



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

Notice of Decision

Decision Date: January 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011796

[REDACTED]

[REDACTED]

On December 14, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's June 1, 2016 eligibility redetermination notice and June 4, 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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NY State of Health Account ID: [REDACTED]
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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 an Essential Plan was effective July 1, 2016?

Procedural History

On April 10, 2016, NYSOH issued a notice stating it was time to renew your eligibility for financial assistance in the upcoming policy period and, based on Federal and State data sources, a decision about whether or not you qualified for financial assistance could not be made. You were instructed to update the information in your NYOH account by May 15, 2016 and, if you missed this deadline, the financial assistance you were currently receiving might end.

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

On May 16, 2016, NYSOH issued an eligibility redetermination notice that stated you 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 and also cannot enroll in a qualified health plan at full cost through NYSOH. The reason given was because you did not respond to the renewal notice and did not complete your renewal within the required timeframe. As a result, you no longer qualify to receive financial assistance to help pay for your health coverage. Your eligibility was to end effective May 31, 2016.

On May 17, 2016, NYSOH issued a disenrollment notice confirming that your coverage in your Healthfirst Medicaid Managed Care plan would end May 31, 2016, because you did not renew your health insurance coverage and, therefore, no longer eligible to remain enrolled in health insurance through NYSOH.

On June 1, 2016, NYSOH issued an eligibility redetermination notice stating that, based on your May 31, 2016 updated application, you were eligible to enroll in the Essential Plan for a limited time, effective July 1, 2016.

On June 4, 2016, NYSOH issued an enrollment confirmation notice stating that, based on your May 31, 2016 plan selection, you were enrolled in an Essential Plan 1, effective July 1, 2016.

On August 31, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential insofar as it did not begin June 1, 2016.

On December 14, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open for up to fifteen days to allow you submit supporting documentation.

On December 30, 2016, the Appeals Unit received a one-page facsimile from you, which was your earnings statement for June 2016. That same day, this one-page facsimile was made part of the record as "Appellant's Exhibit A" and the record was closed.

Findings of Fact

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

- 1) According to your NYSOH account and your testimony, you elected to receive notices from NYSOH by regular mail. You further testified that you have no trouble with receiving mail at your mailing address that appears on your NYSOH account.
- 2) You submitted an updated application to NYSOH for financial assistance on May 31, 2016, by telephone with the assistance of an authorized assistor and a NYSOH representative
- 3) You testified that at no time during that telephone conversation were you informed that your coverage would not begin June 1, 2016.
- 4) According to your NYSOH account, you enrolled in an Essential Plan on May 31, 2016 with a July 1, 2016 start date.

- 5) You testified that, not knowing your coverage would not begin until July 1, 2016, you received medical treatment and care in June 2016 and incurred medical bills that you are now being held responsible to pay in the amount of \$502.74.
- 6) You further testified that, had you known you had an interruption in coverage during June 2016, you would have waited to get medical treatment and care until July 2016, when your coverage was in place.
- 7) You testified that you wanted your enrollment in an Essential Plan to begin on June 1, 2016, to cover the medical expenses you incurred for services received that month.
- 8) According to your NYSOH account, you expect to file your 2016 tax return as single and will not claim any dependents on that return.
- 9) The earnings statement you provided shows your gross earnings for June 2016 was \$3,551.52 (see Appellant's Exhibit A).

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 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 for Adults between the Ages of 19 and 65

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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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in the Essential Plan was effective July 1, 2016 and not June 1, 2016.

You testified, and the record indicates, that you updated your NYSOH application on May 31, 2016. As a result, you were found eligible for the Essential Plan as of July 1, 2016. You also selected and enrolled into a plan on May 31, 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 May 31, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following May 2016; that is, on July 1, 2016.

However, you testified that you were not informed on May 31, 2016 that your coverage did not start until July 1, 2016 and incurred bills for medical services you received in June 2016 that you are now responsible for paying. You further testified that you would have waited until after July 1, 2016 to get medical care, had you known your coverage did not start as of June 1, 2016. For these reasons, you want your Essential Plan to begin June 1, 2016.

However, strictly adhering to the law, regulations, and New York's Basic Health Plan Blueprint, the start date of July 1, 2016 is correct.

Although you contend that you were not informed that the start date of your Essential Plan coverage was July 1, 2016, the record reflects that you receive notices from NYSOH by regular mail and you testified that you do not have trouble with receiving mail. Since there is nothing in the record to show that the June 1, 2016 eligibility redetermination notice and/or the June 4, 2016 enrollment confirmation notice were returned to NYSOH as undeliverable, it is concluded that these two notices were timely sent and received. Since there is no mechanism otherwise to allow your coverage to be backdated to June 1, 2016 based on the facts of your case, the July 1, 2016 start date stands.

Therefore, the June 4, 2016 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective July 1, 2016, must be AFFIRMED.

In an effort to determine if you would qualify for retroactive Medicaid in June 2016, the Hearing Officer directed you to submit proof of income for June 2016.

You are in a one-person household for purposes of this analysis, because you file your taxes with a tax filing status of single and claim no dependent on your tax return.

You were initially found eligible for the Essential Plan effective July 1, 2016, in the June 1, 2016 eligibility redetermination notice. According to June 4, 2016 enrollment notice, your coverage in the Essential Plan began July 1, 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.

To be eligible for Medicaid in June 2016, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,367.00 per month. There is no indication in the record that you would

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have been ineligible for Medicaid based on non-financial criteria during June 2016.

As to the financial requirements, you uploaded an earnings statement showing your gross earnings for the period of June 1, 2016 through June 30, 2016, were \$3,551.52

Since your income of \$3,551.52 was more than the \$1,367.00 allowable monthly Medicaid limit for June 2016, you were not eligible for retroactive Medicaid coverage during that month. Therefore, no further action is required by NYSOH at this time.

Decision

The June 1, 2016 eligibility redetermination notice and the June 4, 2016 enrollment confirmation notices are AFFIRMED.

You were not eligible for retroactive Medicaid coverage during June 201, such that no further action is required of NYSOH at this time.

This decision has no effect on any subsequent eligibility determinations or enrollments issued by NYSOH.

Effective Date of this Decision: January 13, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Essential Health Plan is July 1, 2016.

You were over-income and, therefore, not eligible for retroactive Medicaid coverage in June 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

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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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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The June 1, 2016 eligibility redetermination notice and the June 4, 2016 enrollment confirmation notices are **AFFIRMED**.

You were not eligible for retroactive Medicaid coverage during June 201, such that no further action is required of NYSOH at this time.

This decision has no effect on any subsequent eligibility determinations or enrollments issued by NYSOH.

This decision does not change your eligibility.

The effective date of your Essential Health Plan is July 1, 2016.

You were over-income and, therefore, not eligible for retroactive Medicaid coverage in June 2016.

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Legal Authority

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A Copy of this Decision Has Been Provided To:

