



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

Notice of Decision

Decision Date: July 14, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007239

[REDACTED]

Dear [REDACTED]

On July 6, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's February 20, 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).

This page intentionally left blank.



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

Decision

Decision Date: July 14, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007239

[REDACTED]

Issues

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

Was NY State of Health's February 17, 2016 eligibility determination notice timely?

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

Procedural History

On January 14, 2016 NY State of Health (NYSOH) received your updated application for health insurance.

On January 15, 2016 you uploaded to your NYSOH account a handwritten statement regarding your income and employment status. (Document [REDACTED]). This document was marked as invalid proof of income by NYSOH on that date.

On January 15, 2016, NYSOH issued a notice stating that you may be eligible for health insurance but more information was needed to make a determination. The income information you provided did not match what NYSOH had obtained from State and Federal data sources and NYSOH was unable to make a determination until you submitted additional income documentation.

On February 4, 2016 and February 5, 2016 you uploaded to your NYSOH account two documents from your previous employer regarding dates of last

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).

employment. (Documents [REDACTED] and [REDACTED]). These documents were verified by NYSOH on February 16, 2016.

On February 16, 2016, income information in your NYSOH account was updated based on your February 4, 2016 and February 5, 2016 documentation.

On February 17, 2016, NYSOH issued an eligibility determination based on the February 16, 2016 income information, stating that you were eligible for Medicaid effective February 1, 2016.

On February 19, 2016, you selected a Medicaid Managed Care plan.

Also, on February 19, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your Medicaid Managed Care plan insofar as it did not begin March 1, 2016.

On February 20, 2016 NYSOH issued a notice of enrollment, based on your February 19, 2016 plan selection, stating that you were enrolled in a Medicaid Managed Care plan and that your coverage would start on April 1, 2016.

On July 6, 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 testified, and the record reflects, that you are appealing your enrollment start date of your Medicaid Managed Care plan.
- 2) According to your NYSOH account, NYSOH received your application for financial assistance on January 14, 2016.
- 3) On January 15, 2016 NYSOH issued a notice stating that the New York State of Health did not have enough information from federal and state data sources to determine your eligibility for health coverage. The notice directs you to update the information on your NYSOH account by January 30, 2016 so an appropriate decision regarding your eligibility may be made. This notice listed what type(s) of documents can be used to confirm information on your application.
- 4) On February 4, 2016 and February 5, 2016 you uploaded letters from your previous employer to your NYSOH account stating you were no longer employed and the end date of employment. (Documents [REDACTED])

and [REDACTED]). These documents were verified by NYSOH on February 16, 2016.

- 5) The record reflects that you selected a Medicaid Managed Care plan on February 19, 2016.
- 6) You testified that you had surgery in January 2016 and because of the enrollment start date issue of your Medicaid Managed Care plan you did not go to the doctors for follow up care in the months of February and March 2016.
- 7) You testified that you want your Medicaid Managed Care plan to begin on March 1, 2016.

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

Applicable Law and Regulations

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)).

Medicaid Renewal:

In general, NYSOH must review Medicaid eligibility once every twelve 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 provided by the individual (45 CFR §155.335(h)).

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)).

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)).

Timely Notice of Medicaid Eligibility

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 CFR § 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)).

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 first issue is whether NYSOH's February 17, 2016 eligibility determination notice was timely.

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.

You updated your NYSOH account on January 14, 2016. On January 15, 2016, you uploaded a handwritten statement regarding your income and employment status. This document was marked as invalid proof of income by NYSOH on that date.

On January 15, 2016, NYSOH issued a notice requesting you submit income documentation by January 30, 2016, to confirm your eligibility because the income information you provided did not match what NYSOH had obtained from State and Federal data sources.

On February 4 and 5, 2016, you uploaded to your NYSOH account two letters from your previous employer stating you were no longer employed and the end date of employment. (Documents [REDACTED] and [REDACTED]). On February 16, 2016, a NYSOH representative marked those letters as valid proofs of income. Therefore, your application was considered complete at that time for purposes of issuing an eligibility determination. NYSOH had 45 days to make a determination of your eligibility at that point.

NYSOH issued an eligibility determination notice on February 17, 2016 that stated you were eligible for Medicaid effective February 1, 2016. Since NYSOH issued an eligibility determination 13 days from the date your application was considered complete, the February 17, 2016 eligibility determination was timely.

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

The record reflects that you contacted NYSOH on February 19, 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 19, 2016, you selected a Medicaid Managed Care plan, so it properly took effect on the first day of the second month following after February 2016; that is, on April 1, 2016.

Therefore, the February 20, 2016 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective April 1, 2016, was correct and must be AFFIRMED.

Decision

The February 17, 2016 eligibility determination notice was timely.

The February 20, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: July 14, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is April 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 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).

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 17, 2016 eligibility determination notice was timely.

The February 20, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is April 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:

