



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

## Notice of Decision

Decision Date: December 1, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000009448

[REDACTED]

Dear [REDACTED],

On November 23, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 30, 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: December 1, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000009448

[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 (MMC) plan was effective May 1, 2016?

## Procedural History

On March 10, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective March 1, 2015.

On January 15, 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 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 currently receiving.

On January 20, 2016, NYSOH received your updated application for health insurance.

On January 21, 2016, NYSOH issued a notice stating that your January 20, 2016 application had been reviewed, but that more information was needed to make a determination as to your eligibility. The notice directed you to submit documentation of your income by February 5, 2016.

Also on January 21, 2016, NYSOH issued a disenrollment notice stating that your coverage in your MMC plan was ending effective February 29, 2016.

On February 10, 2016, your NYSOH account was updated.

On February 11, 2016, NYSOH issued a notice stating that your February 10, 2016 application had been reviewed, but that more information was needed to make a determination as to your eligibility. The notice directed you to submit documentation of your income by February 26, 2016.

On March 11 2016, documentation was uploaded to your NYSOH account.

On March 22, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective March 1, 2016.

On March 30, 2016, an enrollment confirmation notice was issued that stated that you had selected a MMC Plan, and the effective date of that plan was May 1, 2016.

On May 5, 2016, you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation notice insofar as it began your MMC plan on May 1, 2016, and not March 1, 2016.

On November 23, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, a Spanish language interpreter, ID # [REDACTED] provided interpretation. 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) The record reflects that on January 20, 2016, NYSOH received your updated application for health insurance.
- 2) You testified that you had to have a friend assist you with renewing your application for health insurance, as you speak only Spanish and the documents from NYSOH were in English.
- 3) You testified that NYSOH asked you for your last three paystubs when you updated your application.
- 4) You testified that you think you sent in your paystubs three different times, and that you first sent them in February 2016.

- 5) Your NYSOH account contains two sets of uploaded documents that are shown as having been uploaded to your account on March 11, 2016. (Documents [REDACTED] and [REDACTED])
- 6) The documents uploaded to your account on March 11, 2016 appear to consist of one seven-page fax sent to NYSOH. The pages of the fax are as follows:
  - a. A one-page cover sheet with your name and account number, and the fax number “[REDACTED]”;
  - b. A one-page fax log showing a fax sent to “[REDACTED]” on February 11, 2016 at 9:13AM, consisting of six pages, with a result of “OK”;
  - c. A one-page letter dated February 5, 2016 from the Manager of Employee Benefits at the [REDACTED] of New York, stating that you have been an employee there since February 17, 2015, and that you are currently employed as a part-time cleaner with an hourly pay rate of \$14.89;
  - d. Four one-page paystubs from the [REDACTED] in your name, for the following pay dates:
    - i. February 5, 2016;
    - ii. January 29, 2016;
    - iii. January 22, 2016;
    - iv. December 30, 2015.

(Documents [REDACTED] and [REDACTED])

- 7) Your NYSOH account reflects that the documents uploaded on March 11, 2016 were verified by NYSOH on March 21, 2016.
- 8) Your NYSOH account reflects that you selected your MMC Plan on March 29, 2016, and that your enrollment was effective on May 1, 2016.
- 9) You testified that you called your MMC plan prior to your coverage ending on February 29, 2016 because you had a procedure scheduled, and that you were told by your plan to go ahead and have the procedure, and that your bill could be submitted for coverage once you had renewed your health insurance.
- 10) You testified that you had a medical procedure in March 2016 and received a bill, which your MMC plan did not cover.
- 11) You testified that you are looking to have your MMC coverage backdated to March 1, 2016 so that this bill can be covered.

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)).

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)).

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)).

## **Legal Analysis**

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

You were originally found eligible for Medicaid effective March 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

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or other more current information available to the agency. NYSOH's January 15, 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.

You first updated your application for health insurance on January 20, 2016, within the prescribed renewal period. However, NYSOH needed proof of your income before a determination as to your eligibility could be made. Your NYSOH account reflects that NYSOH first verified the income documentation that you submitted on March 21, 2016, and sent a notice informing you that you were eligible for Medicaid the next day, on March 22, 2016. Your NYSOH account reflects that you then selected a MMC plan on March 29, 2016.

The date on which a MMC 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.

Since you selected your MMC plan on March 29, 2016, the proper effective date was May 1, 2016.

However, the documents that were uploaded to your account on March 11, 2016 consist of a fax sent by you to NYSOH. The second page of the first set of documents is a fax transaction report for a fax sent to NYSOH on February 11, 2016, consisting of six pages, with a transmission result of "OK" (Document [REDACTED]). You testified that you had to submit your documentation to NYSOH three times, and that the first time you submitted your documentation was in February.

Taken together, your testimony and the fax transaction report in your account indicate that you first sent your income documentation to NYSOH on February 11, 2016. Had NYSOH timely processed and verified your documentation when it was first sent, you should have received a notice of eligibility determination by the end of February 2016. If you had, you could have selected a MMC plan before March 15, 2016, and your MMC coverage would have started on April 1, 2016.

Therefore, NYSOH's March 30, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your MMC plan began on April 1, 2016.

Your case is RETURNED to NYSOH to facilitate the backdating of your MMC coverage start date to April 1, 2016.

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## **Decision**

The March 30, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your MMC plan began on April 1, 2016.

Your case is RETURNED to NYSOH to facilitate the backdating of your MMC enrollment start date to April 1, 2016.

**Effective Date of this Decision:** December 1, 2016

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

The effective date of your MMC plan should have been April 1, 2016.

Your case is being returned to NYSOH to facilitate your enrollment in your MMC 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.

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

## **Summary**

The March 30, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your MMC plan began on April 1, 2016.

Your case is RETURNED to NYSOH to facilitate the backdating of your MMC enrollment start date to April 1, 2016.

The effective date of your MMC plan is should have been April 1, 2016.

Your case is being returned to NYSOH to facilitate your enrollment in your MMC 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:**

