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

Notice of Decision

Decision Date: January 22, 2018

NY State of Health Account ID:
Appeal Identification Number: AP000000022856

On December 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 20, 2017 and August 29, 2017 eligibility determination 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 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: January 22, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000022856

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 your enrollment in an Essential Plan was effective August 1, 2017?
>
> Did NYSOH properly determine that you were not eligible for Medicaid assistance for July 2017?

Procedural History

On June 19, 2017, you applied to NYSOH for financial assistance with health insurance.

On June 20, 2017, NYSOH issued an eligibility determination notice, based on your June 19, 2017 application, stating that you were eligible to enroll in the Essential Plan, effective August 1, 2017.

Also on June 20, 2017, NYSOH issued an enrollment notice, based on your plan selection on June 19, 2017, stating that you were enrolled in an Essential Plan, and that your plan would start August 1, 2017.

On August 28, 2017, you applied for financial assistance with health insurance and indicated that you were seeking help for paying for medical bills from July 2017.

On August 29, 2017, NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid assistance for July 2017 because the program you were eligible for could not pay for any care you received in the past.

On September 27, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan insofar as it did not begin July 1, 2017 and you appealed the August 29, 2017 eligibility determination notice insofar as it denied retroactive Medicaid for the month of July 2017.

On December 8, 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) According to your NYSOH account and your testimony, you were found eligible for and you enrolled in an Essential Plan on June 19, 2017 with a plan start date of August 1, 2017.

2) According to NYSOH records and your testimony, on August 28, 2017 you spoke with a NYSOH customer service representative and requested a backdate on the start of your Essential Plan to July 1, 2017.

3) You testified that you sustained an injury requiring medical treatment on [redacted].

4) According to your NYSOH account and your testimony you were receiving unemployment benefits starting in January 2017. You uploaded documents showing you received two unemployment insurance benefit payments in July 2017. The record reflects that you received $430.00 on July 10, 2017 and $430.00 on July 17, 2017 (*see* Document [redacted]

5) You testified and the record reflects that you started new employment on July 19, 2017.

6) The record reflects that on July 31, 2017, you received a paycheck from the new employer for the period July 19, 2017 to July 31, 2017 with gross earnings of $2,420.45 ([redacted]).

7) According to your NYSOH account and your testimony, you submitted an updated application for health insurance on August 28, 2107 and requested help with medical bills for the month of July 2017.

8) You testified that you expect to file your 2017 federal income tax return as single, and claim no dependents.

9) According to your August 28, 2017 application for health insurance you will not be taking any deductions on your tax return.

10) Your NYSOH account reflects that you filed your appeal on September 27, 2017. However, according to NYSOH records and your testimony, on August 28, 2017 you spoke with a NYSOH customer service representative and requested a backdate on the start of your Essential Plan to July 1, 2017.

11) You testified that you wanted either your enrollment in the Essential Plan to begin on July 1, 2017 or to be eligible for Medicaid for the period of July 1, 2017 to July 31, 2017 because you did not have health insurance for the month of July 2017 when you incurred medical bills due to an injury.

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* www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf.

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

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 $12,060.00 for a one-person household (82 Federal Register 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 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)).

Legal Analysis

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

You testified, and your account confirms, that you submitted your application for health insurance on June 19, 2017. You were found eligible for the Essential Plan and you selected a plan that day, with an enrollment start date of August 1, 2017.

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 June 19, 2017, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following June 2017; that is, on August 1, 2017.

Therefore, the June 20, 2017 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective August 1, 2017, is correct and must be AFFIRMED.

The second issue under review is whether NYSOH properly determined that you were not eligible for Medicaid for July 1, 2017 through July 31, 2017.

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

You applied for financial assistance on August 28, 2107 and requested help in paying for medical bills for the month of July 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 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 that would have been covered under Medicaid and if they would have been eligible for Medicaid in those three months had they applied.

You testified that you are seeking Medicaid assistance for July 2017.

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 July 2017, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is $1,387.00 per month. There is no indication in the record that you would have been ineligible for Medicaid based on non-financial criteria during July 2017.

You testified and the record reflects that in late January 2017 you lost employment and started receiving unemployment insurance benefits thereafter. The record reflects that in the month of July 2017 you received two unemployment insurance benefits payments of $430.00 on July 10, 2017 and $430.00 on July 17, 2017. The record also reflects that on July 19, 2017, you started new employment. On July 31, 2017, you received a paycheck from the new employer for the period July 19, 2017 to July 31, 2017 with gross earnings of

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$2,420.45. Therefore, the record indicates that in the month of July 2017, you had a monthly household income of $3,280.45.

Since your income of $3,280.45 was more than the $1,387.00 monthly Medicaid limit for July 2017, you were not eligible for Medicaid coverage during that month.

Therefore, the August 29, 2017 eligibility determination notice stating that you were not eligible for Medicaid for the period of July 1, 2017 through July 31, 2017 because the program you are eligible for cannot pay for any care you received in the past is MODIFIED only to state that you were not eligible for Medicaid assistance for July 2017 because your monthly household income was over the allowable income limit for that month.

Decision

The June 20, 2017 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective August 1, 2017, is correct and must be AFFIRMED.

The August 29, 2017 eligibility determination notice is MODIFIED only to state that you are not eligible for Medicaid for July 2017 because your monthly household income was over the allowable income limit for that month.

Effective Date of this Decision: January 22, 2018

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Essential Health Plan is August 1, 2017.

You are not eligible for Medicaid assistance for July 2017.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the

dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your appeal was decided, the 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):

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 June 20, 2017 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective August 1, 2017, is correct and must be AFFIRMED.

The August 29, 2017 eligibility determination notice is MODIFIED, to state that you are not eligible for Medicaid for July 2017 because your monthly household income was over the allowable income limit for that month.

This decision does not change your eligibility.

The effective date of your Essential Health Plan is August 1, 2017.

You are not eligible for Medicaid assistance for July 2017.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

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).

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 निःशुल्क 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۔

אידיש (Yiddish)

Tiếng Việt placeholder