



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

Notice of Decision

Decision Date: January 9, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010437

[REDACTED]

[REDACTED],

On December 8, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's April 17, 2016 disenrollment, the March 28, 2016 eligibility determination and the June 4, 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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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 Medicaid Managed Care plan ended effective April 30, 2016?

Did NYSOH provide a timely determination of your Medicaid eligibility as of May 1, 2016?

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

Procedural History

On March 9, 2015, NYSOH issued a notice stating that it was time to renew your health insurance for 2016. The notice stated that you were still qualified to get health care coverage under Medicaid, effective May 1, 2015. You were subsequently reenrolled into a Medicaid Managed Care plan.

On March 9, 2016, NYSOH issued a notice stating that it was time to renew your health insurance for 2017. The notice stated that you now qualify for health care coverage under the Essential Plan, effective May 1, 2016. That notice stated that you were required to select a different health plan by April 15, 2016 to continue your coverage.

On March 14, 2016, the March 9, 2016 renewal notice was returned to NYSOH as undeliverable.

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On April 17, 2016, NYSOH issued a disenrollment notice stating that that coverage in your Medicaid Managed Care plan would end April 30, 2016.

On April 21, 2016, the April 17, 2016 disenrollment notice was returned to NYSOH as undeliverable.

On May 10, 2016 your NYSOH account was updated and income documentation was uploaded to your account.

On May 11, 2016 NYSOH issued a notice stating that more information was needed to make an eligibility determination. The notice directed you to submit documentation of your income by May 26, 2016.

On May 12, 2016 and May 25, 2016 you uploaded additional income documentation to your NYSOH account.

On May 27, 2016, NYSOH verified the income documentation you provided and an updated application for health insurance was submitted on your behalf.

On May 28, 2016, NYSOH issued an eligibility redetermination notice stating that you were eligible for Medicaid, effective May 1, 2016.

On June 4, 2016, NYSOH issued a notice confirming your enrollment as of May 31, 2016, in a Medicaid Managed Care Plan with a plan enrollment start date of July 1, 2016.

On June 22, 2016 you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation insofar as it began your Medicaid Managed Care plan on July 1, 2016, and not May 1, 2016.

On December 8, 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 were renewed into your Medicaid coverage as of May 1, 2015.
- 2) You testified, and the record reflects, that you receive all of your notices from NYSOH by regular mail.

- 3) You testified that on December 1, 2015 you moved from [REDACTED] to [REDACTED].
- 4) You testified that you were unsure whether you contacted NYSOH or your insurance provider by telephone in December 2015 to update your new address.
- 5) The record reflects that there is no record of you contacting NYSOH by telephone during December 2015.
- 6) On March 9, 2016, NYSOH issued a renewal notice, by regular mail, to [REDACTED].
- 7) On March 14, 2016, NYSOH's March 9, 2016 renewal notice was returned as undeliverable.
- 8) You testified that you did not receive the March 9, 2016 renewal notice issued by NYSOH.
- 9) On May 10, 2016 NYSOH received your updated application for health insurance including your updated address of [REDACTED].
- 10) You submitted income documentation to NYSOH to verify the income contained in the May 10, 2016 application on May 10, 2016, May 12, 2016, and May 25, 2016.
- 11) NYSOH verified the income documentation you submitted on May 27, 2016.
- 12) The record reflects that you selected your Medicaid Managed Care Plan on May 31, 2016 and that your enrollment was effective on July 1, 2016.
- 13) You testified that you want your Medicaid Managed Care plan to begin on May 1, 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 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)).

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), 42 CFR § 435.945).

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) 42 CFR § 435.952).

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 is whether NYSOH properly determined that your Medicaid Managed Care plan ended effective April 30, 2016.

You were found eligible for Medicaid by NYSOH, effective 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 May 9, 2016 renewal notice stated that you were now eligible for the Essential Plan and that you needed to select a new health plan by April 15, 2016 for your coverage to continue.

Because there was no timely response to this notice, you were terminated from your Medicaid Managed Care plan effective April 30, 2016.

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.

The record indicates that the March 9, 2016 renewal notice was mailed to [REDACTED] but the notice was returned as undeliverable on March 14, 2016.

The record reflects that on May 10, 2016 you updated your application for health insurance in your NYSOH account to [REDACTED]. You testified that you moved to this new address on December 1, 2015 and that you resided there at the time of the March 9, 2016 renewal notice.

NYSOH must require the qualified individual to report any changes within 30 days. Since you moved to your current address on December 1, 2015, you were required to provide your current address to NYSOH by December 31, 2015. You testified that in December 2015 you did contact someone to update your address

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however, you were unsure whether you contacted NYSOH or your insurance provider.

Since the record does not support a finding that you contacted NYSOH to update your address until May 10, 2016, NYSOH properly used the address information in your account and properly issued a notice informing you of the need to update your account for your coverage to continue.

Therefore, the April 17, 2016 disenrollment notice ending your coverage in your Medicaid Managed Care plan effective April 30, 2016 is AFFIRMED.

The second issue is whether NYSOH's provided you with a timely determination of your Medicaid eligibility as of 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 NYSOH account on May 10, 2016. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

On May 10, 2016, May 12, 2016, and May 25, 2016, you uploaded a copy of your paystubs and on May 27, 2016 NYSOH verified those paystubs as acceptable proofs of income.

Therefore, your application was considered complete as of May 25, 2016 for purposes of issuing an eligibility determination.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 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 May 28, 2016 that stated you were eligible for Medicaid effective May 1, 2016. Since NYSOH issued an eligibility determination three days from the date your application was considered complete, the May 28, 2016 eligibility determination was timely.

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

The record reflects that you contacted NYSOH on May 31, 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.

Since the May 28, 2016 eligibility determination notice was timely issued, you were able to select a Medicaid Managed Care plan as of that date, your plan would therefore properly take effect on the first day of the next month following after May 28, 2016 that is, on July 1, 2016.

Therefore, NYSOH's June 4, 2016 enrollment confirmation notice is **AFFIRMED** because it properly began your enrollment in your Medicaid Managed Care plan on July 1, 2016.

Decision

The April 17, 2016 disenrollment notice is **AFFIRMED**.

The May 28, 2016 eligibility determination notice was timely and is **AFFIRMED**.

The June 4, 2016 enrollment confirmation notice is **AFFIRMED**.

Effective Date of this Decision: January 9, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

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

If You Disagree with this Decision (Appeal Rights)

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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.

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
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The April 17, 2016 disenrollment notice is AFFIRMED.

The May 28, 2016 eligibility determination notice was timely and is AFFIRMED.

The June 4, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

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

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Legal Authority

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

A Copy of this Decision Has Been Provided To:

