



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

Notice of Decision

Decision Date: January 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010875

[REDACTED]

On December 19, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's May 4, 2016 and June 4, 2016 eligibility determination notices, and May 5, 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.

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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NY State of Health Account ID: [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 (NYSOH) properly determine that you and your spouse's eligibility for, and enrollment in, your Essential Plan was effective June 1, 2016?

Did NYSOH properly determine that you and your spouse were not eligible for Medicaid from May 1 through May 31, 2016?

Procedural History

On May 12, 2015, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for Medicaid effective May 1, 2015. You were subsequently enrolled into a Medicaid Managed Care (MMC) plan.

On March 10, 2016, NYSOH issued a renewal notice, stating that it was time to renew your and your spouse's 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 and your spouse would qualify for financial help paying for your health coverage, and that you needed to update your account by April 15, 2016, or you might lose the financial assistance you and your spouse were currently receiving.

No updates were made to your account by April 15, 2016.

On April 17, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You and your spouse also could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. Your and your spouse's eligibility ended effective April 30, 2016.

On April 18, 2016, NYSOH issued a disenrollment notice stating that you and your spouse were disenrolled from your MMC plan coverage, effective April 30, 2016.

On May 3, 2016, NYSOH received your updated application for health insurance.

On May 4, 2016, NYSOH issued an eligibility redetermination notice stating that you and your spouse were eligible to enroll in the Essential Plan, effective June 1, 2016.

On May 5, 2016, an enrollment confirmation notice was issued that stated that you had selected an Essential Plan 1 for yourself and for your spouse, and that your and your spouse's enrollment in those plans would begin on June 1, 2016.

On June 3, 2016, you updated your NYSOH account and requested help paying for medical bills for the month of May 2016.

On June 4, 2016, NYSOH issued a notice stating that you and your spouse were not eligible to receive help paying for medical bills for the month of May 2016 because the program you were eligible for could not pay for any care you received in the past.

On July 15, 2016, you spoke to NYSOH's Account Review Unit and appealed the May 4, 2016 eligibility determination notice, insofar as it began your and your spouse's Essential Plan eligibility of June 1, 2016 instead of May 1, 2016, and the June 4, 2016 eligibility determination notice, which stated that you and your spouse were not eligible for Medicaid in the month of May 2016.

On December 19, 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 testified, and the record reflects, that you receive all of your notices from NYSOH by regular mail.
- 2) You testified that you received the March 10, 2016 renewal notice.
- 3) You testified that, after you received the renewal notice, you contacted your MMC plan, and they told you that the notice was a mistake, and that your and your spouse's coverage shouldn't end until June 2016.
- 4) You testified that you did not speak to NYSOH regarding the renewal notice.
- 5) You testified that you later found out that your coverage through NYSOH and your coverage through your MMC are separate, and that you needed to update your coverage with NYSOH.
- 6) You testified that you did not know that your MMC coverage had ended until you went to a doctor in May 2016 and the bill was not covered.
- 7) You testified that you contacted your MMC again after you received the bill for May 2016, and that your MMC informed you that NYSOH ended your coverage prematurely, and you needed to contact NYSOH to get the issue straightened out.
- 8) You testified that the gross household income for the month of May 2016 listed on your June 3, 2016 application - \$3,640.00 – was probably correct.
- 9) You testified that you definitely earned over \$3,000.00 in the month of May 2016.
- 10) You testified that you filed this appeal because you think your and your spouse's Medicaid coverage should have continued until the end of June 2016.
- 11) You acknowledged in your testimony that you had Essential Plan coverage in the month of June 2016.
- 12) You testified that you have an outstanding medical bill for the month of May 2016.

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

Applicable Law and Regulations

Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every 12 months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual’s account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates that may have been provided by the individual (45 CFR § 155.335(h)).

Essential Plan Effective Date

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)).

Retroactive Medicaid

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

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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); 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 2016 FPL, which is \$254,300.00 for a four-person household (81 Federal Register 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)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your and your spouse's eligibility for, and enrollment in, your Essential Plan coverage was effective June 1, 2016.

You and your spouse were originally found eligible for Medicaid effective May 1, 2015.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's March 10, 2016 renewal notice stated that there was not enough information to determine whether you and your spouse were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by April 15, 2016, or your and your spouse's financial assistance might end.

Because there was no timely response to this notice, you were terminated from your Medicaid and MMC plan effective April 30, 2016 (the end of the 12-month eligibility period that began on May 1, 2015).

You testified that you received the March 10, 2016 renewal notice, but that you did not update your NYSOH account because you called your MMC plan and were told that your coverage was active until June 2016. Nevertheless, NYSOH properly provided you with 12 months of Medicaid coverage that ended when you did not renew your eligibility. Moreover, though you may have been given misinformation by your MMC plan, there was no error on the part of NYSOH. Therefore, you and your spouse were properly disenrolled from your Medicaid and MMC coverage as of April 30, 2016.

You testified, and the record indicates, that you updated your NYSOH application on May 3, 2016. As a result, you and your spouse were found eligible for the Essential Plan as of May 4, 2016 and you selected a plan that day.

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 May 4, 2016, you selected an Essential Plan, so your and your spouse's enrollment properly took effect on the first day of the first month following May; that is, on June 1, 2016.

Therefore, the May 4, 2016 eligibility determination and May 5, 2016 enrollment confirmation notices, stating that your and your spouse's eligibility for, and enrollment in, the Essential Plan began June 1, 2016, are correct and must be **AFFIRMED**.

The second issue under review is whether NYSOH properly determined that you and your spouse were not eligible for Medicaid in the month of May 2016.

NYSOH's June 4, 2016 notice stated that you and your spouse were not eligible for Medicaid in the month of May 2016.

You testified that you are seeking for you and your spouse to be eligible for Medicaid for the month of May 2016, and you updated your application for financial assistance on June 3, 2016.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

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To be eligible for Medicaid in May 2016, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$2,795.00 per month for a household of four.

However, your June 4, 2016 application lists an income of \$3,640.00 for the month of May 2016. You testified that you believe this is close to correct, and that your income for the month of May was definitely more than \$3,000.00. Since \$3,000.00 is more than 138% of the monthly FPL for a household of four, there is no basis for returning your case to NYSOH for a redetermination of your and your spouse's eligibility for Medicaid in May 2016, as you were over the income limit in that month, according to information in your NYSOH account and your sworn testimony.

Therefore, the June 4, 2016 eligibility determination notice stating that you and your spouse were not eligible for Medicaid in the month of May 2016 was correct and must be AFFIRMED.

Decision

The May 4, 2016 eligibility determination is AFFIRMED.

The May 5, 2016 enrollment confirmation notice is AFFIRMED.

The June 4, 2016 eligibility determination notice stating that you and your spouse were not eligible for Medicaid in the month of May 2016 is AFFIRMED.

Effective Date of this Decision: January 10, 2017

How this Decision Affects Your Eligibility

You and your spouse were eligible for the Essential Plan as of June 1, 2016.

Your enrollment, and your spouse's enrollment, in your Essential Plan coverage properly began on June 1, 2016.

You and your spouse were not eligible for Medicaid in the month of May 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.

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

The May 4, 2016 eligibility determination is AFFIRMED.

The May 5, 2016 enrollment confirmation notice is AFFIRMED.

The June 4, 2016 eligibility determination notice stating that you and your spouse were not eligible for Medicaid in the month of May 2016 is AFFIRMED.

You and your spouse were eligible for the Essential Plan as of June 1, 2016.

Your enrollment, and your spouse's enrollment, in your Essential Plan coverage properly began on June 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).

You and your spouse were not eligible for Medicaid in the month of May 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

