



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

Notice of Decision

Decision Date: November 3, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008799



Dear [REDACTED]

On October 19, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 8, 2016 eligibility determination and April 12, 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.

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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NY State of Health Account ID: [REDACTED]
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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 April 9, 2014, your account ([REDACTED]) was updated and an application was submitted.

On May 23, 2014, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid effective April 1, 2014 but that you needed to choose a Medicaid Managed Care plan.

On April 9, 2015, your account ([REDACTED]) was updated and an application was submitted.

On April 10, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid effective April 1, 2015. You subsequently enrolled in a Medicaid Managed Care plan effective May 1, 2015.

On April 18, 2015, NYSOH issued a notice pertaining to [REDACTED] stating that you were no longer eligible for Medicaid but that your coverage would continue until March 31, 2016.

On February 8, 2016, NYSOH issued a renewal notice in [REDACTED] stating that it was time to renew your health insurance for the upcoming coverage year.

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That notice stated that, 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, and that you needed to update your account by March 15, 2016, or you might lose the financial assistance you were currently receiving.

On February 18, 2016, NYSOH received your updated application for financial assistance in [REDACTED]

On February 19, 2016, a notice was issued stating more information was needed to make a determination because the income information you provided did not match what NYSOH had obtained from State and Federal data sources. You were asked to provide income documentation for your household by March 5, 2016.

On March 7, 2016, your income documentation was verified in [REDACTED]

On March 8, 2016, an eligibility determination notice was issued in [REDACTED] finding you and your spouse eligible to purchase a qualified health plan at full cost effective April 1, 2016. The notice stated you were not eligible for financial assistance because you were qualified for coverage in another NYSOH account.

On April 11, 2016, an NYSOH representative deleted your Medicaid Fee-For-Service enrollment in [REDACTED] and marked that account as inactive.

Also on April 11, 2016, NYSOH reran your eligibility for assistance in [REDACTED] and a preliminary eligibility determination was prepared stating that you were eligible for Medicaid. That day, you reenrolled into a Medicaid Managed Care plan.

On April 11, 2016, you spoke to NYSOH's Account Review Unit and appealed your lack of coverage in a Medicaid Managed Care plan for the month of April 2016 in [REDACTED]

On April 12, 2016 NYSOH issued an eligibility determination notice based on the information contained in the application filed on April 11, 2016 in [REDACTED]. The determination stated that you were eligible for Medicaid, effective April 1, 2016.

On April 12, 2016, an enrollment confirmation notice was issued stating you were enrolled in a Medicaid Managed Care plan effective May 1, 2016.

On October 19, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you and your spouse appeared and

provided testimony. 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 are seeking insurance for yourself ([REDACTED]).
- 2) NYSOH records indicate you had three accounts. Two have since been made inactive.
- 3) NYSOH records indicate in [REDACTED] you were eligible for Medicaid from May 1, 2015 through April 30, 2016. You were not enrolled in a Medicaid Managed Care plan through this account.
- 4) NYSOH records indicate in [REDACTED] you were eligible for Medicaid effective April 1, 2015 through March 31, 2016. You were enrolled in a Medicaid Managed Care plan through this account.
- 5) You submitted your completed application for financial assistance in [REDACTED] with income documentation on March 7, 2016.
- 6) You testified that you are seeking reinstatement in your Medicaid Managed Care plan as of April 1, 2016.
- 7) The record reflects you were enrolled in a Medicaid Managed Care plan in [REDACTED] on April 11, 2016. See Incident # [REDACTED] .
- 8) On April 8, 2015 a complaint was created (# [REDACTED]) indicating that you had two accounts and that [REDACTED] needed to be made inactive. However, the account was not closed because you had active coverage in [REDACTED] effective May 1, 2015.
- 9) You testified you incurred medical costs for an appointment in April, 2016 for which you incurred a medical bill of approximately \$190.00.

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

Applicable Law and Regulations

Medicaid Renewal

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).

