



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

## Notice of Decision

Decision Date: April 22, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005882

[REDACTED]

Dear [REDACTED],

On March 23, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 21, 2015 eligibility determination, December 22, 2015 disenrollment notice, and the February 27, 2016 enrollment confirmation 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).

This page intentionally left blank.



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

## Decision

Decision Date: April 22, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005882

[REDACTED]

## Issues

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

Did NY State of Health properly determine that you were no longer eligible for or enrolled in your Medicaid Managed Care plan as of December 31, 2015?

Did NY State of Health properly determine that your enrollment in your Medicaid Managed Care plan was effective April 1, 2016?

## Procedural History

On October 22, 2015, NY State of Health (NYSOH) issued a notice that it was time to renew your health insurance for 2016. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2015 or you might lose the financial assistance you were currently receiving.

No updates were made to your account by December 15, 2015.

On December 21, 2015, NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You also could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. Your eligibility ended December 31, 2015.

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).

On December 22, 2015, a disenrollment notice was issued terminating your coverage under your Medicaid Managed care plan effective December 31, 2015.

On December 30, 2015, NYSOH received your updated application for health insurance. That day, you uploaded income documentation to your NYSOH account.

Also on December 31, 2015, NYSOH issued a notice stating that you may be eligible for health insurance but more information is needed to make a determination. You were asked to submit documentation for your household by January 15, 2016 to confirm the information in your application.

On December 31, 2015, you spoke to NYSOH's Account Review Unit and appealed your inability to remain enrolled in a Medicaid Managed Care plan as a result of not renewing on time.

On February 27, 2016 NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective February 1, 2016.

Also on February 27, 2016, an enrollment confirmation notice was issued confirming your enrollment in a Medicaid Managed Care plan with a start date of April 1, 2016.

On March 23, 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) The record indicates that you receive your notices via regular mail.
- 2) You testified that you received the renewal notice indicating the need to update your NYSOH account.
- 3) You testified that you are seeking reinstatement in your Medicaid Managed Care plan as of January 1, 2016.
- 4) The record reflects that you first submitted documentation of your income on December 30, 2015 in the form of your 2014 electronically filed tax return.

- 5) The record reflects that on January 8, 2016 NYSOH invalidated your tax return because it was not signed.
- 6) You testified that you were not informed by NYSOH that you needed to submit a signed copy of your tax return. On January 12, 2016 you filed a formal complaint (# [REDACTED]) stating that “the notice was not clear about the request for additional information and [you were] not informed that the documents were invalidated due to the fact that [your] tax returns were not signed.”
- 7) The record reflects you again submitted a copy of your electronically filed tax return on January 12, 2016. You also uploaded a separate signed and dated 2<sup>nd</sup> page of the tax return.
- 8) The record reflects that on February 26, 2016 NYSOH validated the tax return that you uploaded on January 12, 2016.
- 9) On March 16, 2016, the NYSOH uploaded a one page letter from you outlining the income reporting and information you provided. In the document you explain that you provided your 1099 form and had submitted the tax return in an electronic format through Turbo Tax (Appellant’s Exhibit 1).

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

## **Applicable Law and Regulations**

### Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every twelve months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1),(d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual’s account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR §155.335(h)).

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).

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, N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR § 360-10.3(h)).

### Timely Notice of Medicaid Eligibility

When an individual applies for insurance through the Marketplace, the Marketplace must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, the Marketplace must base the time period from the date of application to the date the Marketplace notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for the Marketplace to make an eligibility determination, then the Marketplace must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

The Marketplace must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

### Income Verification

For all individuals whose income is needed to calculate the household's eligibility, the Marketplace must request data that will allow the Marketplace to verify the household's income (45 CFR §155.320(c)(1)(i)). If the Marketplace 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 first issue under review is whether NY State of Health properly determined that you were no longer eligible for enrollment in your Medicaid Managed Care plan as of December 31, 2015.

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).

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every twelve months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's October 22, 2015, renewal notice stated that there was not enough information to determine whether you were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by December 15, 2015, or your financial assistance might end. This deadline was further extended to December 20, 2015 via Department of Health Policy.

