



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

## Notice of Decision

Decision Date: November 08, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000008248

[REDACTED]

Dear [REDACTED],

On October 17, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's February 20, 2016 eligibility determination notice and February 26, 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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STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## Decision

Decision Date: October 20, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000008248

[REDACTED]

## Issues

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

Did NY State of Health (NYSOH) make a timely determination of your Medicaid eligibility?

Did NYSOH properly determine that your enrollment in your Medicaid Managed Care plan was effective April 1, 2016?

## Procedural History

On February 13, 2015 NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective February 1, 2015. You subsequently enrolled into a Medicaid Managed Care plan.

On January 12, 2016, NYSOH issued a notice indicating it was time to renew your NYSOH coverage. The notice stated that you now qualify for a tax credit up to \$161.12 per month, effective March 1, 2016. The notice further indicated that you were not eligible to enroll in your current health plan. If you thought NYSOH made a mistake you were advised to update your NYSOH Account by February 15, 2016.

On January 21, 2016 NYSOH received your updated application for health insurance.

On January 22, 2016, NYSOH issued a notice indicating your application for health insurance through NYSOH had been reviewed and that more information was needed in order to make an eligibility determination.

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On January 22, 2016, NYSOH issued a disenrollment notice stating that you would be disenrolled from your Medicaid Managed Care plan effective February 29, 2016.

On February 1, 2016, you uploaded an August 20, 2015 letter from a former employer stating that your last date of employment was August 28, 2015.

On February 11, 2015, NYSOH issued a notice indicating additional information was required to confirm your eligibility for health insurance through New York State of Health. The notice further alleged you had submitted documentation to resolve the inconsistency; however, the documentation appeared to be insufficient to resolve the request.

On February 20, 2016, NYSOH issued a notice of eligibility redetermination indicating you were found Medicaid eligible effective March 1, 2016. The notice further advised you to "pick a health plan".

On February 26, 2016, NYSOH issued a notice confirming your enrollment in a Medicaid Managed Care plan as of February 25, 2016 with a plan start date of April 1, 2016.

On March 23, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of the start date of your Medicaid Managed Care coverage, insofar as it did not begin March 1, 2016.

On October 17, 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 created your NYSOH account and submitted an application to NYSOH for financial assistance on February 9, 2014.
- 2) On March 3, 2014 you provided documentation to confirm the information in your February 9, 2014 application.
- 3) You testified that you received the January 12, 2016 notice to renew your application for financial assistance from NYSOH.
- 4) You updated your application to NYSOH for financial assistance on January 21, 2016.

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- 5) On February 1, 2016, you uploaded an August 20, 2015 letter from a former employer stating that your last date of employment was August 28, 2015.
- 6) You testified that NYSOH mistakenly reviewed old income documents previously uploaded to your account in determining your eligibility for the current year rather than the most recent income documentation uploaded to your account February 1, 2016.
- 7) On February 20, 2016, NYSOH validated the documents you submitted on February 1, 2016 and determined you eligible for Medicaid with an effective date of March 1, 2016.
- 8) The record reflects you chose a Medicaid Managed Care plan on February 25, 2016.
- 9) You testified that you were without a Medicaid Managed Care plan for the month of March 2016 and that you have outstanding medical bills from that time in the approximate amount of \$146.83.
- 10) You testified that you are seeking to have your Medicaid Managed Care plan start date backdated to March 1, 2016.
- 11) The record reflects that you were eligible for Medicaid fee for service effective March 1, 2016 and Medicaid Managed Care effective April 1, 2016.

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);

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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)).

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).

## **Legal Analysis**

The first issue under review is whether NYSOH's February 20, 2016 eligibility determination was timely.

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 January 21, 2016. On January 22, 2016 NYSOH issued a notice requesting you submit income documentation by

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February 6, 2016, to confirm that the information you provided in your application was accurate.

On February 1, 2016 you uploaded an August 20, 2015 letter from your former employer providing your last date of employment. In response, NYSOH issued a notice dated February 11, 2016 indicating that the documentation submitted was insufficient to resolve inconsistencies in your account.

You testified, and the record reflects, that the February 11, 2016 notice from NYSOH erroneously indicated that the income documentation you uploaded on February 1, 2016 was insufficient insofar as the record establishes that NYSOH later validated the same documentation when determining you Medicaid eligible on February 20, 2016.

Notwithstanding any error by NYSOH in reviewing and/ or validating documentation, NYSOH issued an eligibility determination on February 20, 2016 indicating that you were Medicaid eligible effective March 1, 2016. This was 20 days from the date you uploaded the requested income documentation. As NYSOH has 45 days from the date of the application to notify Medicaid applicants of their eligibility determination, the February 20, 2016 eligibility determination was timely made and is AFFIRMED

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

The record reflects that you contacted NYSOH on February 25, 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.

On February 25, 2016, you selected a Medicaid Managed Care plan, so it properly took effect on the first day of the second following month, that is, on April 1, 2016.

To the extent you argued that an untimely notice of eligibility by NYSOH prevented you from choosing a Medicaid Managed Care plan before February 15, 2016, said eligibility notice has been deemed timely for reasons stated above.

Therefore, the February 26, 2016 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective April 1, 2016, was correct and must be AFFIRMED.

## **Decision**

The February 20, 2016 eligibility determination was timely and is AFFIRMED.

The February 26, 2016 enrollment notice is AFFIRMED.

**Effective Date of this Decision:** October 20, 2016

## **How this Decision Affects Your Eligibility**

This decision does not change your eligibility.

Your eligibility for Medicaid was effective as of March 1, 2016.

The effective date of your Medicaid Managed Care plan is April 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):**

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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- By fax: 1-855-900-5557

## **Summary**

This decision does not change your eligibility.

Your eligibility for Medicaid was effective as of March 1, 2016.

The February 20, 2016 eligibility determination is AFFIRMED.

The effective date of your Medicaid Managed Care plan is April 1, 2016.

The February 26, 2016 enrollment notice is AFFIRMED.

## **Legal Authority**

We are issuing this determination in accordance with 45 CFR § 155.545.

**A Copy of this Decision Has Been Provided To:**