In general, NYSOH must review Medicaid eligibility once every 12 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 that may have been provided by the individual (45 CFR §155.335(h)).

Generally, most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, even if they lose Medicaid eligibility because of any changes or updates they make to their NYSOH account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a 12-month period. This 12-month period is referred to as “continuous coverage” and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (NY Social Services Law § 366(4)(c)).

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 2010,13 ADM-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; NY Social Services Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13 ADM-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.

You were originally found eligible for Medicaid in [REDACTED] effective April 1, 2015. You subsequently enrolled in a Medicaid Managed Care plan starting May 1, 2015.

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 or other more current information available to the agency. NYSOH's February 8, 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 March 15, 2016, or your financial assistance might end.

On March 7, 2016, your eligibility in [REDACTED] was rerun and on March 8, 2016 an eligibility determination notice was issued, finding you and your spouse eligible to purchase a qualified health plan at full cost effective April 1, 2016. The notice stated that you were not eligible for Medicaid because you were qualified for coverage in another NYSOH account.

The record indicates that you had a separate account ([REDACTED]) in which you also had Medicaid Fee-For Service. You were eligible for Medicaid through [REDACTED] as of April 1, 2014.

On April 8, 2015 a complaint was created (# [REDACTED]) indicating that you had two accounts and that [REDACTED] needed to be made inactive. However, the account was not closed because you had active coverage in [REDACTED] effective May 1, 2015.

On April 11, 2016, an NYSOH representative deleted your enrollment in [REDACTED] and marked that account as inactive. Your eligibility for assistance was then reran in [REDACTED] and a preliminary eligibility determination was prepared stating that you were eligible for Medicaid. That day, you reenrolled into a Medicaid Managed Care plan.

Therefore, we must assume that had one of your previous accounts been deactivated properly at the time of your April 8, 2015 complaint, you would have been found eligible for Medicaid through [REDACTED] as of your March 7, 2016 application and you would have been able to enroll in a Medicaid Managed Care plan that day.

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.

Since you should have been able to select a plan as of March 7, 2016 in [REDACTED], it would have properly taken effect on the first day of the next month following after March; that is, on April 1, 2016.

Therefore, the March 8, 2016, eligibility determination finding you ineligible for Medicaid as you had active coverage in another NYSOH account is RESCINDED.

The April 12, 2016 enrollment confirmation notice is MODIFIED to reflect a start date of April 1, 2016, for your Medicaid Managed Care plan.

Your case is RETURNED to NYSOH to backdate your coverage ([REDACTED]) in your Affinity Medicaid Managed Care plan to April 1, 2016.

Decision

The March 8, 2016, eligibility determination finding you ineligible for Medicaid as you had active coverage in another NYSOH account is RESCINDED.

The April 12, 2016 enrollment confirmation notice is MODIFIED to reflect a start date of April 1, 2016, for your Medicaid Managed Care plan.

Your case is RETURNED to NYSOH to backdate your coverage ([REDACTED]) in your Affinity health plan to April 1, 2016.

Effective Date of this Decision: November 3, 2016

How this Decision Affects Your Eligibility

Your enrollment in your Medicaid Managed Care plan should have been effective as of April 1, 2016.

Your case is being sent back to NYSOH to reinstate you in your Medicaid Managed care plan as of 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.

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).

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.

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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The March 8, 2016, eligibility determination finding you ineligible for Medicaid as you had active coverage in another NYSOH account is **RESCINDED**.

The April 12, 2016 enrollment confirmation notice is **MODIFIED** to reflect a start date of April 1, 2016, for your Medicaid Managed Care plan.

Your case is **RETURNED** to NYSOH to backdate your coverage ([REDACTED]) in your Affinity health plan to April 1, 2016.

Your enrollment in your Medicaid Managed Care plan should have been effective as of April 1, 2016.

Your case is being sent back to NYSOH to reinstate you in your Medicaid Managed care plan as of April 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:

