



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

Notice of Decision

Decision Date: August 03, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007237

[REDACTED]

Dear [REDACTED],

On July 25, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 11, 2016 eligibility determination notice, and February 12, 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).

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DEPARTMENT OF HEALTH
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Decision

Decision Date: August 03, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007237

[REDACTED]

Issue

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

Did NYSOH provide timely notice of your eligibility for Medicaid?

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

Procedural History

On October 24, 2015, NYSOH issued a notice 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 assistance. You were directed to update your account by December 15, 2015 or you might lose the financial assistance you were currently receiving.

On December 15, 2015, NYSOH received your updated application for financial assistance.

On December 16, 2015, a notice was issued stating more information was required to make a determination on whether or not you qualified for financial assistance. You were asked to provide income documentation for your household by December 31, 2015.

On December 18, 2015, a disenrollment notice was issued terminating your coverage with your Medicaid Managed care plan effective December 31, 2015.

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On February 10, 2016, NYSOH received your updated application for financial assistance.

On February 11, 2016, an eligibility determination was issued finding you eligible for Medicaid effective February 1, 2016. This was because your household income of \$16,208.00 was at or below the allowable income limit for that program.

On February 12, 2016, an enrollment confirmation notice was issued confirming your enrollment in a Medicaid Managed Care plan on February 11, 2016, with a start date of March 1, 2016.

On February 19, 2016, you spoke to NYSOH's Account Review Unit and appealed the February 12, 2016 enrollment confirmation notice insofar as it began your Medicaid Managed Care plan on March 1, 2016 and not January 1, 2016.

On July 25, 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 proceeding.

Findings of Fact

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

- 1) You testified that you are seeking insurance for yourself.
- 2) You are seeking a start date of January 1, 2016, for your Medicaid Managed Care plan.
- 3) The record reflects you uploaded income documentation in the form of your 2014 1040 Individual Income tax return on December 29, 2015.
- 4) The record shows your income documentation was invalidated on December 29, 2015 for a lack of signature by yourself or your preparer.
- 5) You testified that your certified public accountant e-filed your tax return and as a result there was no signature on your documentation.
- 6) The record shows you mailed in the same income documentation in the form of your 2014 1040 tax return and it was uploaded to your account on January 11, 2016.
- 7) The record shows your 2014 1040 tax return was validated on February 10, 2016 by the NYSOH without a signature of the preparer.

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- 8) You testified that you did receive a generic letter from NYSOH around January 10, 2016, asking for you to provide income documentation. However, you were not sure what was needed as the letter did not indicate what was missing from your prior submission.
- 9) The record shows NYSOH issued an income documentation request on January 8, 2016, asking for proof of income.
- 10) You enrolled in a Medicaid Managed Care plan on February 11, 2016.
- 11) You testified that you incurred medical costs in the month of January and February in the amount of approximately \$2,400.00.
- 12) You testified you reside in Montgomery County.

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

Applicable Law and Regulations

Medicaid for Adults between the Ages of 19 and 65

Medicaid through NYSOH can be provided to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the federal poverty level (FPL) for the applicable family size (42 CFR §§ 435.119(b), 435.911(b)(1), 435.603(d)(4); N.Y. Soc. Serv. Law § 366(1)(b)).

Effective Dates for Medicaid Enrollment

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)).

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)).

Retro Medicaid

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your December 29, 2015 application, that was the 2015 FPL, which is \$ 11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of application if the individual received medical services that would have been covered under Medicaid and the individual would have been eligible for Medicaid at the time he/she received the services if he/she had applied. (42 CFR § 435.915(a)). The Department of Health may make eligibility effective for fee-for-service Medicaid on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Timely Notice

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); 42 CFR § 435.1200(b)(3)(iii)).

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

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

Verification Process

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

Legal Analysis

The first issue for review is whether NYSOH provided timely notice of your eligibility determination for Medicaid.

