



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

Notice of Decision

Decision Date: September 19, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008066

[REDACTED]

Dear [REDACTED],

On September 14, 2016 you appeared by telephone at a hearing on your appeal of your son's NY State of Health's February 18, 2016 disenrollment notice and March 19, 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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Issues

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

Did NY State of Health (NYSOH) properly determine that your son's enrollment in his Medicaid Managed Care plan ended February 29, 2016?

Was NYSOH March 19, 2016 eligibility determination notice timely allowing your son's Medicaid Managed Care plan to begin May 1, 2016?

Procedural History

On May 12, 2015, NYSOH issued a notice of eligibility determination stating that your son was eligible for Medicaid effective March 1, 2015.

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

No updates were made to your account by February 15, 2016.

On February 17, 2016, NYSOH issued an eligibility determination notice stating that your son was not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. Your son also could not enroll in a qualified health plan at full cost. This was because you

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had not responded to the renewal notice and had not completed your renewal within the required time frame. Your son's eligibility ended February 29, 2016.

On February 25, 2016 and February 26, 2016, NYSOH received your updated applications for health insurance.

On February 26, 2016 and February 27, 2016, NYSOH issued notices stating that NYSOH could not make an eligibility determination until you provide NYSOH with income documentation by March 12, 2016 and March 13, 2016, respectively.

On March 7, 2016, you faxed in income documentation to NYSOH.

On March 17, 2016 an application was submitted based on the income documentation you provided. That day, a preliminary eligibility determination was prepared stating that your son was eligible for Medicaid.

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

Also on March 18, 2016 you spoke to NYSOH's Account Review Unit and appealed your son's disenrollment from his Medicaid Managed Care plan.

On March 19, 2016, NYSOH issued an eligibility determination notice based on the March 17, 2016 application, stating your son was eligible for Medicaid, effective March 1, 2016.

Also, on March 19, 2016, an enrollment confirmation notice was issued based on your March 18, 2016 Medicaid Managed Care plan selection that stated your son's Medicaid Managed Care plan was effective as of May 1, 2016.

On September 14, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, Spanish Interpreter # [REDACTED] assisted. 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 you are appealing your son's disenrollment from Medicaid and his Medicaid Managed Care plan as of February 29, 2016.
- 2) The enrollment history tab in your NYSOH account indicates that your son was initially found eligible for Medicaid as of March 1, 2015.

- 3) You testified, and the record reflects, you receive all of your notices from NYSOH by regular mail.
- 4) You testified you did not receive any notices telling you that you needed to update your application in order to renew your son's Medicaid Managed Care coverage.
- 5) You testified you did not know you needed to update your account until you brought your son into his doctor, who advised you that your son's insurance was about to cancel. You testified this happened before your son's coverage terminated.
- 6) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 7) You testified your son's prior Medicaid coverage started in May, 2015 and that you should have not had to renew his coverage because your son should have had a full year of coverage.
- 8) You testified that at some time after your son visited his doctor and you were notified of the pending termination in coverage, you updated his application for health insurance.
- 9) The record reflects that on February 25, 2016 and February 26, 2016, NYSOH received your updated applications for health insurance.
- 10) On March 7, 2016, you faxed in paystubs and on March 17, 2016 those paystubs were verified as valid forms of income documentation.
- 11) The record reflects, you selected a Medicaid Managed Care plan for your son on March 18, 2016.
- 12) You testified you want your son's Medicaid Managed Care plan to begin on March 1, 2016 because you have medical bills for both the months of March 2016 and April 2016.

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

Applicable Law and Regulations

Medicaid Renewal

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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)).

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 (MMC) 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, N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR § 360-10.3(h)).

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)).

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))

In the case of a child, who is at least 1 year of age but younger than 19 years of age, NYSOH must provide Medicaid applicants notice of their eligibility determination within 30 days from the date of the application (18 NYCRR 360-2.4(a)(3)(ii)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your son's enrollment in his Medicaid Managed Care plan ended effective February 29, 2016.

NYSOH's system indicates that your son's eligibility for Medicaid began as of March 1, 2015.

Generally, NYSOH must re-determine a qualified individual's eligibility for Medicaid once every 12 months 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. NYSOH's renewal notice stated that there was not enough information to determine whether you were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by February 15, 2016, or your financial assistance might end.

Because there was no timely response to this notice, your son was terminated from his Medicaid Managed Care plan effective February 29, 2016, 12 months after his March 1, 2015 start date.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

You testified that your son's coverage did not begin until May 2015 and therefore you should not have been required to renew his coverage because your son should have coverage for a full year. However, the record reflects your son's health coverage did last for a full year beginning on March 1, 2015, as is stated in the eligibility notice of May 12, 2015, and ending on February 29, 2016.

Therefore, the record reflects, not only was NYSOH's request for renewal by February 15, 2016 proper, but NYSOH also properly notified you of your son's annual renewal and that information in your NYSOH account needed to be updated in order to ensure your son's enrollment in his health plan and eligibility for financial assistance would continue as well.

Since you failed to timely renew your son's health coverage, NYSOH properly ended your son's coverage as of February 29, 2016. Therefore, the disenrollment notice dated February 18, 2016 is AFFIRMED.

The second issue is whether NYSOH's March 19, 2016 eligibility determination notice was timely allowing your son's Medicaid Managed Care plan to begin May 1, 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 account on February 25, 2016 and February 26, 2016.

On February 26, 2016 and February 27, 2016, NYSOH issued notices requesting you submit income documentation by March 12, 2016 and March 13, 2016, respectively, to confirm your eligibility because the income information you provided did not match what NYSOH had obtained from State and Federal data sources.

On March 7, 2016 you faxed in paystubs to NYSOH to satisfy the documentation request. On March 17, 2016, a NYSOH representative marked those documents as valid proofs of income. Therefore, your application was considered complete at that time for purposes of issuing an eligibility determination.

NYSOH must provide Medicaid eligible children notice of their eligibility determination within 30 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 your son was eligible for Medicaid effective March 1, 2016. Since NYSOH issued an eligibility determination two days from the date your application was considered complete, the March 19, 2016 eligibility determination was timely. As a result of that determination, you were then able to enroll your son 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 March 18, 2016, you selected a Medicaid Managed Care plan for your son, so it properly took effect on the first day of the second month following after March 2016; that is, on May 1, 2016.

Since the March 19, 2016 eligibility determination notice was timely issued, the March 19, 2016 enrollment confirmation notice stating that your enrollment in your son's Medicaid Managed Care plan would be effective May 1, 2016, was correct and must be AFFIRMED.

Decision

The February 17, 2016 disenrollment notice is AFFIRMED.

The March 19, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: September 19, 2016

How this Decision Affects Your Eligibility

This decision does not change your son's eligibility.

The effective date of your son's 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 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 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 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 17, 2016 disenrollment notice is AFFIRMED.

The March 19, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your son's 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:

