



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

## Notice of Decision

Decision Date: May 31, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005468

[REDACTED]

Dear [REDACTED]

On February 22, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 27, 2014 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 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: May 31, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005468

[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 your [REDACTED] enrollment in your Medicaid Managed Care plan was effective June 1, 2014?

## Procedural History

On February 4, 2014, NYSOH received your application for financial assistance with your health coverage.

On February 5, 2014, NYSOH issued a determination that more information was needed to make a determination. You were asked to submit income documentation for your household by February 22, 2014, or you might be found ineligible for coverage or financial assistance.

On February 27, 2014, NYSOH issued a notice of eligibility determination stating that additional information had been received, and that you were eligible for Medicaid (fee-for-service) effective February 1, 2014, based on your personal income of \$8,790.00.

On March 7, 2014, your eligibility was redetermined; however, there were no apparent changes to your application.

On March 8, 2014, March 10, 2014, March 29, 2014, April 5, 2014, April 10, 2014, April 29, 2014, May 10, 2014, and May 13, 2014, NYSOH issued multiple

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duplicative notices in response to your March 7, 2014 application, stating that more information was needed in order to make an eligibility determination.

Also on April 29, 2014, NSYOH issued a notice based on your November 29, 2013 application, stating that more information was needed to determine eligibility for both you and your partner.

On June 3, 2014, your application was modified to increase your personal annual income to \$11,460.54, and on June 4, 2014, an eligibility determination notice was issued, based on your June 3, 2014 application, finding you eligible for Medicaid, effective June 1, 2014.

On June 16, 2014, an eligibility determination notice was issued finding you eligible for Medicaid, effective June 1, 2014, and enrolled in your Medicaid Managed Care plan effective July 1, 2014.

On July 2, 2014 NYSOH issued an enrollment confirmation notice confirming your enrollment in a Medicaid Managed Care plan effective July 1, 2015.

On December 9, 2015, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as it began your Medicaid Managed Care plan on July 1, 2014, and not April 1, 2014.

On February 22, 2016 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 support the following findings of fact:

- 1) You are seeking insurance under your Medicaid Managed Care plan for the months of April through May, of 2014.
- 2) Your application states that you will be filing your 2015 taxes as single.
- 3) Your initial application for financial assistance received on February 4, 2014 listed an annual household income of \$8,790.00. You testified that this amount was correct.
- 4) You testified, and the record reflects, that you receive all of your notices from the NYSOH via electronic mail.
- 5) You testified that you did not receive any electronic alerts regarding any notice in your NYSOH account telling you that you needed to update your application in order to renew your eligibility.

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- 6) You changed your income on March 7, 2014.
- 7) You testified that Fidelis Medicaid Managed Care will not honor your coverage dates for the months of April 2014 and May 2014.
- 8) The record reflects that on March 7, 2014, NYSOH received your updated application for health insurance.
- 9) You testified that you are seeking reinstatement in your Medicaid Managed Care plan as of April 1, 2014.
- 10) On February 22, 2016, you uploaded a document detailing the events leading up to and after your gap in coverage from your Medicaid Managed Care plan. Document U160534879072. (Appellant's Exhibit 1).
- 11) Your NYSOH account shows that as of February 20, 2014, you were enrolled in a Medicaid Managed Care plan effective April 1, 2014.
- 12) The record supports that the same enrollment was canceled as a User request to cancel coverage effective April 1, 2014. You did not request such a cancellation.
- 13) The record supports that you were then re-enrolled into Medicaid fee-for-service coverage effective June 1, 2014. You were then re-enrolled in a Medicaid Managed Care plan with a start date of July 1, 2014.
- 14) You testified and used your supporting documentation to explain that you had been identified incorrectly as an individual subject to a five year ban but that you had been told that this was a "known defect" in the NY State of Health computer system. You also detailed your proof of your satisfactory immigration status (Appellant's Exhibit 1, pg. 2).

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

## **Applicable Law and Regulations**

### Medicaid

Most adults determined eligible for Medicaid are guaranteed 12 months of continuous Medicaid coverage, even if they lose Medicaid eligibility because of any changes or updates they make to their NYSOH account. For example, even if income increases above the Medicaid limit allowed for the household size, the

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insured will remain covered under Medicaid for a 12-month period. This 12-month period is referred to as “continuous coverage” and is set based on the start date of the original Medicaid eligibility determination or the date of any subsequent Medicaid eligibility determination based on modified adjusted gross income (NY Social Services Law § 366(4)(c)).

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Medicaid Managed Care (MMC) 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, NY Social Services Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h)).

## **Legal Analysis**

The issue under review is whether the NY State of Health (NYSOH) properly determined that your enrollment in your Medicaid Managed Care plan was effective no earlier than July 1, 2014.

You were originally found eligible for Medicaid in a notice of eligibility determination issued on February 27, 2014, based on your personal income of \$8,790.00. Because Medicaid eligibility for fee-for-service coverage starts on the first day of any month in which you were found eligible, you were eligible for Medicaid fee-for-service coverage effective February 1, 2014. This eligibility was not conditional.

You were successfully enrolled in a Medicaid Managed Care plan effective April 1, 2014.

Most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage even if they lose Medicaid eligibility because of any changes or updates they make to their NYSOH account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a 12-month period. This 12-month period is referred to as “continuous coverage” and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income.

Because you were found unconditionally eligible for Medicaid effective February 1, 2014, your coverage through Medicaid, both fee-for-service and through your

Medicaid Managed Care plan, should have continued without interruption until January 30, 2015, barring other circumstances that are not present in this case.

Additionally, every time NYSOH found that you were still eligible for Medicaid based on your current earnings, the 12-month continuous coverage period began again.

There is no evidence in your account that would explain why your enrollment was cancelled. The multiple letters requesting more information in response to the update to your March 7, 2014 application corroborate your testimony that there was a “defect” in your account, as in the normal process multiple letters would not have been sent.

Therefore, the February 27, 2014, eligibility determination notice is MODIFIED to state that you are eligible for Medicaid fee for service effective February 1, 2014 and to state that your enrollment in your Medicaid Managed Care plan was effective April 1, 2014, and should have continued uninterrupted until at least January 30, 2015, barring circumstances that are not documented here.

## **Decision**

The February 27, 2014, eligibility determination notice is MODIFIED to state that you are eligible for Medicaid fee for service effective February 1, 2014 and to state that your enrollment in your Medicaid Managed Care plan was effective April 1, 2014 and should have continued uninterrupted until at least January 30, 2015, barring circumstances that are not documented here.

Your case is RETURNED to the NYSOH to reinstate you in your Medicaid Managed Care plan as of April 1, 2014.

**Effective Date of this Decision:** May 31, 2016

## **How this Decision Affects Your Eligibility**

Your enrollment in your Medicaid Managed Care plan should have been effective as of April 1, 2014.

Your case is being sent back to the NYSOH to reinstate you in your Medicaid Managed care plan as of April 1, 2014.

## **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 February 27, 2014, eligibility determination notice is MODIFIED to state that you are eligible for Medicaid fee for service effective February 1, 2014 and to state that your enrollment in your Medicaid Managed Care plan is effective April 1, 2014.

Your case is RETURNED to the NYSOH to reinstate you in your Medicaid Managed Care plan as of April 1, 2014.

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Your enrollment in your Medicaid Managed Care plan should have been effective as of April 1, 2014.

Your case is being sent back to the NYSOH to reinstate you in your Medicaid Managed care plan as of April 1, 2014.

### **Legal Authority**

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

**A Copy of this Decision Has Been Provided To:**

