



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

Notice of Decision

Decision Date: July 25, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007175

[REDACTED]

Dear [REDACTED]

On July 11, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 19, 2016 eligibility determination and enrollment confirmation 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: July 25, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007175

[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 your Medicaid Managed Care plan was effective April 1, 2016?

Procedural History

On February 5, 2016, NYSOH received your initial application for financial assistance.

On February 6, 2016 NYSOH issued a notice of eligibility determination, based on your February 5, 2016 application, stating that you were conditionally eligible for Medicaid effective March 1, 2016. You were asked to provide income documentation before February 20, 2016.

Also on February 6, 2016, NYSOH issued a notice of enrollment stating you needed to pick a health plan now.

On February 9, 2016, NYSOH issued a notice of enrollment stating you needed to pick a health plan now.

On February 18, 2016, NYSOH received your updated application for financial assistance. That day, a preliminary eligibility determination was prepared stating that you were eligible for Medicaid. You selected a Medicaid Managed Care plan that day for enrollment.

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Also on February 18, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your Medicaid Managed Care plan, insofar as it did not begin March 1, 2016.

On February 19, 2016, an eligibility determination notice was issued finding you eligible for Medicaid effective February 1, 2016. The determination was based on your household income of \$51,500.04 which was at or below the allowable income limit of \$54,078.00.

Also on February 19, 2016 an enrollment confirmation notice was issued confirming your enrollment in a Medicaid Managed care plan effective April 1, 2016.

On July 11, 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 are seeking insurance for yourself.
- 2) You submitted an application to NYSOH for financial assistance on February 5, 2016.
- 3) You testified that at the time of your application on February 5, 2016, you were pregnant.
- 4) Your application shows, and your testimony supports you plan on filing your 2016 tax return as married filing jointly and will claim two dependents on that return.
- 5) You testified, and the record reflects, that you selected your Medicaid Managed Care Plan on February 18, 2016, and that your enrollment was effective on April 1, 2016.
- 6) You testified that you want your Medicaid Managed Care plan to begin on March 1, 2016 because you had medical costs in the month of March in the amount of \$295.00.
- 7) The record reflects your income documentation was verified on February 17, 2016 after being uploaded on February 16, 2016.

- 8) You testified your employer sponsored insurance ended on February 1, 2016.

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

Applicable Law and Regulations

Medicaid

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 FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

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 2015 FPL, which is \$24,250.00 for a four-person household (80 Fed. Reg. 4036).

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).

Pregnant Women Federal Poverty Level

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).

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

Medicaid Effective Date

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)).

Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, the Marketplace must request data that will allow the NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i)). If the 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)).

Legal Analysis

The issue is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was effective April 1, 2016.

On February 5, 2016, NYSOH received your initial application for financial assistance and you were found conditionally eligible for Medicaid fee-for-service effective February 1, 2016 but you needed to provide income documentation before February 20, 2016.

The record supports that your income documentation was provided on February 16, 2016. The documentation was then verified on February 17, 2016. You testified that you then contacted NYSOH on February 18, 2016 and enrolled into a Medicaid Managed Care plan that day.

The date on which a Medicaid Managed Care 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 will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

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On February 18, 2016, you selected a Medicaid Managed Care plan, so it properly took effect on the first day of the second month following after February; that is, on April 1, 2016.

Therefore, the February 19, 2016, eligibility determination and enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective April 1, 2016, was correct and must be AFFIRMED.

However, it is unclear if your Medicaid Fee-For-Service was properly continued into March 2016.

Your case is RETURNED to NYSOH to ensure your Medicaid Fee-For-Service is reinstated for the months of February and March 2016.

Decision

The February 19, 2016, eligibility determination is AFFIRMED.

The February 19, 2016, enrollment confirmation notice is AFFIRMED

Your case is RETURNED to NYSOH to ensure your Medicaid Fee-For-Service is reinstated for the month of February and March, 2016.

Effective Date of this Decision: July 25, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is April 1, 2016.

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.

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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
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- By fax: 1-855-900-5557

Summary

The February 19, 2016, eligibility determination is AFFIRMED.

The February 19, 2016, enrollment confirmation notice is AFFIRMED

Your case is RETURNED to NYSOH to ensure your Medicaid Fee-For-Service is reinstated for the month of February and March 2016.

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is April 1, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