Because there was no timely response to this notice, you were terminated from your Medicaid Managed Care plan effective December 31, 2015.

The record indicates that you receive your notices from NYSOH via regular mail. You further testified that you received the renewal notice informing you of the need to update your NYSOH account or the current financial assistance you were receiving may end.

Since NYSOH notified you of your annual renewal and you acknowledged receiving the renewal notice, the December 21, 2015 eligibility determination notice stating that your eligibility for Medicaid ended December 31, 2015 because you did not renew on time, and the December 22, 2015 disenrollment notice ending your enrollment in your Medicaid Managed Care plan are **AFFIRMED**.

The second issue under review is whether NY State of Health properly determined that your enrollment in your Medicaid Managed Care plan was effective April 1, 2016.

On December 30, 2015, NYSOH received your updated application for health insurance. NYSOH reviewed your application for health insurance and determined that you may be eligible for health insurance but more information is needed to make a determination. You were asked to submit documentation for your household by January 15, 2016 to confirm the information in your application.

The record indicates that on December 30, 2015 you submitted a copy of your electronically filed tax return, however on January 8, 2016 NYSOH invalidated your submission because it was not signed. You testified that you were not informed by NYSOH that you needed to submit a signed copy of your tax return and on January 12, 2016 you filed a formal complaint stating that "the notice was not clear about the request for additional information and [you were] not informed

that the documents were invalidated due to the fact that [your] tax returns were not signed.”

On January 12, 2016 you again submitted a copy of the exact same tax return. You also submitted a separate copy of the second page of your tax return that was signed and dated. NYSOH validated this tax return as satisfactory proof of income on February 26, 2016. As a result, you were found eligible for Medicaid and were able to select a Medicaid Managed Care plan that day.

The month in which a Medicaid Managed Care plan begins depends on the day a person selects the plan for enrollment. The record supports a finding that NYSOH erred in not validating the original copy of your electronically filed tax return on January 8, 2016. The reasoning of invalidating your tax return was improper since it is clear that you submitted the tax return via an electronic filing service and would not be required to ink sign the return when submitting it to the Internal Revenue Service. Furthermore, NYSOH did not clearly explain to you that an ink signature was required.

Therefore, had NYSOH acted properly you would have been able to select a Medicaid Managed Care plan as of January 8, 2016.

Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Since your application was properly completed, and should have been validated as of January 8, 2016, had you been allowed to enroll in a Medicaid Managed Care plan the effective date of that plan would have been February 1, 2016.

Therefore, the February 27, 2016, notice of enrollment confirmation is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective February 1, 2016.

## **Decision**

The December 21, 2015 eligibility determination notice is AFFIRMED.

The December 22, 2015 disenrollment notice is AFFIRMED.

The February 27, 2016, notice of enrollment confirmation is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective February 1, 2016.

Your case is RETURNED to NYSOH to reinstate you in your Medicaid Managed Care plan as of February 1, 2016.



**Effective Date of this Decision:** April 22, 2016

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

NYSOH properly ended your enrollment in your Medicaid Managed Care plan as of December 31, 2015 because you did not respond to the renewal notice.

Your enrollment in your Medicaid Managed Care plan should have been effective as of February 1, 2016.

Your case is being sent back to NYSOH to reinstate you in your Medicaid Managed care plan as of February 1, 2016.

## **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:

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).

NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211

- By fax: 1-855-900-5557

## **Summary**

The December 21, 2015 eligibility determination notice is AFFIRMED.

The December 22, 2015 disenrollment notice is AFFIRMED.

NYSOH properly ended your enrollment in your Medicaid Managed Care plan as of December 31, 2015 because you did not respond to the renewal notice.

The February 27, 2016, notice of enrollment confirmation is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective February 1, 2016.

Your enrollment in your Medicaid Managed Care plan should have been effective as of February 1, 2016.

Your case is being sent back to NYSOH to reinstate you in your Medicaid Managed care plan as of February 1, 2016.

## **Legal Authority**

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

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

