



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

Notice of Decision

Decision Date: August 12, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007534

[REDACTED]

Dear [REDACTED],

On August 9, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 1, 2016 and March 2, 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 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

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007534



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 your enrollment in your Medicaid Managed Care plan was effective April 1, 2016?

Procedural History

On March 5, 2015, NYSOH issued an eligibility determination notice stating that you were found eligible for Medicaid, effective March 1, 2016.

On March 6, 2015, NYSOH issued a notice of enrollment confirming that you selected Hudson Health Plan, Inc. on March 5, 2015 as your Medicaid Managed Care (MMC) plan.

On January 15, 2016, NYSOH issued a renewal notice stating that it was time to renew your health insurance for the upcoming year. That notice also stated that based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by February 15, 2016 or you might lose the financial assistance you were currently receiving.

On February 7, 2016, NYSOH received a revised application in which you attested to not seeking financial assistance.

On February 8, 2016, NYSOH issued an eligibility redetermination notice stating that you were newly eligible to purchase a qualified health plan (QHP) at full cost. This eligibility determination was effective March 1, 2016.

Also on February 8, 2016, NYSOH issued a disenrollment notice stating that your MMC plan coverage with MVP Health Plan, Inc. (f/k/a Hudson Health Plan, Inc.) would end effective February 29, 2016. This notice was issued because you were no longer eligible to remain enrolled in your current health plan.

Finally, on February 8, 2016, NYSOH received a revised application in which you were again seeking financial assistance.

On February 9, 2016, NYSOH issued a notice stating that you may be eligible for health insurance through NYSOH, but more information was needed to make a determination. You were requested to provide income documentation by February 24, 2016 to confirm the information you provided in your application was accurate.

Also on February 9, 2016, NYSOH received a signed copy of your Form 1040 U.S. Individual Income Tax Return for 2014 with the associated schedules. These documents were verified by NYSOH as acceptable proof of your income on February 19, 2016.

On February 20, 2016, NYSOH issue an eligibility redetermination notice based on updated information received as of February 19, 2016. The notice stated that you were eligible for Medicaid, effective March 1, 2016. The notice also instructed you to select a plan at that time.

On March 1, 2016 and March 2, 2016, NYSOH issued notices of enrollment confirming your selection of MVP Health Plan, Inc. on February 29, 2016 as your MMC plan coverage. The notice stated that your coverage under this MMC plan would begin April 1, 2016. You spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your MMC plan, insofar as it did not begin March 1, 2016.

On August 9, 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 that in response to NYSOH's request for you to update your account by February 15, 2016, you had inadvertently submitted a revised

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application on February 7, 2016 in which you were not seeking financial assistance.

- 2) You were disenrolled from your MMC plan coverage effective February 29, 2016.
- 3) You testified that you called NYSOH the following day, on February 8, 2016, to submit a new application in which you were seeking financial assistance. In response to this application, NYSOH issued a notice on February 9, 2016 requesting that you provide additional income documentation to confirm the information contained in your account was accurate.
- 4) On February 9, 2016, you provided a copy of your Form 1040 U.S. Individual Income Tax Return for 2014. You testified that a NYSOH representative told you that it could take up to 10 days for NYSOH to complete their review of your documentation.
- 5) Your 2014 tax return for was verified by NYSOH as acceptable proof of your income on February 19, 2016.
- 6) You testified, and the record reflects, that you selected your MMC plan on February 29, 2016, and that your enrollment was effective on April 1, 2016.
- 7) You testified that you want your MMC plan to begin on March 1, 2016, rather than April 1, 2016, because the new health care providers you are seeking to treat you do not accept patients who have interrupted coverage under MVP Health Plan, Inc. during the 2016 plan year.

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)).

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-

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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 enrollment in your MMC was effective April 1, 2016.

The record reflects that you updated your account on February 8, 2016, which reflected that you were seeking financial assistance. In a notice issued by NYSOH on February 9, 2016, you were requested to provide income documentation by February 24, 2016 to confirm the information you provided in your application was accurate.

The record also reflects that on that same day, February 9, 2016, you provided to NYSOH a copy of your Form 1040 U.S. Individual Income Tax Return for 2014. NYSOH did not review and verify this document as acceptable proof of income by NYSOH until February 19, 2016. Based on NYSOH's verification of your 2014 tax return as acceptable income documentation, a new determination was issued on February 20, 2016 finding you eligible for Medicaid effective March 1, 2016.

You testified, and the record reflects, that you selected MVP Health Plan, Inc. as your MMC plan on February 29, 2016.

The date on which a MMC plan can take effect depends on the day a person selects the plan for enrollment.

However, the credible evidence of record reflects that since NYSOH did not verify your 2014 tax return as acceptable proof of your income until February 19, 2016 restricted your ability to select an MMC plan, such that it caused you to have a one month gap in MMC plan coverage during March 2016. Accordingly, since you provided the necessary income documentation for NYSOH review on February 9, 2016, we must infer that you would have selected MVP Health Plan, Inc. as your MMC plan as of that date, rather than February 29, 2016.

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.

Since we infer that you would have selected MVP Health Plan, Inc. as your MMC plan on February 9, 2016, it should have taken effect on the first day of the month following after February 2016; that is, on March 1, 2016.

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Therefore, the March 1, 2016 and March 2, 2016 notices of enrollment are MODIFIED to state that your enrollment in MVP Health Plan, Inc., as your MMC plan, is effective March 1, 2016.

Your case is RETURNED to NYSOH to effectuate the above modifications to your account, and to ensure your account reflects no break in MMC plan coverage with MVP Health Plan, Inc. to date during 2016.

Decision

The March 1, 2016 and March 2, 2016 notice of enrollment are MODIFIED to state that your enrollment in MVP Health Plan, Inc., as your MMC plan, is effective March 1, 2016.

Your case is RETURNED to NYSOH to effectuate the above modifications to your account, and to ensure your account reflects no break in MMC plan coverage with MVP Health Plan, Inc. to date during 2016.

Effective Date of this Decision: August 12, 2016

How this Decision Affects Your Eligibility

The effective date of your MVP Health Plan, Inc. as your MMC plan is 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 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 March 1, 2016 and March 2, 2016 notice of enrollment are MODIFIED to state that your enrollment in MVP Health Plan, Inc., as your MMC plan, is effective March 1, 2016.

Your case is RETURNED to NYSOH to effectuate the above modifications to your account, and to ensure your account reflects no break in MMC plan coverage with MVP Health Plan, Inc. to date during 2016.

The effective date of your MVP Health Plan, Inc. as your MMC plan is March 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:

