



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

Notice of Decision

Decision Date: November 18, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008056

[REDACTED]

Dear [REDACTED],

On October 5, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 19, 2016 eligibility determination and March 19, 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.

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NY State of Health Account ID: [REDACTED]
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Issues

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

Did NY State of Health (NYSOH) provide a timely determination of your Medicaid eligibility as of March 19, 2016?

Did NYSOH properly determine that your Medicaid Managed Care plan began May 1, 2016?

Procedural History

On April 28 2015, NYSOH issued an eligibility redetermination notice that stated you were no longer eligible for Medicaid; however, your coverage would continue until March 31, 2016. The notice instructed you to come back between February 15, 2016 and March 16, 2016 and update the information in your NYSOH account so that an approximate decision as to your eligibility for financial assistance for the next policy year could be made.

On February 8, 2016, NYSOH issued a notice stating that it was time to renew your health insurance and, 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. The notice instructed you to update your account between February 16, 2016 and March 15, 2016, or you might lose the financial assistance you were currently receiving.

On March 10, 2016, you updated your application for financial assistance with NYSOH. Also on that date, you uploaded to your account for proof of income your 2014 Form 1040 U.S. Individual Income Tax Return.

On March 11, 2016, NYSOH issued a notice stating that your application had been reviewed, but that more information was needed to make an eligibility determination. You were advised to submit income documentation for your household to confirm the information in your application by March 26, 2016. An attachment to the notice stated the types of documentation you could provide.

Also on March 11, 2016, NYSOH issued a disenrollment notice stating that your Medicaid Managed Care plan would terminate effective March 31, 2016.

On March 13, 2016, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income documentation you provided did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by March 28, 2016.

On March 17, 2016, the documentation you provided on March 10, 2016 was verified and your eligibility was redetermined by NYSOH.

Also on March 17, 2016, NYSOH issued a preliminary eligibility redetermination that stated you were eligible to enroll in Medicaid effective April 1, 2016.

On March 18, 2016, you selected a Medicaid Managed Care plan for yourself.

Also on March 18, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of the start date of your Medicaid Managed Care plan, requesting that it begin April 1, 2016.

On March 19, 2016, NYSOH issued an eligibility redetermination notice, based on the March 17, 2016 updated application for financial assistance, stating that you were eligible for Medicaid effective April 1, 2016.

Also on March 19, 2016, an enrollment confirmation notice was issued confirming your selection of a Medicaid Managed Care plan on March 18, 2016. The notice confirmed your enrollment in a plan starting May 1, 2016.

On October 5, 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 supports the following findings of fact:

- 1) According to your NYSOH account and your testimony, you are appealing your enrollment start date of your Medicaid Managed Care plan.
- 2) According to your NYSOH account, your eligibility for Medicaid was renewed in April 2015.
- 3) According to your NYSOH account, NYSOH received your updated application for financial assistance on March 10, 2016.
- 4) On March 10, 2016, you uploaded to your account a copy of your 2014 Form 1040 U.S. Individual Income Tax Return as proof of the income stated on your application for financial assistance.
- 5) On March 17, 2016, NYSOH verified your 2014 Form 1040 U.S. Individual Income Tax Return as acceptable proof of income.
- 6) According to your NYSOH account, you selected a Medicaid Managed Care plan on March 18, 2016.
- 7) You testified that you do not have any medical expenses during the month of April 2016 because you avoided medical treatment while your enrollment issue was unsettled.
- 8) You testified that you operate a small home cosmetics sales business and only earn a couple hundred dollars a years.
- 9) You testified that you called NYSOH sometime in February 2016 and was told that you needed to submit three months of business records as proof of income. You testified that you were not told you could submit your income tax return for 2014 as proof of income during this February 2016 conversation with a NYSOH representative. You stated that if you had been told you could submit the 2014 income tax return, you would have made your application for insurance earlier.
- 10) You testified that you want your Medicaid Managed Care plan to begin on April 1, 2016 because you submitted proof of income prior to March 15, 2016 and your eligibility should be based on when you submitted the required documents and not when NYSOH verified them.

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-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)).

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), 42 CFR § 435.945).

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) 42 CFR § 435.952).

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).

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Legal Analysis

The first issue is whether NYSOH's provided you with timely determination of your Medicaid eligibility as of March 19, 2016.

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 March 10, 2016. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

On March 10, 2016, you uploaded a copy of your 2014 Form 1040 U.S. Individual Income Tax Return and on March 17, 2016, NYSOH verified that income tax return as acceptable proof of income.

Therefore, your application was considered complete as of March 10, 2016 for purposes of issuing an eligibility determination.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. 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.

NYSOH issued an eligibility determination notice on March 19, 2016 that stated you were eligible for Medicaid effective April 1, 2016. Since NYSOH issued an eligibility determination 9 days from the date your application was considered complete, the March 19, 2016 eligibility determination was timely.

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

The record reflects that you contacted NYSOH on March 18, 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.

Since the March 17, 2016 preliminary eligibility redetermination and the subsequent March 19, 2016 eligibility redetermination notice were timely issued, you were able to select a Medicaid Managed Care plan as of March 18, 2016. Your plan would therefore properly take effect on the first day of the following month after April 2016; that is, on May 1, 2016.

Therefore, the March 19, 2016 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective May 1, 2016, was correct and must be AFFIRMED.

Decision

The March 19, 2016 eligibility redetermination was timely and is AFFIRMED.

The March 19, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: November 18, 2016

How this Decision Affects Your Eligibility

This decision does not affect your eligibility.

Your enrollment in your Medicaid Managed Care plan is May 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

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

Summary

The March 19, 2016 eligibility redetermination was timely and is AFFIRMED.

The March 19, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not affect your eligibility.

Your enrollment in your Medicaid Managed Care plan is May 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:

