



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

Notice of Decision

Decision Date: February 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011160

[REDACTED]

Dear [REDACTED],

On January 9, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 28, 2016 enrollment notice; your eligibility for Medicaid for the month of October 2016; November 19, 2016 eligibility and November 25, 2016 disenrollment 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(b).

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Decision

Decision Date: February 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011160

[REDACTED]

Issue

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

Did New York State of Health (NYSOH) properly determine that your Essential Plan should begin effective September 1, 2016?

Whether you were eligible for retroactive Medicaid coverage for the month of October 2016?

Whether NYSOH properly discontinued your Medicaid coverage effective December 1, 2016.

Procedural History

On July 27, 2016, you uploaded a termination letter from your former employer, [REDACTED]. That letter states that your position was eliminated effective July 20, 2016 ([REDACTED]).

On July 28, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan for a limited time effective as of September 1, 2016. The notice directed you to submit additional income documentation by October 25, 2016 to confirm your eligibility.

Also on July 28, 2016, NYSOH issued an enrollment notice confirming that as of July 27, 2016, you were enrolled in an Essential Plan with an enrollment start date of September 1, 2016.

On July 29, 2016, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as the enrollment start date of your Essential Plan.

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On September 2, 2016, your NYSOH account was updated.

On September 3, 2016, NYSOH issued an eligibility determination notice stating that you were newly eligible for up to \$220.00 of advance premium tax credit and cost-sharing reductions, effective as of October 1, 2016.

Also on September 3, 2016, NYSOH issued a disenrollment notice stating that your Essential Plan would end September 30, 2016.

On September 14, 2016, your account was updated and your Official Record of Benefit Payment History from NYS Department of Labor was uploaded to your NYSOH account ([REDACTED]).

On September 15, 2016, issued a notice stating that the income information in your application does not match what NYSOH received from state and federal data sources. The notice directed you to submit current proof of income by September 29, 2016.

On September 21, 2016, a letter of employment from your current employer, [REDACTED], was uploaded to your NYSOH account ([REDACTED]).

On September 23, 2016, issued a notice stating that the documentation reviewed does not confirm the information in your application. The notice directed you to submit additional proof of your current income by October 14, 2016.

On October 12, 2016 and October 14, 2016, your NYSOH account was updated.

On October 13, 2016 and October 15, 2016, NYSOH issued notices stating that the income information in your application does not match what NYSOH received from state and federal data sources. The notices directed you to submit current proof of income by October 14, 2016.

On October 28, 2016, Earnings Statements from your current employer, [REDACTED], was uploaded to your NYSOH account ([REDACTED]; [REDACTED]; [REDACTED]).

On November 7, 2016, an Earnings Statement from your current employer, [REDACTED], was uploaded to your NYSOH account ([REDACTED]).

On November 12, 2016 your NYSOH account was updated.

On November 13, 2016, NYSOH issued an eligibility determination that you were eligible for Medicaid effective as of November 1, 2016.

On November 16, 2016, NYSOH issued an enrollment notice confirming, that as of November 15, 2016, you were enrolled in a Medicaid Managed Care (MMC) plan with an enrollment start date of December 1, 2016.

On November 18, 2016 your NYSOH account was updated.

On November 19, 2016, NYSOH issued an eligibility determination, in relevant part, that you no qualified for Medicaid through NYSOH as of December 31, 2016.

On November 25, 2016, NYSOH issued a notice stating that your MMC enrollment would end December 1, 2016 because you were no longer eligible to enroll in that plan.

On December 15, 2016, your account was updated and your Official Record of Benefit Payment History from NYS Department of Labor was uploaded to your NYSOH account ([REDACTED]).

On January 9, 2017, you had a hearing with a Hearing Officer from NYSOH's Appeal Unit. Your testimony was taken during the hearing and the record was closed at the end of the proceeding. The record is now complete and closed.

Findings of Fact

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

- 1) The record reflects that you requested this appeal on July 29, 2016 regarding the enrollment start date of your Essential Plan. You testified that subsequent to that request you were assured by NYSOH representatives that the issues regarding your eligibility for Medicaid would be addressed.
- 2) According to your NYSOH account and testimony, you are only applying for health insurance for yourself.
- 3) Your NYSOH account was updated on July 27, 2016, and you were determined eligible to enroll in an Essential Plan.
- 4) According to your NYSOH account, you enrolled in an Essential Plan on July 27, 2016, with a plan enrollment start date of September 1, 2016.
- 5) You testified that you are seeking to have the plan enrollment start date of your Essential Plan changed to August 1, 2016.
- 6) According to your NYSOH account, you expect to file your 2016 federal income tax return, with the tax status of single, and claim no dependents on that tax return.

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- 7) On November 13, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective November 1, 2016.
- 8) You testified that you want to be found eligible for retroactive Medicaid coverage for the month of October 2016.
- 9) According to your Earnings Statements from your current employer, [REDACTED], you were issued:
 - (a) \$75.00 in gross pay on October 14, 2016;
 - (b) \$75.00 on gross pay on October 31, 2016
([REDACTED]; [REDACTED]).
- 10) According to your Official Record of Benefit Payment History from NYS Department of Labor, you were issued:
 - (a) \$341.00 on October 3, 2016;
 - (b) \$341.00 on October 11, 2016;
 - (c) \$255.75 on October 20, 2016;
 - (d) \$255.75 on October 26, 2016;
([REDACTED]).
- 11) According to your NYSOH account and testimony, your Medicaid coverage was cancelled effective December 1, 2015 and are seeking a continuation of your Medicaid coverage.

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

Applicable Law and Regulations

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

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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)).

Medicaid:

Medicaid can be provided through the Marketplace 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 that is at or below 138% of the federal poverty for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

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 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 2016 FPL, which is \$11,880.00 for a one-person household (81 Fed. Reg. 4036).

Medicaid Retroactive Coverage:

NYSOH must make Medicaid eligibility effective no later than the third month before the month of application if the individual received medical services that would have been covered under Medicaid and would have been eligible for Medicaid at the time he received the services if they had applied (42 CFR 435.915(a)). NYSOH 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)).

Medicaid - Continuous Coverage:

Most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, unless the adult loses Medicaid eligibility because of citizenship status, lack of state residence, or failure to provide a valid social security number, before the end of a twelve month period. This twelve-month period is referred to as “continuous coverage,” and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (see 42 CFR § 435.916; N.Y. Soc. Serv. Law § 366(4)(c)).

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Legal Analysis

The first issue under review is whether NYSOH properly determined that your Essential Health Plan should start on September 1, 2016.

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 July 27, 2016 you were enrolled in an Essential Plan, so your enrollment should have been effective on the first day of the second month following July 27, 2016; that is, on September 1, 2016.

Therefore, the July 28, 2016 enrollment confirmation notice is AFFIRMED.

The second issue under review is whether you were eligible for retroactive Medicaid coverage for the month of October 2016.

According to the record, your household size for Medicaid purposes was one. Your NYSOH account reflects that you expected to file your 2016 federal income tax return, with a tax status of single, and did not expect to claim any dependents on that tax return.

Medicaid coverage can be made retroactive for up to three months prior to an individual's initial application if they would have been eligible for Medicaid in any of the three months had they applied in that month.

Medicaid can be provided through the NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138% of the FPL for the applicable family size.

On the dates of your applications, the FPL was \$11,880.00 for a one-person household. Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits may be based on current monthly household income and family size. In order to be eligible for Medicaid a household of one must not exceed a monthly income limit of \$1,367.00.

The record reflects that you were issued \$150.00 in gross pay from your current employer, [REDACTED], in the month of October 2016. Furthermore, you were issued \$1193.50 in unemployment insurance benefits from NYS Department of

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Labor in October 2016. Therefore, your income in October 2016 was (\$150.00 (+) \$1,193.50) \$1,343.50.

Your case is RETURNED to NYSOH to recalculate your eligibility Medicaid for the month of October 2016 based on one-person household with an October 2016 income of \$1,343.50.

The third issue is whether NYSOH properly discontinued your Medicaid coverage effective December 1, 2016.

On November 13, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective November 1, 2016.

Generally, once adults are determined eligible for Medicaid, they are guaranteed 12 months of Medicaid coverage even if certain changes or updates are made to their NYSOH account. This twelve-month period is based on the start date of the original Medicaid eligibility determination.

On November 18, 2016, your NYSOH account was updated to reflect a higher income. The following day NYSOH issued an eligibility determination stating that you no longer qualified for Medicaid. On November 25, 2016, NYSOH issued a notice stating that your MMC enrollment would end December 1, 2016 because you were no longer eligible to enroll in that plan.

The record reflects that you were eligible for Medicaid effective November 1, 2016. Therefore, you remain eligible for Medicaid coverage for the remainder of your 12-month eligibility period.

The November 19, 2016, eligibility determination is RESCINDED.

The November 25, 2016, notice stating that your MMC plan would end December 1, 2016 is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your Medicaid coverage effective November 1, 2016 and re-enroll you in a MMC with an enrollment start date of December 1, 2016.

Decision

The July 28, 2016 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to NYSOH to recalculate your eligibility for retroactive Medicaid for the month of October 2016 based on one-person household with an October 2016 income of \$1,343.50.

The November 19, 2016, eligibility determination is RESCINDED.

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The November 25, 2016, notice stating that your MMC plan would end December 1, 2016 is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your Medicaid coverage effective November 1, 2016 and re-enroll you in a MMC with an enrollment start date of December 1, 2016.

Effective Date of this Decision: February 10, 2017

How this Decision Affects Your Eligibility

The plan enrollment start date of your Essential Plan was September 1, 2016.

Your case has been RETURNED to NYSOH to recalculate your eligibility for retroactive Medicaid coverage for October 2016. NYSOH will issue a separate notice regarding this determination.

You are eligible for Medicaid coverage from November 1, 2016 through October 31, 2017 as long as you qualify for Medicaid continuous coverage.

Your case has been RETURNED to NYSOH to re-enroll you in a MMC with an enrollment start date of December 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.

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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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- By fax: 1-855-900-5557

Summary

The plan enrollment start date of your Essential Plan was September 1, 2016.

Your case has been RETURNED to NYSOH to recalculate your eligibility for retroactive Medicaid coverage for October 2016. NYSOH will issue a separate notice regarding this determination.

You are eligible for Medicaid coverage from November 1, 2016 through October 31, 2017 as long as you qualify for Medicaid continuous coverage.

Your case has been RETURNED to NYSOH to re-enroll you in a MMC with an enrollment start date of December 1, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

