



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

## Notice of Decision

Decision Date: August 03, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007429

[REDACTED]

Dear [REDACTED],

On July 25, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 2, 2016 eligibility determination notice and the February 2, 2016 enrollment confirmation notice.

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.

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## Decision

Decision Date: August 03, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007429

[REDACTED]

## Issue

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

Did NY State of Health properly determine that your enrollment in Medicaid fee-for-Service was effective February 1, 2016?

## Procedural History

On October 22, 2015, NY State of Health (NYSOH) issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2015 or you might lose the financial assistance you were currently receiving.

No updates were made to your account by December 15, 2015.

On December 22, 2015, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a qualified health plan at full cost. That same notice stated that you were not eligible for Medicaid, Child Health Plus, the Essential Plan or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. Your eligibility ended December 31, 2015.

Also on December 22, 2015, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a full cost Silver level qualified health plan effective January 1, 2016. This notice stated that you must pay the monthly premium to start and keep your coverage.

On January 30, 2016, NYSOH issued a cancellation notice stating that your enrollment in your silver level qualified health plan was cancelled as of January 1, 2016 because the health plan did not receive a premium payment from you.

On February 1, 2016, NYSOH received your updated application for health insurance.

On February 2, 2016, NYSOH issued a notice of eligibility redetermination stating that you were eligible for Medicaid fee-for-Service. This eligibility was effective February 1, 2016.

On February 2, 2016, NYSOH issued a notice confirming your enrollment in a Medicaid Managed Care plan with a plan enrollment date of March 1, 2016.

On February 26, 2016 you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as it began your Medicaid fee-for-Service eligibility February 1, 2016 and not January 1, 2016.

On July 25, 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) The record reflects that you had elected to have automatic renewal of your health plan.
- 2) You testified that you received the October 22, 2015 notice that it was time to renew your health coverage. You testified you knew your insurance coverage was ending December 31, 2015.
- 3) You testified that you made a decision to not pay the premium for the Silver level full cost qualified health plan that had been automatically renewed for you beginning January 1, 2016. This was because you had no income in January 2016.
- 4) You testified that you expect to file your 2016 federal tax return as single and claim no dependents.

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- 5) You testified you are seeking insurance only for yourself.
- 6) You testified that you are a self-employed [REDACTED]. Your work is seasonal. You testified that you do not generally work during the winter months. You testified that when you do work you are paid by the job.
- 7) You testified that you made \$300.00 to \$400.00 in December 2015, \$0.00 in January 2016 and \$0.00 in February 2016.
- 8) You provided a letter to NYSOH saying that your income for the month of December 2015 was \$294.19 and January 2016 was \$375.00.
- 9) You provided a statement from your bank account from December 2015 that shows a deposit of \$537.34.
- 10) You testified that you were injured on [REDACTED] and incurred hospital, emergency room and related medical expenses for the injury. Those medical expenses incurred in January 2016 remain unpaid.
- 11) The record reflects that on February 1, 2016, NYSOH received your updated application for health insurance.
- 12) The record reflects that on your February 1, 2016 application you did not request help for paying for medical bills for the last 3 months.
- 13) On February 2, 2016, NYSOH issued an eligibility redetermination stating that you were eligible for Medicaid effective February 1, 2016.
- 14) You testified that you are seeking to have your Medicaid eligibility date made retroactive to January 1, 2016. You testified you want help in paying for the medical expenses you incurred in January 2016.

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

## **Applicable Law and Regulations**

### Annual Eligibility Redetermination

Generally, NYSOH must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, NYSOH is required to request that

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the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

NYSOH must send an annual renewal notice that contains the information by which NYSOH will use to redetermine a qualified individual's projected eligibility for that year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

### Medicaid for Adults between the Ages of 19 and 65

Medicaid through NYSOH can be provided 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); N.Y. Soc. Serv. 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 2016 FPL, which is \$11,880.00 for a one-person household (81 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).

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of application if the individual received medical services that would have been covered under Medicaid and the individual would have been eligible for Medicaid at the time he received the services if he had applied. (42 CFR § 435.915(a)). The Department of Health may make eligibility effective for fee-for-service Medicaid on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

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## Medicaid Program Start Dates

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 Managed Care (MMC) 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 § 1115 Soc. Sec. Act; N.Y. Soc. Serv. Law § 364-j(1)(c); 18 NYCRR 360-10.3(h)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your eligibility for Medicaid was effective February 1, 2016.

NYSOH must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. NYSOH must issue a renewal notice that contains the individual's projected eligibility. If an individual does not respond to this notice, NYSOH must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On October 22, 2015, NYSOH issued an annual renewal notice in your case. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether or not you qualify for financial help with paying for your health coverage. You were asked to update the information in your account by December 15, 2015 or the financial help you were receiving might end.

Because there was no timely response to this notice, your eligibility for financial assistance and your enrollment in a qualified health plan was terminated effective December 31, 2015. You testified that you were aware of the October 22, 2015 notice that it was time to renew your health coverage. You testified you knew your insurance coverage was ending December 31, 2015

You testified that you were injured on [REDACTED] and incurred hospital, emergency room and related medical expenses for the injury. Those medical expenses incurred in January 2016 remain unpaid.

You first renewed your eligibility for financial assistance through NYSOH for 2016 on February 1, 2016. You were subsequently found eligible for fee-for-Service Medicaid, effective February 1, 2016.

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.

Therefore, NYSOH's February 2, 2016 eligibility determination notice stating that your Medicaid Fee-for Service coverage began February 1, 2016 is correct and is **AFFIRMED**.

You testified during the hearing that you are seeking retroactive Medicaid coverage for the month of January 2016. Medicaid coverage can be made effective retroactively for up to three months prior to an individual's application if the individual received medical services that would have been covered under Medicaid and if they would have been eligible for Medicaid in those three months had they applied.

However, you did not indicate on your February 1, 2016 application for insurance that you needed help with paying medical bills for the last three months prior to your application. As a result, NYSOH never made a formal determination of your eligibility for retroactive Medicaid. During the hearing, you provided conflicting testimony as to what your income was for the month of January 2016. You testified that you made \$0.00, however in a document you uploaded to NYSOH you stated that you made \$375.00 in the month of January. The record therefore lacks credible information as to what your income was for the month of January.

Therefore, we will RETURN your case to NYSOH to allow you the opportunity to submit credible documentation of your income for the month of January 2016. Once NYSOH has obtained the documentation your eligibility for retroactive Medicaid coverage for January 2016 will be determined.

## **Decision**

The February 2, 2016 eligibility determination is **AFFIRMED**.

Your case is RETURNED to NYSOH to allow you the opportunity to submit credible documentation of your income for the month of January 2016. Once NYSOH has obtained the documentation your eligibility for retroactive Medicaid coverage for January 2016 will be determined.

**Effective Date of this Decision:** August 03, 2016



## **How this Decision Affects Your Eligibility**

Your eligibility for Medicaid Fee-for Service began February 1, 2016.

Your case is RETURNED to NYSOH to consider your request for retroactive Medicaid coverage for the month of January 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.

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:  
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## **Summary**

The February 2, 2016 eligibility determination is AFFIRMED.

Your eligibility for Medicaid Fee-for Service began February 1, 2016.

Your case is RETURNED to NYSOH to allow you the opportunity to submit credible documentation of your income for the month of January 2016. Once NYSOH has obtained the documentation your eligibility for retroactive Medicaid coverage for January 2016 will be determined.

Your eligibility for Medicaid Fee-for Service began February 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:**

