



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

Notice of Decision

Decision Date: June 24, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006581

[REDACTED]

Dear [REDACTED],

On June 2, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 24, 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 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 Date: June 24, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006581

[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 enrollment in your Medicaid Managed Care plan was effective March 1, 2016?

Procedural History

On February 13, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid effective February 1, 2015.

On February 14, 2015, an enrollment confirmation notice was issued confirming your enrollment in a Medicaid Managed Care plan effective March 1, 2015.

On December 19, 2015, NYSOH issued a renewal notice, stating that it was time to renew your health insurance for the upcoming coverage year. 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 January 15, 2016 or you might lose the financial assistance you were currently receiving.

On January 9, 2016, NYSOH received your updated application for financial assistance with your health insurance.

On January 10, 2016, NYSOH issued a notice that more information was needed to make a determination. You were asked to provide income documentation by January 24, 2016 to confirming the information in your application was accurate.

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On January 12, 2016, NYSOH received your uploaded income documentation. Document U160121849562.

On January 21, 2016, NYSOH issued an eligibility redetermination notice stating that you were eligible for Medicaid, and that your coverage for Fee-For-Service Medicaid would be effective February 1, 2016.

On January 24, 2016, an enrollment confirmation notice was issued that stated that you had selected a Medicaid Managed Care plan, and that the effective date of that plan was March 1, 2016.

On January 28, 2016, you contacted NYSOH's Account Review Unit and appealed the enrollment confirmation notice insofar as it began your Medicaid Managed Care plan on March 1, 2016, and not February 1, 2016.

On June 3, 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 for yourself.
- 2) You testified, and the record reflects, that you receive all of your notices from NYSOH via electronic mail.
- 3) You testified that you did receive the December 19, 2015 renewal notice asking for more information.
- 4) You testified that you realized that you needed to provide income documentation to verify your income, but that you did not have any income or additional documentation to provide. You tried contacting the NYSOH on January 1, 2, and 3, 2016 to explain that you had not received any further income for the year but were placed on hold and did not receive a call back.
- 5) You testified that you had submitted your updated application for financial assistance with your health insurance on January 9, 2016, and were told that you still needed to provide more information to confirm your income by January 24, 2016.

- 6) The record reflects you provided the same income verification documentation to NYSOH on January 12, 2016, which you had provided previously on February 13, 2014 in order to be found eligible for Medicaid. This was in the form of an Unemployment Insurance Benefits statement dated January 8, 2014.
- 7) Your uploaded documentation was subsequently verified on January 20, 2016 as no further wage, or Unemployment Insurance Benefits could be detected, and no further documentation was required.
- 8) The record reflects that on January 23, 2016, you enrolled in a Medicaid Managed Care plan.
- 9) You testified that you are seeking reinstatement in your Medicaid Managed Care plan as of February 1, 2016.

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 12 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 that may have been provided by the individual (45 CFR §155.335(h)).

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 Eligibility Changes under the Affordable Care Act (ACA) of 2010,13 ADM-03(III)(F)).

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); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13 ADM-03(III)(F)).

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 they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f)).

Timely Notice of Medicaid Eligibility

When an individual applies for insurance through the NYSOH, the NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH 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 NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

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

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was effective March 1, 2016.

You were originally found eligible for Medicaid effective February 1, 2015.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 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 December

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19, 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 January 15, 2016, or your financial assistance might end.

During your telephone hearing you testified that you did receive the December 19, 2015 renewal notice asking for more information to make a determination. You explained that you had submitted your updated application for financial assistance with your health insurance on January 9, 2016, and were told that you still needed to provide more information to confirm your income by January 24, 2016.

NYSOH is required to determine an individual's eligibility for Medicaid in a timely manner. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision. However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application.

The record indicates that you provided the same income verification documentation to NYSOH on January 12, 2016, which you had previously submitted on February 13, 2014 in order to be found eligible for Medicaid. Therefore, your application for 2016 coverage was considered complete as of January 12, 2016.

For adults, NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of their completed application

The record indicates that your uploaded documentation was subsequently verified on January 20, 2016 which is well within the 45 day time frame that NYSOH has to issue a final determination.

Once you were again found eligible for Medicaid, you were able to select a Medicaid Managed Care plan on January 23, 2016.

The day a Managed Care plan starts depends on the day a plan is selected. Enrollments received after the fifteenth day of the month are effective the first day of the second following month. Since you were able to select a health plan on January 23, 2016, it properly began by the first day of the second following month or March 1, 2016.

Therefore, the January 24, 2016 notice of enrollment confirmation is AFFIRMED to state that your enrollment in your Medicaid Managed Care plan was effective March 1, 2016.

Decision

The January 24, 2016 notice of enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: June 24, 2016

How this Decision Affects Your Eligibility

Your enrollment in your Medicaid Managed Care plan properly began March 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

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- By mail at:
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Summary

The January 24, 2016 notice of enrollment confirmation notice is AFFIRMED.

Your enrollment in your Medicaid Managed Care plan properly began March 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:

