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

Notice of Decision

Decision Date: August 26, 2016

NY State of Health Number: [redacted]
Appeal Identification Number: AP00000007554

[redacted]

Dear [redacted],

On August 11, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 17, 2016 eligibility determination notice and February 17, 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(b).

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 Date: August 26, 2016

NY State of Health Number: [redacted]
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Issues

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

> Did NY State of Health provide a timely determination of your Medicaid eligibility effective March 1, 2016?
>
> Did NY State of Health properly determine that your Medicaid Managed Care plan began April 1, 2016?

Procedural History

On January 13, 2016, NY State of Health (NYSOH) received your initial application for financial assistance with your health insurance.

On January 14, 2016, NYSOH issued an eligibility determination notice finding you eligible to purchase a qualified health plan at full cost effective February 1, 2016. The notice stated you did not qualify for Medicaid, Child Health Plus, the Essential Plan or to receive a tax credit, this was because the income in your application was over $47,080.00.

You uploaded income documentation on January 14, 2016. See Document [redacted].

On January 15, 2016, an eligibility redetermination notice was issued finding you conditionally eligible for Medicaid effective, January 1, 2016. You were asked to provide documentation to confirm your income before January 29, 2016.

On January 22, 2016, NYSOH received your updated application for financial assistance.

On January 23, 2016, NYSOH issued an eligibility redetermination notice stating you remained conditionally eligible for Medicaid effective January 1, 2016. You were asked to provide income documentation before January 29, 2016. The determination was based on your attested household income of $27,043.00.

On January 29, 2016, an eligibility redetermination notice was issued finding you eligible to purchase a qualified health plan at full cost effective March 1, 2016. This determination was based on your household income of $71,804.51.

On January 30, 2016, an enrollment confirmation notice was issued confirming your enrollment in a Platinum level qualified health plan starting February 1, 2016.

On February 11, 2016, NYSOH received documentation in the form of a letter from your employer stating your gross wages for the months of January, February, and March, 2016.

On February 12, 2016, NYSOH received your updated application for financial assistance.

On February 13, 2016, an eligibility redetermination notice was issued finding you conditionally eligible for Medicaid effective, March 1, 2016. The determination was based on the condition you provide income documentation before February 27, 2016.

On February 13, 2016, a disenrollment notice was issued confirming your request to terminate your coverage with your Platinum level qualified health plan effective February 29, 2016.

On February 17, 2016, NYSOH issued an eligibility redetermination notice finding you eligible for Medicaid effective March 1, 2016. This was because your household income of $8,105.98 was below the allowable income limit for that program.

Also on February 17, 2016, an enrollment confirmation notice was issued confirming your enrollment in a Medicaid Managed Care plan starting April 1, 2016.

On March 1, 2016, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your Medicaid Managed Care plan, requesting that it begin March 1, 2016.

On August 4, 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 supports the following findings of fact:

1) You are seeking insurance for yourself.

2) Your child was born on [redacted]

3) Your application states you will be filing your 2016 taxes as Single, and will claim your child as a dependent.

4) The January 13, 2016, application states you will have an expected household income of $53,000.01.

5) You testified and the record supports that you successfully updated your application for financial assistance on January 14, 22, and 28, 2016.

6) On January 14, 2016, and January 26, 2016 income documents were received and uploaded to your account consisting of one paystub with a check date of January 12, 2016 in the gross amount of $3,689.00; a paystub with a check date of December 24, 2015 in the gross amount of $3,177.00; and a paystub with a check date of December 11, 2015, in the gross amount of $3,263.00. See Documents [redacted], [redacted].

7) On February 11, 2016, a letter from your employer was uploaded stating you would be going on maternity leave as of March 14, 2016. You were a full time employee with the company earning a per diem rate, which was dependent on the amount of hours you worked with a particular child. Your net pay according to the letter for January was $3,905.98, for February $2,500.00, and March $1,700.00.

8) The February 11, 2016, letter from your employer was verified by NYSOH on February 16, 2016.

9) You testified the first time you were able to choose a Medicaid Managed Care plan was on February 16, 2016.

10) You testified that you paid full premium for your qualified health plan for the month of February, 2016.

11) You testified that your doctor does not take Medicaid Fee for Service, and only a Medicaid Managed Care plan.

12) You testified you requested to terminate your qualified health plan effective February 29, 2016.

13) You testified, and your NYSOH account confirms you receive your notices via regular U.S. Mail.

