



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

Notice of Decision

Decision Date: July 26, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016760

[REDACTED]

Dear [REDACTED],

On July 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 5, 2017, enrollment notice and March 2, 2017, eligibility determination 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 NY State of Health 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 were not eligible for Medicaid for February 1, 2017 through February 28, 2017?

Did NYSOH properly determine your enrollment in your Essential Plan was effective March 1, 2017?

Procedural History

On February 4, 2017, you submitted an application for financial assistance with health insurance.

On February 5, 2017, NYSOH issued a notice stating you were eligible to enroll in the Essential Plan with a \$20.00 premium per month, effective March 1, 2017.

Also on February 5, 2017, NYSOH issued an enrollment notice confirming your enrollment in an Essential Plan on February 4, 2017, for a cost of \$20.00 per month starting March 1, 2017.

On March 1, 2017, you submitted an application for financial assistance with health insurance and indicated that you were seeking help paying for medical bills for February 2017.

On March 2, 2017, NYSOH issued an eligibility determination notice stating that you were not eligible for help paying medical bills for February 1, 2017 through

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February 28, 2017, because the program you are eligible for cannot pay for any care you received in the past.

On March 10, 2017, you spoke to NYSOH's Account Review Unit and appealed that eligibility determination notice insofar as it denied retroactive Medicaid for the month of February, 2017.

On July 6, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing held open up to July 21, 2017, to allow you to submit supporting documents.

Also on July 6, 2017 NYSOH received the requested documentation in the form of an 11-page fax and it was incorporated into the record as Appellant's [REDACTED], the record was closed that day.

Findings of Fact

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

- 1) You testified that you are seeking Medicaid from February 1, 2017 to February 28, 2017.
- 2) You testified that you expect to file your 2017 federal income tax return as married filing jointly, and will claim no dependents on that return.
- 3) You submitted applications for financial assistance on February 4, 2017, and March 1, 2017.
- 4) Your applications submitted on February 4, 2017 and March 1, 2017, states that your expected annual household income for 2017 was \$26,664.00.
- 5) Your applications indicate you receive \$300.00 once every two weeks from your employer, and your spouse receives \$1,160.00 a month in Social Security, and \$412.00 in pension amounts. You testified this was correct.
- 6) You provided a copy of paystubs dated February 13, 2017, and February 27, 2017, in the amounts of \$480.00, and \$630.00 respectively (See Appellant's [REDACTED], [REDACTED]).
- 7) You provided a copy of your spouse's Social Security Benefit Statement showing he receives \$1,160.80. (See Appellant's [REDACTED], [REDACTED]).

- 8) You provided a copy of your spouse's Pension fund statement showing [REDACTED] receives as of January 1, 2015, \$412.00 per month. (See Appellant's [REDACTED] [REDACTED])
- 9) You testified that you do not plan on taking any deductions on your tax return
- 10) You testified, and the record reflects, that you enrolled in an Essential Plan on February 4, 2017.
- 11) You testified that you wanted your enrollment in an Essential Plan to begin on February 1, 2017 because you had incurred medical bills due to [REDACTED] visit during the month of February, 2017.
- 12) You testified your Medicaid coverage through your Local Department of Social Services ended effective December 31, 2016.
- 13) You reside in [REDACTED] NY.

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

Applicable Law and Regulations

Medicaid for Adults between the Ages of 19 and 65

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)).

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 2017 FPL, which is \$16,240.00 for a two-person household (82 Fed. Reg. 8831).

Retroactive Medicaid

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of an initial application if the individual received medical services that would have been covered under Medicaid and the

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individual would have been eligible for Medicaid at the time he received the services if he had applied (42 USCA § 1396A(34); 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)).

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)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you were not eligible for Medicaid for February 1, 2017 through February 28, 2017.

You are in a two-person household; you file your taxes with a tax filing status of married filing jointly and claim no dependents on your tax return.

You submitted an application for financial assistance on March 1, 2017 and requested help in paying for medical bills for February 1, 2017 to February 28, 2017.

When an individual files an initial application for Medicaid, his or her eligibility for retroactive Medicaid depends on the date of application. To this end, it does not matter whether or not that initial application resulted in Medicaid going forward. Instead, an individual, who has filed an initial application for Medicaid through NYSOH, has the right to be evaluated for Medicaid for the three months before the month of his or her application.

Medicaid coverage can be made effective retroactively for up to three months prior to an individual's initial application if the individual received medical services

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that would have been covered under Medicaid and if they would have been eligible for Medicaid in those three months had they applied.

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

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. To be eligible for Medicaid in February, 2017, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,868.00 per month. There is no indication in the record that you would have been ineligible for Medicaid based on non-financial criteria during February, 2017.

You provided supporting documentation in the form of copies of paystubs dated February 13, 2017, and February 27, 2017, in the amounts of \$480.00, and \$630.00 respectively. You also provided a copy of your spouse's Social Security Benefit Statement [REDACTED] receives \$1,160.80 and a copy of [REDACTED] Pension fund statement showing [REDACTED] receives \$412.00 a month.

Therefore, the record indicates that in the month of February 2017, you had a monthly household income of \$2,682.80.

Since your income of \$2,682.80 was more than the \$1,868.00 monthly Medicaid limit for February, 2017, NYSOH properly determined that you were not eligible for Medicaid coverage during that month. Therefore, the March 2, 2017, eligibility determination stating that you were not eligible for Medicaid in the month of February 2017, is correct and is AFFIRMED.

The second issue is whether NYSOH properly determined that your enrollment in the Essential Plan was effective March 1, 2017.

You testified, and the record indicates, that you submitted your NYSOH application on February 4, 2017. As a result, you were found eligible for the Essential Plan effective March 1, 2017, and enrolled into a plan that same 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 February 4, 2017, you selected an Essential Plan, so your enrollment properly took effect on the first day of the first month following February; that is, on March 1, 2017.

Therefore, the February 5, 2017, enrollment confirmation notice stating that your enrollment in the Essential Plan was effective March 1, 2017, is correct and must be AFFIRMED.

Decision

The March 2, 2017, eligibility determination notice is AFFIRMED.

The February 5, 2017, enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: July 26, 2017

How this Decision Affects Your Eligibility

You are not eligible for Medicaid in the month of February, 2017.

Your eligibility for and enrollment in the Essential Plan was effective March 1, 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:

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- 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):

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 March 2, 2017, eligibility determination notice is AFFIRMED.

The February 5, 2017, enrollment confirmation notice is AFFIRMED.

You are not eligible for Medicaid in the month of February, 2017.

Your eligibility for and enrollment in the Essential Plan was effective March 1, 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:

