



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

Notice of Decision

Decision Date: July 11, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006730

[REDACTED]

Dear [REDACTED]

On June 13, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 2, 2016, enrollment 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(b).

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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DEPARTMENT OF HEALTH
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Decision

Decision Date: July 11, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006730

[REDACTED]

Issue

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

Did New York State of Health (NYSOH) properly determine that your family's enrollment in the Medicaid Managed Care plan (Excellus Health Plan, Inc.) should start February 1, 2016?

Procedural History

On December 8, 2015, NYSOH received your household's application for health insurance.

On December 9, 2015, NYSOH issued a notice asking you to provide more information in order to make a determination on your household's eligibility for financial assistance. The notice directed you to provide additional income documentation by December 24, 2015 to confirm that the information you provided in your application was accurate.

On December 15, 2015, additional income documentation was uploaded to your NYSOH account (Document [REDACTED]).

On December 24, 2015, NYSOH issued an eligibility determination that you, your spouse and children were eligible for Medicaid, effective as of January 1, 2016.

On January 2, 2016, NYSOH issued an enrollment notice confirming that as of December 31, 2015, your family was enrolled in Medicaid (Excellus Health Plan, Inc.) with a plan enrollment start date of February 1, 2016.

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On February 2, 2016, you spoke to the NYSOH Account Review Unit and requested an appeal insofar as your family's Medicaid Managed Care plan enrollment start date

On June 13, 2016, you had a telephone hearing with a Hearing Officer from the NY State of Health Appeals Unit. The record was developed during the hearing and closed at the end of the proceeding.

Findings of Fact

A review of the record support the following findings of fact:

- 1) You testified, and the record reflects, that you are appealing you, your spouse and two children's enrollment start date through your Medicaid Managed Care plan.
- 2) According to your NYSOH account, NYSOH received your family's application for financial assistance on December 8, 2015.
- 3) On December 9, 2015, NYSOH issued a notice asking you to provide more information in order to make a determination on your household's eligibility for financial assistance. You were directed you to provide additional income documentation by December 24, 2015 to confirm that the information you provided in your application was accurate (Document [REDACTED]).
- 4) According to your NYSOH account, you uploaded income documentation to your account on December 15, 2015, and that documentation was verified on December 23, 2015 (Document [REDACTED]).
- 5) On December 24, 2015, NYSOH issued an eligibility determination finding you, your spouse and children eligible for Medicaid, effective as of January 1, 2016 (Document [REDACTED]).
- 6) According to your NYSOH account, you, your spouse and children were enrolled in Medicaid (Excelsus Health Plan, Inc.) on December 31, 2015, with a plan enrollment start date of February 1, 2016.
- 7) You testified that you were told by NYSOH's customer service representatives that if you provided sufficient income documentation by December 15, 2015, your family's Medicaid Managed Care plan would be effective January 1, 2016.
- 8) You testified that you are seeking reimbursement for the medical bills that were paid because your family was not enrolled in a Medicaid Managed Care plan in January 2016.

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

Applicable Law and Regulations

Medicaid Managed Care Effective Date:

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)).

The enrollment period was further extended to December 19, 2015 for individuals to have coverage effective January 1, 2016 (Press Release: NY State of Health Extends Enrollment Deadline for January 1

Coverage: https://www.health.ny.gov/press/releases/2015/2015-12-15_enrollment_deadline_extension.htm

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i)).

If NYSOH 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

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

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)).

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Legal Analysis

The issue under review is whether NYSOH properly started your family's Medicaid Managed Care plan on February 1, 2016.

Your family's application for financial assistance was received by NYSOH on December 8, 2015. The following day NYSOH issued a notice requesting that you provide more income information in order to determine your household's eligibility for financial assistance. You were directed to provide additional income documentation to confirm that the information you provided in your application was accurate

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income.

If NYSOH 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.

The record supports that you uploaded income documentation for your household on December 15, 2015 (Document [REDACTED]), and that documentation was verified by NYSOH on December 23, 2015.

On December 24, 2015, NYSOH issued an eligibility determination finding you, your spouse and two children eligible for Medicaid, effective as of January 1, 2016. Furthermore, you, your spouse and two children were enrolled in a Medicaid Managed Care plan on December 31, 2015, with a plan enrollment start date of February 1, 2016.

In New York State, consistent with federal regulation, a child will become eligible on the first day of the next month of the application is received by the 15th of the month; applications received after the 15th day of the month will be processed for the first day of the second subsequent month. However, NYSOH extended the deadline for January 1, 2016 coverage to December 19, 2015.

Your family's application was filed on December 9, 2015, and completed when the income documentation was uploaded to your NYSOH account on December 15, 2015. Therefore, your family's Medicaid Manage Care plan should have taken effect on January 1, 2016.

The NYSOH's January 2, 2016, enrollment notice is MODIFIED to reflect that you, your spouse and children's coverage through Medicaid (Excellus Health Plan, Inc.) should be effective January 1, 2016.

Decision

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).

The NYSOH's January 2, 2016, enrollment notice is MODIFIED to state that you, your spouse and two children are enrolled in Medicaid Managed Care plan (Excellus Health Plan, Inc.) effective January 1, 2016.

Effective Date of this Decision: July 11, 2016

How this Decision Affects Your Eligibility

The effective date of your family's Medicaid Managed Care plan is January 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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P.O. Box 11729
Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The NYSOH's January 2, 2016, enrollment notice is MODIFIED to state that you, your spouse and two children are enrolled in Medicaid Managed Care plan (Excellus Health Plan, Inc.) effective January 1, 2016.

The effective date of your family's Medicaid Managed Care plan is January 1, 2016.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