14) You testified that your address has not changed since initially applying for health insurance.

15) You currently reside in Queens County.

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

Applicable Law and Regulations

Medicaid Pregnant Woman

Medicaid can be provided through the 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)), N.Y. Soc. Serv. Law § 366(1)(b)).

In New York, a pregnant woman is eligible for Medicaid at a household income of 223% of the federal poverty level (FPL) (42 CFR §435.116 (c)(2); NY Department of Social Services Administrative Directive 13ADM-03).

“Family size” means the number of persons counted as members of an individual’s household. The household of a taxpayer who expects to file a return, and does not expect to be claimed as a tax dependent by anyone else, consists of the taxpayer plus all people the taxpayer expects to claim as tax dependents (42 CFR § 435.603(f)(1)).

For purposes of Medicaid eligibility, the family size of a pregnant woman includes the pregnant woman and 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).

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 $15,930.00 for a two-person household (80 Fed. Reg. 3236, 3237).

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).

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)).

Timely Notice of Medicaid Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

Legal Analysis

The first issue presented for review by the Appeals Unit of NY State of Health NYSOH is did NYSOH provide a timely determination of your Medicaid eligibility.

You first applied for financial assistance with NYSOH on January 13, 2016. That application you attested to a household expected income of $53,000.01.

On January 14, 2016, NYSOH used the income information you provided in your application and issued an eligibility determination notice finding you eligible to purchase a qualified health plan at full cost effective February 1, 2016. The notice stated you did not qualify for Medicaid, Child Health Plus, the Essential Plan or to receive a tax credit, this was because the income in your application was over $47,080.00.

On January 15, 2016, an eligibility redetermination notice was issued finding you conditionally eligible for Medicaid effective, January 1, 2016. You were asked to provide documentation to confirm your income before January 29, 2016.

On January 14, 2016, and January 26, 2016 income documents were received and uploaded to your account consisting of one paystub with a check date of January 12, 2016 in the gross amount of $3,689.00; a paystub with a check date of December 24, 2015 in the gross amount of $3,177.00; and a paystub with a check date of December 11, 2015, in the gross amount of $3,263.00. See Documents [redacted].

On January 23, 2016, NYSOH issued an eligibility redetermination notice stating you remained conditionally eligible for Medicaid effective January 1, 2016. You were asked to provide income documentation before January 29, 2016. The determination was based on your attested household income of $27,043.00.

You had provided income documentation by the requested deadline of January 29, 2016, on January 14, 2016, and again on January 26, 2016. You followed this with a letter from your employer stating wages earned in the coming months, as well as your maternity leave taking place as of March 14, 2016. The February 11, 2016, letter from your employer was verified by NYSOH on February 16, 2016.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. The applicant must be notified if the application does not contain sufficient information to permit NYSOH to conduct an eligibility determination. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

The record reflects that NYSOH received your complete application for health insurance on January 22, 2016, as well as the income documentation needed by January 29, 2016. NYSOH issued an eligibility determination notice on February 17, 2016, finding you eligible for Medicaid effective March 1, 2016. Since NYSOH issued an eligibility determination 26 days from the date your application was considered complete, the February 17, 2016, eligibility determination was timely and is AFFIRMED.

The second issue is whether NYSOH properly determined that your Medicaid Managed Care plan began April 1, 2016.

You testified that you are seeking to have your enrollment in your Medicaid Managed Care plan backdated from April 1, 2016 to March 1, 2016.

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.

You testified the first time you were able to choose a Medicaid Managed Care plan was on February 16, 2016. This was due to income documentation being requested for verification.

Since you did not select a Medicaid Managed Care plan until February 16, 2016, it properly began on the first day of the second following month, April 1, 2016.

Therefore the February 17, 2016, enrollment confirmation notice is AFFIRMED.

Decision

The February 17, 2016, eligibility determination was timely and is AFFIRMED.

The February 17, 2016, enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: August 26, 2016

How this Decision Affects Your Eligibility

This decision does not affect your eligibility.

Your enrollment in 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 after the date 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 date 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

The February 17, 2016, eligibility determination was timely and is AFFIRMED.

The February 17, 2016, enrollment confirmation notice is AFFIRMED.

This decision does not affect your eligibility.

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).

Your enrollment in your Medicaid Managed Care plan is April 1, 2016.

Legal Authority

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A Copy of this Decision Has Been Provided To:

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