's enrollment in a qualified health plan and application of the APTC was effective no earlier than February 1, 2016.

The record shows that on December 31, 2015, you accessed your online account and updated your application, which included removing your spouse and changing your household's annual income to \$12,600.00. Whenever changes are made to a NYSOH account, in particular the number of household members and household income on the application, NYSOH's system will automatically redetermine the household's eligibility for financial assistance. Relying upon the household and income information you attested to on December 31, 2015, NYSOH redetermined your and your children's eligibility and found you all eligible for Medicaid. Since Medicaid can be provided as of the first day of the month in which a household is determined Medicaid eligible, NYSOH correctly determined that you and your children had coverage through Medicaid Fee-For-Services, effective December 1, 2015.

In addition, since your spouse was removed from your application on December 31, 2015, his eligibility for and enrollment in a qualified health plan as of January 1, 2016 was cancelled as stated in the January 1, 2016 disenrollment notice.

The record also shows that on January 8, 2016, you again updated the information in your NYSOH account, including adding your spouse back as a household member, and changing your income to \$58,360.00 and your tax filing status to married filing jointly. You also submitted a request for you and your spouse to enroll in a qualified health plan. On January 9, 2016, NYSOH issued an eligibility redetermination notice finding you and your spouse eligible for APTC and cost sharing reductions, effective February 1, 2016. That same day, NYSOH also issued an enrollment confirmation notice stating that you and your spouse were enrolled in the MVP platinum-level qualified health plan you had selected, effective February 1, 2016, and that APTC would be applied to your monthly premium as of that date.

When an individual changes information in their application on or before the 15th of any month, NYSOH must make the redetermination that results from the change effective the first day of the following month. Additionally, the date on

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).

which a qualified health 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 fifteenth day of a month goes into effect on the first day of the following month.

Therefore, NYSOH's January 9, 2016 notices of eligibility redetermination and enrollment are AFFIRMED because both notices properly began your and your spouse's eligibility for and enrollment in your qualified health plan, as well as your monthly APTC, as of February 1, 2016.

Although you requested that your and your spouse's enrollment be made effective January 1, 2016, there is no mechanism in the law to backdate the start date given the particular facts of your case.

Decision

NYSOH's January 9, 2016 notices of eligibility redetermination and enrollment are AFFIRMED.

NYSOH's January 10, 2016 notice of eligibility redetermination is incorrect and is RESCINDED.

Effective Date of this Decision: June 17, 2016

How this Decision Affects Your Eligibility

You were eligible for Medicaid effective December 1, 2015 through January 31, 2016.

Your spouse did not have health insurance through NYSOH for the month of January 2016.

You and your spouse became eligible for APTC and cost sharing reductions as of February 1, 2016 and were enrolled in a platinum-level qualified health plan as of that date.

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.

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).

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 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

NYSOH's January 9, 2016 notices of eligibility redetermination and enrollment are **AFFIRMED**.

NYSOH's January 10, 2016 notice of eligibility redetermination is incorrect and is **RESCINDED**.

You were eligible for Medicaid effective December 1, 2015 through January 31, 2016.

Your spouse did not have health insurance through NYSOH for the month of January 2016.

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).

You and your spouse became eligible for APTC and cost sharing reductions as of February 1, 2016 and were enrolled in a platinum-level qualified health plan as of that date.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[REDACTED]

[REDACTED]