



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

Notice of Decision

Decision Date: October 14, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007971

[REDACTED]

Dear [REDACTED],

On September 1, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 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 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: October 14, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007971

[REDACTED]

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 (MMC) plan was effective April 1, 2016?

Procedural History

On January 20, 2016, NYSOH received your updated application for health insurance and financial assistance. That same day, you uploaded a document to your NYSOH account.

On January 21, 2016, NYSOH issued a notice stating that your January 20, 2016 application had been reviewed, but that more information was needed to make a determination of your eligibility for health insurance. The notice directed you to submit documentation of your income by February 5, 2016.

On January 29, 2016, NYSOH issued a notice stating that they had received the documentation you submitted, but that it was insufficient to resolve the request, without specifying what was wrong with the documentation you submitted. The notice further instructed you to submit documentation of your income, and attached a list of acceptable documents to prove income.

On February 3, 2016, you uploaded a document to your NYSOH account.

On February 20, 2016, NYSOH issued a notice stating that more information was needed to make a determination regarding your eligibility for health insurance. The notice directed you to submit income documentation by March 6, 2016.

On February 22, 2016, your NYSOH account was updated.

On February 23, 2016 and February 27, 2016, NYSOH issued notices stating that more information was needed to make a determination regarding your eligibility for health insurance. The notice directed you to submit income documentation by March 9, 2016, and then by March 13, 2016.

On March 3, 2016, you uploaded a document to your NYSOH account.

On March 10, 2016, your NYSOH account was updated.

On March 11, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective March 1, 2016.

On March 12, 2016, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in a MMC plan, effective April 1, 2016.

On March 16, 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 September 1, 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 updated your application for financial assistance on January 20, 2016.
- 2) The record reflects that you also uploaded a one-page document to your NYSOH account that same day, consisting of a letter from a former employer.
- 3) The record reflects that, on January 28, 2016, NYSOH reviewed the document you uploaded, and determined that it was not valid proof of your income.
- 4) The record reflects that you uploaded another document to your NYSOH account on February 3, 2016. This was a one-page image of an

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Unemployment Insurance Monetary Benefit Determination with a mailed date of January 20, 2016. The document stated that your weekly benefit rate was \$0.00.

- 5) On February 12, 2016, a representative from NYSOH reviewed the document that you uploaded on February 3, 2016, and made the following comment: "Valid proof of income. [REDACTED] has no current wage hits and is currently unemployed with no earned income from employment. Letter sent [REDACTED]." This comment appears under the "Invalid Documents" Tab in the Documents section of your NYSOH account.
- 6) The record reflects that you uploaded a document to your NYSOH account on March 3, 2016. This was a one-page image of an Unemployment Insurance Monetary Benefit Determination with a mailed date of February 3, 2016. The document stated that your weekly benefit rate was \$281.00.
- 7) You testified that you first received a notice stating that you were not eligible for Unemployment Insurance, but then started receiving Unemployment Insurance Benefits in February 2016.
- 8) The record reflects that NYSOH found you eligible for Medicaid in a notice dated March 11, 2016, and that an MMC plan was selected for you on March 11, 2016.
- 9) You testified that you had chosen your MMC plan because it was the same plan you had in 2015, and that you had informed NYSOH that you wanted to stay in that plan when you first called to update your application in February 2016.
- 10) You testified that you want your MMC plan to begin on March 1, 2016 because you have a medical bill for March 2016 from a doctor that does not take straight Medicaid.

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 under review is whether NYSOH properly determined that your enrollment in the Medicaid Managed Care plan was effective April 1, 2016.

The record reflects that you first contacted NYSOH on January 20, 2016 to renew your health insurance coverage for 2016. The record further reflects that a MMC plan was selected on March 11, 2016.

The date on which a Medicaid Managed Care plan can take effect depends on the day the plan is selected 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.

Therefore, since your MMC plan was selected on March 11, 2016, it ordinarily would take effect on the first day of the second month following after March; that is, on April 1, 2016.

However, information in the record indicates that you originally updated your application for health insurance on January 20, 2016. You were required to submit more income documentation, which you did on January 20, 2016 and February 3, 2016. The record reflects that NYSOH reviewed your income documentation from February 3, 2016 on February 12, 2016 and determined that it was valid. However, the NYSOH representative who validated your income information incorrectly indicated that the information was invalidated in your NYSOH account. Due to this error, your eligibility was not redetermined on February 12, 2016, the day your income information was validated, and you were not found eligible for Medicaid until your eligibility was run on March 10, 2016.

Had your income information been processed correctly, you may have had time to enroll in a MMC plan for a March 1, 2016 start date. However, though your income information was submitted on February 3, 2016, your application was not accepted until March 10, 2016, which prevented any possibility of your enrollment into a MMC plan for a March 1, 2016 start date.

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Since your inability to select an MMC Plan for a March 1, 2016 start date was attributable to NYSOH error, the March 12, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your MMC plan started on March 1, 2016.

Your case is RETURNED to NYSOH to backdate your MMC plan start date to March 1, 2016.

Decision

The March 12, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your MMC plan started on March 1, 2016.

Your case is RETURNED to NYSOH to backdate your MMC plan start date to March 1, 2016.

Effective Date of this Decision: October 14, 2016

How this Decision Affects Your Eligibility

The effective date of your MMC plan is March 1, 2016.

Your case is being sent back to NYSOH backdate your MMC plan enrollment start date to 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
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Summary

The March 12, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your MMC plan started on March 1, 2016.

Your case is RETURNED to NYSOH to backdate your MMC plan start date to March 1, 2016.

The effective date of your MMC plan is March 1, 2016.

Your case is being sent back to NYSOH backdate your MMC plan enrollment start date to 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:

