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

Notice of Decision

Decision Date: July 20, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000016270

Dear

On June 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 17, 2016 eligibility determination, and October 27, 2016 disenrollment 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: July 20, 2017

NY State of Health Account ID:
Appeal Identification Number: AP000000016270

Issues

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

> Did NY State of Health properly determine your spouse was eligible for Medicaid effective August 1, 2016?
>
> Did NY State of Health properly determine that your spouse's enrollment in a Medicaid Managed Care plan terminated effective November 30, 2016?

Procedural History

On August 16, 2016, NY State of Health (NYSOH) received your spouse's application for financial assistance with her health insurance.

On August 17, 2016, NYSOH issued an eligibility determination notice stating that your spouse was eligible for Medicaid effective August 1, 2016.

On August 18, 2016, NYSOH issued a notice of enrollment confirming your spouse's enrollment in a Medicaid Managed Care plan on August 17, 2016, with a plan enrollment start date of October 1, 2016.

On October 27, 2016, NYSOH issued a notice stating your spouse remained eligible for Medicaid, effective December 1, 2016.

Also on October 27, 2016, NYSOH issued a disenrollment notice stating your spouse's coverage with her Medicaid Managed Care plan would end effective

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November 30, 2016. The notice stated this was because she had other full benefit health insurance or Medicare.

Finally on October 27, 2016, NYSOH issued an enrollment notice stating the type of Medicaid coverage your spouse was eligible for does not require or allow her to enroll in a health plan.

On December 9, 2016, NYSOH received your spouse's updated application for financial assistance.

On December 10, 2016, NYSOH issued a notice stating more information was required to confirm your spouse's eligibility. The notice asked you to provide proof of income by December 24, 2016.

On December 30, 2016, NYSOH issued a notice stating your spouse remained conditionally eligible for Medicaid, effective December 1, 2016. The notice stated you needed to provide proof of your income by January 13, 2017.

On January 7, 2017, NYSOH issued an eligibility determination notice stating your spouse remained conditionally eligible for Medicaid effective, January 1, 2017.

On January 30, 2017, NYSOH redetermined your spouse's eligibility for financial assistance.

On January 31, 2017, NYSOH issued a notice stating your spouse was eligible to enroll in the Essential Plan with a $20.00 per month premium, effective March 1, 2017. The notice also stated your spouse was no longer eligible for Medicaid effective February 28, 2017.

On January 31, 2017, NYSOH issued an enrollment notice confirming your spouse's enrollment in the Essential Plan for a cost of $20.00 per month starting March 1, 2017.

On February 25, 2017, NYSOH issued a notice stating your spouse was eligible for the Essential Plan with a $20.00 per month premium per month, effective April 1, 2017. The notice also stated your child was conditionally eligible for Medicaid, effective January 1, 2017. The notice stated you needed to provide proof of your child's Citizenship Status, and Social Security Number, by April 30, 2017.

On February 27, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your spouse's enrollment in her Medicaid Managed Care plan, insofar as her enrollment in a health plan did not begin January 1, 2017.

On June 8, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open up to 15 days for you to provide supporting documentation.

On June 8, 2017, NYSOH you uploaded copies of your January and February, 2017 paystubs which you had already uploaded to your NYSOH account previously. No other documentation was received. The record is now closed.

Findings of Fact

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

1) You testified, and your account confirms, that your spouse was determined eligible for Medicaid effective August 1, 2016.

2) Your application on August 16, 2016 states you expected to file your 2016 taxes as married filing jointly.

3) Your application on August 16, 2016 stated you had an expected household income of $13,600.00.

4) You application on August 16, 2016 stated your spouse was pregnant at the time.

5) You testified that on August 16, 2016, you selected a Medicaid Managed Care plan for your spouse.

6) On October 27, 2016, your spouse was determined by NYSOH system to have third party health insurance or Medicare.

7) On November 30, 2016 your spouse was disenrolled from her Medicaid Managed Care plan.

8) You testified that your spouse had insurance through Empire Blue Cross Blue Shield through an employer until August 1, 2016.

9) On February 14, 2017, you uploaded a letter to your NYSOH account from Empire Blue Cross Blue Shield stating that your spouse had coverage through them from October 1, 2015 through August 1, 2016. See Document [redacted]

10) The Third Party Health Insurance was removed from the system on February 24, 2017.

11) Your child was born on [redacted]

12) You testified that although your spouse was conditionally eligible for Medicaid during the months of December 2016, January 2017, and February 2017 she was without a Medicaid Managed Care plan those months and incurred medical bills.

13) The record does not contain any information from NYSOH regarding where they obtained the information that your spouse was enrolled in third party health insurance.

14) The record indicates that your spouse was enrolled in an Essential Plan effective March 1, 2017.

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

Applicable Law and Regulations

Medicaid-Pregnant Women

Medicaid can be provided through 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)), NY Social Services Law § 366(1)(b)).

For purposes of Medicaid eligibility, the household size of either a pregnant woman or a person who is in the family of a pregnant woman includes not only the pregnant woman, but also 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).

Medicaid is currently available to pregnant women who have a modified adjusted gross income at or below 223% of the FPL for the applicable family size (see 42 CFR § 435.116(c); New York State Department of Health 13 OHIP/ADM-03). Once eligible, a pregnant woman will remain eligible until the end of the month in which the sixtieth day following the end of the pregnancy occurs, regardless of any change in household income, even if such change would render her ineligible for financial assistance (NY Social Services Law § 366(4)(b)(1)).

On the date of your application, that was the 2016 FPL, which is $20,160.00 for a three-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).

Medicaid Effective Dates

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if that individual was eligible at 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* 18 NYCRR § 360-10.3(h); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13 ADM-03(III)(F)).

Third Party Health Insurance

A person who has primary medical or health care coverage available from or under a third-party insurance provider is not permitted to enroll into a Medicaid Managed Care plan (NY SSL § 364-j(3)(e)(xx); Medicaid Managed Care Model Contract (Appendix H-6), effective 3/1/2014 – 2/28/2019). However, they will remain eligible for fee-for-service Medicaid with limited exceptions, including entering prison or another facility that provides medical care, lack of state residence, or failing to provide a valid social security number (NY SSL § 366(4)(c)).

Legal Analysis

The first issued under review is whether NYSOH properly determined your spouse was eligible for Medicaid effective August 1, 2016.

When calculating family size for Medicaid purposes, the household size of either a pregnant woman or a person who is in the family of a pregnant woman includes not only the pregnant woman but also the number of children she expects to deliver. According to the record and your testimony at the time of your August 16, 2016 application, you expected to file your 2016 tax return as married filing jointly. Since your spouse was pregnant and expecting one child at the time of your application, her eligibility was determined for a three-person household.

On your August 16, 2016 application, you attested to an expected household income of $13,600.00.

Medicaid can be provided through NYSOH to adults between the ages of 19 and 64 who meet the non-financial requirements and have a household MAGI that is at or below 138% of the FPL for the applicable family size, or to pregnant women who have a household MAGI that is at or below 223% of the FPL for the applicable family size. On August 16, 2016, the relevant FPL was $20,160.00 for a three-person household. Since $13,600.00 is 67.46% of the 2016 FPL, NYSOH properly found your spouse to be eligible for Medicaid on an expected annual income basis, using the information provided in your application.

Since the August 17, 2016, eligibility determination properly stated that, based on the information you provided, your spouse was eligible for Medicaid effective August 1, 2016, it is correct and is AFFIRMED.

The second issue for review is whether NYSOH properly determined that your spouse's enrollment in her Medicaid Managed Care plan was terminated effective November 30, 2016.

In the August 17, 2016 notice of eligibility determination, your spouse was found eligible for Medicaid, effective August 1, 2016. On August 17, 2016, you selected a Medicaid Managed Care plan for your spouse, effective October 1, 2017, as is documented by the August 18, 2016 notice of enrollment confirmation.

Generally, when an individual is eligible for Medicaid through NYSOH they are required to enroll in a Medicaid Managed Care plan. Applicants determined eligible will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, or failing to provide a valid Social Security number.

On October 26, 2016, NYSOH redetermined your household's eligibility for financial assistance with health insurance. On October 27, 2016, NYSOH issued a disenrollment notice advising that your spouse's coverage in her Medicaid Managed Care plan would be terminated as of November 30, 2016, because she had full benefit health insurance or Medicare.

When NYSOH determines that a person has active coverage in a health insurance plan outside of NYSOH, that person is not eligible to enroll or remain enrolled in a Medicaid Managed Care plan.

However, you credibly testified that your spouse's coverage under her employer-sponsored health insurance ended on August 1, 2016 and on February 14, 2017, submitted documentation from her employer-sponsored health insurance through Empire Blue Cross Blue Shield confirming that her coverage ended August 1, 2016.

Therefore, when NYSOH cancelled your spouse's coverage in a Medicaid Managed Care plan due to her having third party health insurance, she did not, in fact, have third party health insurance and the information relied upon by NYSOH in making the determination to terminate her coverage under her Medicaid Managed Care plan was incorrect.

Accordingly, the October 27, 2016 disenrollment notice terminating your spouse's coverage under her Medicaid Managed Care plan, effective November 30, 2016 is RESCINDED.

Additionally, once eligible, a pregnant woman will remain eligible until the end of the month in which the sixtieth day following the end of the pregnancy occurs, regardless of any change in household income, even if such change would render her ineligible for financial assistance.

You testified, and the record indicates, that your child was born [redacted] [redacted]. Therefore, your spouse's enrollment in her Medicaid Managed plan should have continued until the end of the month in which the sixtieth day following the end of the pregnancy, or until March 31, 2017, regardless of a change in income for your household during this time.

Therefore, your case is RETURNED to NYSOH to assist your spouse in enrolling into a Medicaid Managed Care plan of her choice for the months of December 2016, January 2017, February 2017, and March, 2017.

Decision

The August 17, 2016, eligibility determination notice is AFFIRMED.

The October 27, 2016, disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to assist your spouse in enrolling into a MMC plan of her choice for the months of December 2016, January 2017, February 2017, and March, 2017.

Effective Date of this Decision: July 20, 2017

How this Decision Affects Your Eligibility

Your spouse was eligible for Medicaid effective August 1, 2016, and her enrollment in a Medicaid Managed Care plan started October 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).

NYSOH improperly disenrolled your spouse from her Medicaid Managed Care plan effective November 30, 2016.

Your case is being sent back to reinstate your spouse's Medicaid Managed Care plan as of December 1, 2016, through March 31, 2017.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:

  Health Insurance Marketplace
  Attn: Appeals
  465 Industrial Blvd.
  London, KY 40750-0061

- By fax: 1-877-369-0129

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):

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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 August 17, 2016, eligibility determination notice is AFFIRMED.

The October 27, 2016, disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to assist your spouse in enrolling into a MMC plan of her choice for the months of December 2016, January 2017, February 2017, and March, 2017.

Your spouse was eligible for Medicaid effective August 1, 2016, and her enrollment in a Medicaid Managed Care plan started October 1, 2016.

NYSOH improperly disenrolled your spouse from her Medicaid Managed Care plan effective November 30, 2016.

Your case is being sent back to reinstate your spouse's Medicaid Managed Care plan as of December 1, 2016, through March 31, 2017.

Legal Authority

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

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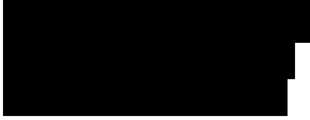
A Copy of this Decision Has Been Provided To:



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Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。 如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您免费提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية(Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجانًا.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई नि:शुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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