



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

Notice of Decision

Decision Date: June 23, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006820

[REDACTED]

Dear [REDACTED],

On June 21, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 3, 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

Decision Date: June 23, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006820

[REDACTED]

Issue

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

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

Procedural History

On December 22, 2015, NY State of Health issued a renewal notice that stated, based on information from federal and state sources, a decision about whether or not your household qualified for financial help in the upcoming year could not be made. You were instructed to update the information in your NYSOH account by January 15, 2016 and informed that, if you missed the deadline, the financial assistance you were currently getting might end.

On December 25, 2015, based on your December 24, 2015 updated application, NYSOH issued a letter informing you that more information about your household's income was needed to make a determination. You were given until January 9, 2016 to submit additional documentation, which the attached list stated for self-employment income needed to consist of records of earnings and expenses or business pay rolls and records for the last three months.

Also on December 25, 2015, NYSOH issued a disenrollment notice informing you that your household's coverage with NYS Catholic Health Plan, Inc., a Medicaid Managed Care plan, would end January 31, 2016.

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On January 6, 2016, NYSOH issued a letter informing you that it had previously notified you that additional information was required to confirm your household's eligibility for health insurance through NYSOH and that documentation showing proof of income was still required.

On January 14, 2016, you uploaded to your NYSOH account a copy of the January 8, 2015 separation from employment letter, which showed your last day of work was January 2, 2015.

Also on January 14, 2016, you uploaded to your NYSOH account a copy of your spouse's self-employment worksheet from his business for the months of September 2015, October 2015, and November 2015, showing net losses of income each month.

On January 15, 2016, you uploaded to your NYSOH account a letter of explanation of your experiences thus far with NYSOH representatives and your concern about not having coverage for your family in February 2016.

On January 29, 2016, you uploaded to your NYSOH account an updated letter to follow up on the status of your family's renewal of coverage starting February 1, 2016, and provided an updated explanation of your experiences with NYSOH representatives.

On January 30, 2016, you again uploaded to your NYSOH account a copy of the January 8, 2015 separation from employment letter, which showed your last day of work was January 2, 2015.

On January 30, 2016, you uploaded to your NYSOH account a copy of your spouse's self-employment worksheet from his business for the months of October 2015, November 2015, and December 2015, showing net losses of income each month.

On January 30, 2016, you uploaded a copy of your spouse's records of earnings and expenses for October 2015, November 2015, and December 2015, showing net end-of-the-month cash positions each month with no monthly income (\$0.00) and only monthly expenses each month.

On January 31, 2016, NYSOH issued a letter informing you that additional income information was needed to confirm your household's eligibility for financial assistance by February 15, 2016.

On February 3, 2016, NYSOH issued a notice of eligibility redetermination that stated, based on a reported household income of \$0.00, all household members were eligible for Medicaid, effective February 1, 2016.

Also on February 3, 2016, NYSOH issued an enrollment notice confirming your Medicaid Managed Care plan selection of Fidelis Care with a plan enrollment start date of March 1, 2016.

Also on February 3, 2016, you uploaded to your NYSOH account a final letter requesting an appeal from the start date of March 1, 2016 for your family's Medicaid Managed Care plan. You reiterated your past experiences with NYSOH representatives and provided an update of your experiences since your last letter of January 29, 2016.

On June 21, 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 submitted an application to NYSOH for financial assistance for your family on December 24, 2015.
- 2) You testified, and the record reflects, that you selected for your family a Medicaid Managed Care Plan on February 2, 2016, and that your family's enrollment started on March 1, 2016.
- 3) You testified that you want your Medicaid Managed Care plan to begin on February 1, 2016 because of the misinformation and lack of notification from NYSOH that resulted in delays in your renewal and prevented you from providing the necessary income for income validation and enrollment in Fidelis Care Medicaid Managed Care plan, in a timely manner (see Documents [REDACTED]).
- 4) In summary, the January 15, 2016 letter states you attempted to complete your application on December 24, 2015, were told your 2015 separation of employment letter was sufficient, your two children as students and unemployed were not required to submit income documentation, and your spouse had to provide self-employment records of earnings and expenses which were uploaded on January 4, 2014 (see Document [REDACTED] - Self-Employment Worksheet for September 2015, October 2015, and November 2015). This worksheet showed expenses and no income with negative balances for each month. After two calls on January 4 and 9, 2016 when you were told no further documents were needed for you and your children and your spouse's business records were under review, you were told on January 14, 2016 that you needed to upload your spouse's self-employment records for you and your two children as proof of your

income as well, which you did that day. You requested that you be informed that all required documentation has been submitted.

- 5) According to your January 29, 2016 letter, you stated that you again contacted NYSOH on January 22, 2016 and were told that your spouse's 2014 tax return was also required and its uploaded status was confirmed. You called back on January 28, 2016, as recommended, and were informed that your spouse's 2014 tax return was under review and there was no update. You explained your concern in that it took three weeks to be told the 2014 tax return was required on January 22, 2016 after 4 previous telephone calls from December 24, 2015 to January 14, 2016, and you were concerned this delay would affect your family's enrollment in a Medicaid Managed Care plan for February 1, 2016. You note in your letter that, with your eligibility pending, you are unable to pick a plan and to continue to have Fidelis Care as your insurance provider following the January 31, 2016 disenrollment date, and have concerns that you will be held liable for February 2016 medical services that are needed for your two children.
- 6) According to your February 3, 2016 letter, you requested to file an appeal because you were to incur medical expenses for medical services your children needed in February 2016 and their doctors do not accept Medicaid Fee-For-Services. You stated you learned that there was a problem with your application in that you had not selected the "self-employed" box and only learned this on January 30, 2016, after several telephone conversations with NYSOH representatives since January 4, 2016.
- 7) You testified that, had you received concise information from NYSOH and had the January 6, 2016 letter you received requesting additional income information been more explicit, you would have complied and provided all of the information and documentation before January 15, 2016 so that your household's eligibility for and enrollment in the Fidelis Care Medicaid Managed Care plan would start 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

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 issue is whether NYSOH properly determined that your household's enrollment in the Medicaid Managed Care plan was effective March 1, 2016.

You testified that your family's eligibility for Medicaid was not confirmed until February 2, 2016 after several weeks of communicating with NYSOH from December 24, 2015 to January 30, 2016 and receiving different information of what documents were required due to your spouse being self-employed and the sole earner in your household.

Ordinarily, 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.

On February 2, 2016, you selected a Medicaid Managed Care plan, so it was to take effect on the first day of the next month following after February 2016; that is, on March 1, 2016.

Therefore, the February 3, 2016 enrollment confirmation notice stating that your household's enrollment in your Medicaid Managed Care plan would be effective March 1, 2016, absent the circumstances of your case, would be correct.

However, the record reflects that you responded diligently to notices and to every request made of you by NYSOH and it was only through the incompleteness of the information requested that it took you over 5 weeks, 7 telephone conversations with NYSOH representatives, and multiple uploaded documents that your family was finally determined eligible for Medicaid and enrolled in a Medicaid Managed Care plan.

Based on your testimony and the documents produced, all of the information and documentation requested of you would have been available by January 15, 2016,

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had you received adequate notice and accurate information, such that your family's eligibility for and enrollment in Fidelis Care Medicaid Managed Care plan could have started February 1, 2016. In addition, you credibly testified that you would have timely complied had you known of the various documents NYSOH required. Of special note is that these multiple requests for documentation were not adequately stated in the additional income document list and only you learned of them piecemeal over a 5 week period. Your testimony is bolstered by the fact that you made several telephone calls and wrote three letters to ensure that there would be no break in your family's health coverage, which is ultimately what occurred.

Based on the totality of the circumstances and your documented diligent efforts, it is concluded that you would have provided the requisite income documentation had you been given proper information and notice. Therefore, your case is RETURNED to NYSOH to facilitate the backdating of your household's coverage in your Fidelis Care Medicaid Managed Care plan, effective February 1, 2016.

To this end, the February 3, 2016 enrollment confirmation notice is MODIFIED to state that your household has coverage in your Fidelis Care Medicaid Managed Care plan with an enrollment start date of February 1, 2016.

Decision

The February 3, 2016 enrollment confirmation notice is MODIFIED to state that your household has coverage in your Fidelis Care Medicaid Managed Care plan with an enrollment start date of February 1, 2016.

Your case is RETURNED to NYSOH to facilitate the backdating of your household's coverage in your Fidelis Care Medicaid Managed Care plan, effective February 1, 2016.

Effective Date of this Decision: June 23, 2016

How this Decision Affects Your Eligibility

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

Your case is being sent back to NYSOH to facilitate the backdating of your household's coverage in your Fidelis Care Medicaid Managed Care plan, effective February 1, 2016. You will be notified accordingly.

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 3, 2016 enrollment confirmation notice is MODIFIED to state that your household has coverage in your Fidelis Care Medicaid Managed Care plan with an enrollment start date of February 1, 2016.

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

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Your case is RETURNED to NYSOH to facilitate the backdating of your household's coverage in your Fidelis Care Medicaid Managed Care plan, effective February 1, 2016. You will be notified accordingly.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

