



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

Notice of Decision

Decision Date: March 08, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012588

[REDACTED]

Dear [REDACTED],

On February 10, 2017 you appeared by telephone at a hearing on your appeal of NY State of Health's April 22, 2015 eligibility determination.

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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Decision

Decision Date: March 08, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012588

[REDACTED]

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 you were only conditionally eligible for Medicaid between April 1, 2015 and May 31, 2015?

Procedural History

On December 12, 2014, NYSOH received an update to your application for health insurance.

On December 14, 2014, NYSOH issued an eligibility determination notice based on the information contained in the December 12, 2014 application. The notice stated that you were eligible to receive advance payments of the premium tax credit (APTC) of \$0.00 per month, effective January 1, 2014.

On December 14, 2014, NYSOH issued an enrollment notice confirming your selection of a qualified health plan (QHP) as of December 12, 2014. The notice stated that your QHP coverage would begin effective January 1, 2015.

On April 21, 2015, NYSOH received an update to your application for health insurance. In response to this application, NYSOH prepared a preliminary eligibility determination stating that you were found conditionally eligible for Medicaid, pending the receipt of income documentation to confirm the information contained in your application was accurate.

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On April 22, 2015, NYSOH issued an eligibility determination notice that requested your income documentation by June 20, 2015 and stated that individuals who are eligible for Medicaid cannot be covered by Child Health Plus, receive APTC, or enroll in an unsubsidized QHP. It did not, however, directly say that you were eligible for Medicaid, conditionally or otherwise.

On April 23, 2015, NYSOH issued a disenrollment notice confirming that your QHP coverage would end effective April 30, 2015.

Also on April 23, 2015, NYSOH issue an enrollment notice stating that you have not chosen a Medicaid Managed Care (MMC) plan yet. The notice also stated that your insurance coverage through Medicaid would begin April 1, 2015 and that you must choose an MMC soon, or one would be chosen for you. Finally, the notice again requested that income documentation to confirm your eligibility be submitted no later than June 20, 2015.

On April 28, 2015, NYSOH received an update to your application for health insurance.

On April 29, 2015, NYSOH issued an eligibility determination notice based on the information contained in the April 28, 2015 application. The notice stated that you were newly eligible to receive APTC of \$0.00 per month, effective June 1, 2015.

Also on April 29, 2015, NYSOH issued a disenrollment notice confirming that your Medicaid Fee-For-Service coverage would be discontinued as of May 31, 2015.

Finally, on April 29, 2015, NYSOH issued an enrollment notice confirming your selection of a QHP for your coverage as of April 28, 2015. The notice stated that your coverage would begin effective June 1, 2015.

On June 16, 2015, NYSOH received (1) two earning statements issued to your spouse by [REDACTED] on May 22, 2015 and June 5, 2015, (2) a separate earning statement issued to your spouse by [REDACTED] on May 22, 2015, (3) an earning statement issued to your spouse by [REDACTED] on May 15, 2015, (4) two earning statements issued to you by [REDACTED] on May 13, 2015 and May 28, 2015 and (5) one earning statement issued to you by [REDACTED] on June 3, 2015.

On or about July 8, 2015, NYSOH's Account Review Unit and appealed that you had not been found fully eligible for Medicaid between April 1, 2015 and May 31, 2015.

On February 10, 2017, 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) The record reflects that at the time of your household's April 21, 2015 application, you and your spouse resided together with your two children, and you were pregnant with one child with an expected due date of [REDACTED] 2015.
- 2) The record reflects that your newborn child was born on [REDACTED].
- 3) You testified that Medicaid did not cover certain of your labor and delivery charges and you want to appeal those charges not being covered; specifically, as they relate to your newborn child's delivery.
- 4) The application that was submitted on April 21, 2015 listed an annual household income of \$62,399.00. You testified that your household's income consists of money you and your spouse earned from your respective employments. You testified, however, this this total income was incorrectly entered by NYSOH representatives on April 21, 2015.
- 5) You testified that the income amount that was provided on your April 28, 2015 application of \$83,399.00 was the more accurate household income total for you and your spouse. As a result of this application, you were found eligible to enroll in a QHP with an APTC of \$0.00, effective June 1, 2015.
- 6) On June 11, 2015, you provided to NYSOH earning statements issued to your spouse by [REDACTED] reflecting that he received (1) \$1,819.87 on May 22, 2014, and (2) \$441.18 on June 5, 2015.
- 7) On June 11, 2015, you provided to NYSOH an earning statement issued to your spouse by [REDACTED] reflecting that he received \$656.25 on May 15, 2015.
- 8) On June 11, 2015, you provided to NYSOH earning statements issued to you by [REDACTED] reflecting that you received (1) \$1,588.00 on May 13, 2015 and (2) \$1,588.00 on May 28, 2015.
- 9) On June 11, 2015, you provided to NYSOH an earning statement issued to you by [REDACTED] reflecting that you received \$1,518.00 on June 3, 2015.
- 10) You subsequently enrolled in a QHP with an effective date of June 1, 2015.

11) You testified that you were seeking to be found eligible for full Medicaid benefits, rather than presumptive benefits, between April 1, 2015 and May 31, 2015 so that the \$17,000.00 in medical expenses related to the delivery of your newborn child can be covered.

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

Applicable Law and Regulations

Medicaid for Pregnant Women

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 (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)), NY Social Services 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) for the applicable family size (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 April 21, 2015 application under review, that was the 2015 FPL, which is \$28,410.00 for a five-person household (80 Federal Register 3236, 3237).

Generally, Medicaid coverage begins on the first day of the month in which the applicant was found eligible (42 CFR § 435.915(b)).

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Income Verification

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i)). If NYSOH cannot verify the income information required to determine eligibility, it must attempt to resolve the inconsistency by providing the individual an opportunity to submit satisfactory documentary evidence within 90 days from the date of notice (45 CFR § 155.315(f)(2)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were only conditionally eligible for Medicaid between April 1, 2015 and May 31, 2015.

For purposes of determining Medicaid eligibility, there were five people in your household at the time of the April 22, 2015 eligibility redetermination and April 21, 2015 application, which included yourself, your spouse, your two children, and your one unborn child. Your unborn child was counted in your household in accordance with the New York State Plan Amendment.

In the eligibility determination notice that was issued on April 22, 2015, while it did not affirmatively state that you were conditionally eligible for Medicaid, it did state that you needed to provide documentation to confirm your household's income by June 20, 2015. This April 21, 2015 eligibility determination was based upon an expected household income of \$62,399.00.

While you testified that this income information was improperly entered by the NYSOH representative assisting you with your application, the record reflects that you attested to this income information, and the NYSOH properly relied upon this information in issuing its determination.

Medicaid can be provided through the Marketplace to pregnant women who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 223% of the federal poverty level (FPL) for the applicable family size. On the date of your April 21, 2015 application, the relevant FPL was the 2015 FPL, which is \$28,410.00, and at 223% is \$63,354.00. Since \$62,399.00 is 219.64% of the 2015 FPL and is under the allowable annual household income limit of \$44,132.00, the Marketplace properly found you to be eligible for Medicaid.

However, the Marketplace could not reconcile these household income amounts with federal and state data sources. For this reason, your eligibility for Medicaid was "conditional" and only temporary, based on your reported income pending your submission of income documents.

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The Marketplace found you “conditionally” eligible for Medicaid on April 21, 2015, because you were pregnant and had reported household income under 223% of the applicable FPL. Your eligibility for Medicaid was only temporary as of April 1, 2015, because you still needed to provide income documentation to confirm your household’s income.

The record reflects that you provided several earning statements issued to you and your spouse to NYSOH on June 11, 2015, which was prior to the June 20, 2015 deadline reflected in the April 22, 2015 eligibility determination and April 23, 2015 enrollment notice.

The record further reflects, however, that these documents were not reviewed nor verified since you had subsequently submitted a new application on April 28, 2015, and had been found eligible to enroll in QHP. The QHP coverage resumed on June 1, 2015.

Therefore, the Appeals Unit finds that NYSOH properly relied on the new income level you provided in its April 22, 2015 eligibility determination notice and found that you were conditionally eligible for Medicaid, thereby ending your coverage under your QHP.

You testified at the hearing that part of your newborn’s hospitalization bill was not covered and you wanted the claim processed under Medicaid health insurance. However, the Appeals Unit does not have jurisdiction over what medical expenses are covered by any given coverage, once eligibility has been determined.

You and your hospital will need to address what medical bills are covered directly with the Medicaid program. For other health care coverage questions, or to file a complaint against any insurance company, you can contact the Consumer Assistance Unit with the NYS Department of Financial Services at 1-212-480-6400.

Decision

The April 22, 2015 eligibility determination notice is MODIFIED to formally state that you were conditionally eligible for Medicaid, effective April 1, 2015 through May 31, 2015; but is otherwise affirmed.

The April 29, 2015 disenrollment notice confirming your health insurance coverage with Medicaid fee-For-Services would be discontinued May 31, 2015 is AFFIRMED.

Effective Date of this Decision: March 08, 2017

How this Decision Affects Your Eligibility

You were conditionally eligible for Medicaid from April 1, 2015 through May 31, 2015.

You had health insurance coverage with Medicaid Fee-For-Services from April 1, 2015 through May 31, 2015.

The Appeals Unit does not have jurisdiction over your concern raised at the hearing that part of the expense related to your newborn's hospitalization was not covered by Medicaid. Your hospital will need to take that up with the Medicaid program.

For other health care coverage questions, or to file a complaint against any insurance company, you can contact the Consumer Assistance Unit with the NYS Department of Financial Services at 1-212-480-6400.

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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The April 22, 2015 eligibility determination notice is MODIFIED to formally state that you were conditionally eligible for Medicaid, effective April 1, 2015; but is otherwise affirmed.

The April 29, 2015 disenrollment notice confirming your health insurance coverage with Medicaid fee-For-Services would be discontinued May 31, 2015 is AFFIRMED.

You were conditionally eligible for Medicaid from April 1, 2015 through May 31, 2015.

You had health insurance coverage with Medicaid Fee-For-Services from April 1, 2015 through May 31, 2015.

The Appeals Unit does not have jurisdiction over your concern raised at the hearing that part of the expense related to your newborn's hospitalization was not covered by Medicaid. Your hospital will need to take that up with the Medicaid program.

For other health care coverage questions, or to file a complaint against any insurance company, you can contact the Consumer Assistance Unit with the NYS Department of Financial Services at 1-212-480-6400.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

