



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

Notice of Decision

Decision Date: September 26, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008146

[REDACTED]

Dear [REDACTED],

On September 14, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's March 22, 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: September 26, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008146

[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 Plan was effective May 1, 2016?

Procedural History

On January 12, 2016, NYSOH issued a notice that it was time to renew your health insurance for 2016. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether or not 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 receiving.

On January 20, 2016 you contacted NYSOH to update your application for health insurance.

On January 21, 2016, NYSOH issued a notice indicating that you may have been eligible for health insurance through NYSOH but more information was needed to make a determination. This notice further stated that in order for your eligibility to be determined, you must submit income documentation for your household by February 5, 2016.

On January 29, 2016 and February 2, 2016 income documentation was uploaded to your NYSOH account.

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On February 8, 2016 NYSOH verified your income documentation.

On February 9, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective March 1, 2016. This same eligibility determination directed you to pick a health plan.

On March 21, 2016 you contacted NYSOH to enroll in a Medicaid Managed Care Plan.

On March 22, 2016 an enrollment confirmation notice was issued that stated that you had selected a Medicaid Managed Care Plan and the effective date of that plan was May 1, 2016.

On March 21, 2016 you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation insofar as it began your Medicaid Managed Care plan on May 1, 2016 and not March 1, 2016.

On September 14, 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) You testified that you believe you received the January 12, 2016 notice asking you to update your NYSOH account.
- 2) The record reflects that on January 29, 2016 and February 2, 2016 income documentation was uploaded to your NYSOH account.
- 3) On January 29, 2016 a letter authored by you was uploaded to your NYSOH account. In this letter you advised that you wished to keep your same Medicaid Managed Care Plan.
- 4) You testified that you first became aware that you were disenrolled from your Medicaid Managed Care Plan in March of 2016 when you attempted to fill a prescription.
- 5) You testified that you contacted NYSOH and in conversations with NYSOH you were advised that there was nothing further you needed to do in order to keep your Medicaid Managed Care Plan.
- 6) On February 2, 2016 you placed a phone call to NYSOH. A review of that phone call reveals that you were calling regarding notices you had

received regarding submitting income information. At that time, the NYSOH representative advised that once your income documentation was verified, your eligibility would change. Although the representative noted that you were already enrolled in a plan, you would still need to access your account and confirm your enrollment once your eligibility had changed.

- 7) On February 8, 2016 NYSOH verified your income documentation.
- 8) On February 9, 2016 you placed another phone call to NYSOH. A review of that phone call reveals that the NYSOH representative advised you that at that time your renewal was complete and there was nothing more you needed to do and that your coverage would start in March and you were all set.

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

Applicable Law and Regulations

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)).

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)).

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).

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)).

Legal Analysis

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

Generally, NYSOH must redetermine 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

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or other more current information available to the agency. NYSOH's January 12, 2016 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.

The record shows that on January 20, 2016 you updated the information in your NYSOH account.

On January 21, 2016 NYSOH issued a notice requesting you submit income documentation by February 5, 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 January 29, 2016 and February 2, 2016 income documentation was uploaded to your account. On February 8, 2016, an NYSOH representative marked those letters as valid proof of income. Therefore, your application was considered complete at that time for purposes of issuing an eligibility determination.

NYSOH issued an eligibility determination notice on February 9, 2016 that stated you were eligible for Medicaid effective March 1, 2016. Since NYSOH issued an eligibility determination 6 days from the date your application was considered complete, the February 9, 2016 eligibility determination was timely.

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 goes into effect on the first day of the following month. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month.

At the time of the February 2, 2016 phone call to NYSOH, the NYSOH representative advised you that once your eligibility status in your NYSOH account had changed, you would need to confirm your enrollment, even though you were already enrolled in a plan.

On February 9, 2016 you contacted NYSOH to follow-up on the status of your renewal. . At that time, you were advised that your renewal was complete and there was nothing more you needed to do. This information was given in error, as you needed to enroll in a Medicaid Managed Care Plan at that time. If a plan had been selected on February 9, 2016, that plan would have taken effect on the first day of the next month, that is, on March 1, 2016.

Therefore, NYSOH's March 22, 2016 notice of enrollment confirmation is MODIFIED to state that your enrollment in your Medicaid Managed Care Plan is effective March 1, 2016.

Your case is RETURNED to NYSOH to enroll you into your Medicaid Managed Care plan effective March 1, 2016.

Decision

The March 22, 2016 notice of enrollment confirmation is MODIFIED to state that your enrollment in your Medicaid Managed Care Plan is effective March 1, 2016.

Your case is RETURNED to NYSOH to enroll you into your Medicaid Managed Care plan effective March 1, 2016.

Effective Date of this Decision: September 26, 2016

How this Decision Affects Your Eligibility

The effective date of your Medicaid Managed Care 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)).

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.

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If You Have Questions about this Decision (Customer Service Resources):

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Summary

The March 22, 2016 notice of enrollment confirmation is MODIFIED to state that your enrollment in your Medicaid Managed Care Plan is effective March 1, 2016.

Your case is RETURNED to NYSOH to enroll you into your Medicaid Managed Care plan effective March 1, 2016.

The effective date of your Medicaid Managed Care 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:

