



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

Notice of Decision

Decision Date: June 28, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006607

[REDACTED]

Dear [REDACTED],

On June 7, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's July 19, 2015, December 8, 2015, and March 12, 2016 enrollment confirmation 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 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.

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Decision

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NY State of Health Account ID: [REDACTED]
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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 you were no longer eligible for Medicaid effective July 31, 2015?

Did NYSOH properly determine that you were not eligible for Medicaid effective December 31, 2015?

Did NYSOH properly determine that your Medicaid Managed care plan would begin March 1, 2016?

Procedural History

On March 18, 2015, NYSOH received your initial application for financial assistance with your health insurance.

On March 19, 2015, an eligibility determination notice was issued finding you conditionally eligible for Medicaid, effective March 1, 2015. The determination was based upon the condition that you submit documentation to confirm your incarceration status by June 16, 2015.

That same day an enrollment confirmation letter was enrolled confirming your enrollment in a Medicaid Managed care plan effective May 1, 2015.

On July 19, 2015, an eligibility redetermination notice was issued stating that you are not eligible for Medicaid because you did not provide the requested

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documentation to confirm your incarceration status. Your eligibility would therefore end effective July 31, 2015.

On July 20, 2015, a disenrollment notice was issued ending your coverage through your Medicaid Managed Care plan effective July 31, 2015 because you were no longer eligible to enroll in health insurance through NYSOH.

On September 3, 2015, NYSOH received your updated application for health insurance.

On September 5, 2015, an eligibility determination notice was issued finding you conditionally eligible for Medicaid effective September 1, 2015. This determination was based upon the condition that you submit documentation to confirm your incarceration status before December 2, 2015.

That same day an enrollment confirmation notice was issued confirming your enrollment in a Medicaid Managed Care plan effective October 1, 2015.

On December 8, 2015, an eligibility redetermination notice was issued stating that you are not eligible for Medicaid because you did not provide the requested documentation to confirm your incarceration status. Your eligibility would therefore end effective December 31, 2015.

Also on December 8, 2015, a disenrollment notice was issued ending your coverage through your Medicaid Managed Care plan effective December 31, 2015 because you were no longer eligible to enroll in health insurance through NYSOH.

On January 27, 2016, you updated your NYSOH account.

On January 28, 2016, an eligibility determination notice was issued finding you remain conditionally eligible for Medicaid effective January 1, 2016. Your eligibility was based on the condition that you confirm your incarceration status by providing documentation before April 26, 2016.

That same day you contacted the NYSOH's Account Review Unit and appealed your disenrollment from your Medicaid Managed Care plan.

On March 4, 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 June 7, 2016, you had a telephone hearing with a Hearing Officer from the Marketplace'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 testified that you did not receive NYSOH's September 5, 2015 eligibility determination notice requesting documentation confirming your incarceration status be provided by December 2, 2015.
- 2) Your account reflects that you receive your notices via regular mail.
- 3) The record reflects and your testimony supports that your home address has not changed from the date of your notices to the date of your hearing.
- 4) The March 19, 2015, September 5, 2015, and January 28, 2015, eligibility determination notices contained a list of acceptable documentation to submit as proof your incarceration status. These documents consist of; Release Paperwork, Current Paystub, Letter from an Employer, or Detailed Statement from a Parole Officer.
- 5) There is no evidence in the record that the NYSOH received your incarceration status documentation before December 2, 2015.
- 6) You testified that you had originally signed up for financial assistance with your health insurance in person with a navigator on March 18, 2015.
- 7) You were found eligible for Medicaid fee-for-service as of January 1, 2016.
- 8) The record indicates that your enrollment in a Medicaid Managed Care plan was backdated to begin March 1, 2016.
- 9) You are seeking reinstatement of your health insurance coverage and a start date of January 1, 2016.

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

Applicable Law and Regulations

Eligibility for Enrollment in Medicaid

In general, the NYSOH must review Medicaid eligibility once every twelve months or "whenever it receives information about a change in a beneficiary's

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circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). The 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)).

A person whose Medicaid eligibility is based on the modified adjusted gross income of the person or the person's household remains Medicaid eligible for 12 months unless the person becomes ineligible due to “citizenship status, lack of [New York] state residence, or failure to provide a valid social security number” (N.Y. Social Services Law § 366.4(c)).

The 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, the 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)).

The NYSOH must verify an applicant's attestation that the applicant is not incarcerated by either relying on available electronic data sources, or accepting the applicant's attestation when electronic data sources are unavailable (45 CFR § 155.315(e)). However, if an applicant's attestation is not reasonably compatible with information from approved data sources or other information provided by the applicant, the NYSOH must notify the applicant of the inconsistency and provide the applicant with a period of 90 days to present documentation to resolve the inconsistency (45 CFR § 155.315(e)(3), (f)(2)(i)-(ii)).

If the NYSOH remains unable to verify the attestation after the 90-day period ends, then it must determine the applicant's eligibility based on the information available in the data sources (45 CFR § 155.315(f)(5)).

Appeal Timeliness

In New York State, individual applicants and enrollees in Medicaid must request a hearing within sixty (60) days of the date of their notice of eligibility determination by the NYSOH (45 CFR 155.520(b)(2); 18 NYCRR 358-3.5(b)(1)).

Medicaid Effective Dates

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, 13ADM-03(III)(F)).

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Medicaid Managed Care 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; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you were no longer eligible for Medicaid effective July 31, 2015.

In New York State, individual applicants and enrollees in Medicaid must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH.

Since your appeal was recorded on January 29, 2016, the NYSOH Appeals Unit will not reach the merits of the July 19, 2015 eligibility redetermination notice finding you not eligible for Medicaid effective July 31, 2016, and is DISMISSED.

The second issue under review is whether NYSOH properly determined that you were no longer eligible for Medicaid effective December 31, 2015.

In the eligibility determination issued on September 5, 2015, you were advised that your eligibility for Medicaid was only conditional, and that you needed to provide documentation to confirm your incarceration status before December 2, 2015. The notice further detailed the types of documentation that were deemed acceptable, and consisted of; Release Paperwork, Current Paystub, Letter from an Employer, or Detailed Statement from a Parole Officer.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through the Exchange, and must confirm, among other things, that their incarceration status is satisfactory.

If NYSOH cannot verify an individual's incarceration status, it must provide the individual a period of 90 days, from the date notice is received, to resolve the inconsistency.

The record reflects that the NYSOH did not receive any of the requested documentation before the 90 day deadline of December 2, 2015.

You testified that you did not receive the NYSOH's September 5, 2015 eligibility determination notice requesting documentation confirming your incarceration status be provided by December 2, 2015. Your account reflects that you receive

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your notices via regular mail, and you testified that your home address has not changed from the date of your notices to the date of your hearing. Therefore it is found that the NYSOH gave you proper notice of the items required to confirm your eligibility.

NYSOH was required to redetermine your eligibility without verification of your incarceration status due to receiving none of the documentation requested by the deadline of December 2, 2015. As a result, the NYSOH properly determined that you were not eligible for Medicaid as of December 31, 2015. Therefore, the December 8, 2015 eligibility redetermination was proper and is AFFIRMED.

The third issue under review is whether the NYSOH properly determined that your Medicaid Managed Care plan would begin March 1, 2016.

On January 27, 2016, you updated your NYSOH account.

The date on which a Medicaid Managed Care 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 will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

If you would have selected a Medicaid Managed Care plan on January 27, 2016, it would have taken effect on the first day of the second month following after January; that is, on March 1, 2016.

The record indicates that your enrollment in a Medicaid Managed Care plan has already backdated to begin March 1, 2016. Therefore, the March 12, 2016 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective April 1, 2016 is MODIFIED to state that your plan is effective March 1, 2016.

Decision

The appeal of the July 19, 2015 eligibility redetermination notice is DISMISSED.

The December 8, 2015 eligibility redetermination is AFFIRMED.

The March 12, 2016 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective April 1, 2016 is MODIFIED to state that your plan is effective March 1, 2016.

Effective Date of this Decision: June 28, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You remain eligible for Medicaid Fee-For-Service coverage effective January 1, 2016.

You remain enrolled in your Medicaid Managed Care plan effective 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 after the date 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 date 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

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Summary

The appeal of the July 19, 2015 eligibility redetermination notice is DISMISSED.

The December 8, 2015 eligibility redetermination is AFFIRMED.

The March 12, 2016 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective April 1, 2016 is MODIFIED to state that your plan is effective March 1, 2016.

This decision does not change your eligibility.

You remain eligible for Medicaid Fee-For-Service coverage effective January 1, 2016.

You remain enrolled in your Medicaid Managed Care plan effective March 1, 2016.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