On December 15, 2015, NYSOH received your updated application for financial assistance for the 2016 coverage year.

The next day on December 16, 2015, a notice was issued stating more information was required to make a determination and you were asked to provide income documentation for your household by December 31, 2015.

The record reflects you uploaded income documentation in the form of your 2014 1040 Individual Income tax return on December 29, 2015. Although you submitted the requested documentation by the deadline provided of December 31, 2015, the document was invalidated on December 29, 2015 for a lack of a signature by yourself or your preparer.

You testified that your certified public accountant e-filed your tax return when he submitted it to the I.R.S. and as a result there was no signature on your documentation. The record shows your 2014 1040 tax return was then validated on February 10, 2016, by the NYSOH without a signature of the preparer.

When NYSOH cannot verify information that is required to make an eligibility determination, it must notify the applicant and allow the applicant time to submit satisfactory documentation. NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. The applicant must be notified if the application does not contain sufficient information to permit NYSOH to conduct an eligibility determination. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

Since your initial application was completed with adequate income documentation that you provided on December 29, 2015, it took NYSOH until your next application on February 10, 2016 to provide you an eligibility determination notice notifying you of your eligibility for Medicaid on February 11,

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2016. Since a determination was finalized and issued on February 11, 2016, this was 44 days in total.

Since NYSOH complied with the 45 day rule requiring a final eligibility determination on your completed application, there determination was timely. Therefore, the February 11, 2016 eligibility determination notice is AFFIRMED as it properly began your eligibility for Medicaid as of February 1, 2016.

The second issue is whether NYSOH properly determined your Medicaid Managed Care plan would begin March 1, 2016.

You testified and the record supports you contacted NYSOH on February 11, 2016, and enrolled into a Medicaid Managed Care plan.

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 11, 2016, you selected a Medicaid Managed Care plan, so it properly took effect on the first day of the following month after February; that is, on March 1, 2016.

Therefore, the February 12, 2016, enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective March 1, 2016, was correct and must be AFFIRMED.

However, you may be eligible for Medicaid fee-for-service on a retroactive basis for the month of January, 2016, since you became eligible for Medicaid as of February 1, 2016.

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of application if the individual received medical services that would have been covered under Medicaid and the individual would have been eligible for Medicaid at the time he/she received the services if he/she had applied. The Department of Health may make eligibility effective for fee-for-service Medicaid on the first day of the month if an individual was eligible any time during that month.

Your case is RETURNED to NYSOH for you to provide income documentation of all gross earnings for the month of January, 2016 to determine if you were

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eligible for Medicaid during the period of January 1, 2016 to January 31, 2016, based on a one-person household, and residing in Montgomery County, NY.

Decision

The February 11, 2016 eligibility determination notice is AFFIRMED.

The February 12, 2016, enrollment confirmation notice is AFFIRMED

Your case is RETURNED to NYSOH for you to provide income documentation of all gross earnings for the month of January, 2016 to determine if you were eligible for Medicaid during the period of January 1, 2016 to January 31, 2016, based on a one-person household, and residing in Montgomery County, NY.

Effective Date of this Decision: August 03, 2016

How this Decision Affects Your Eligibility

You are eligible for Medicaid Fee-For-Service effective February 1, 2016.

Your Medicaid Managed Care plan properly began March 1, 2016.

Your case is RETURNED to NYSOH to determine your eligibility for Medicaid on a retroactive basis for the period of January 1, 2016 to January 31, 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)).

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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:
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- By fax: 1-855-900-5557

Summary

The February 11, 2016 eligibility determination notice is AFFIRMED.

The February 12, 2016, enrollment confirmation notice is AFFIRMED

You are eligible for Medicaid Fee-For-Service effective February 1, 2016.

Your Medicaid Managed Care plan properly began March 1, 2016.

Your case is RETURNED to NYSOH to determine your eligibility for Medicaid on a retroactive basis for the period of January 1, 2016 to January 31, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

