



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

## Notice of Decision

Decision Date: March 20, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011788

[REDACTED]

Dear [REDACTED],

On March 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 6, 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: March 20, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011788

[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 August 1, 2016?

## Procedural History

On April 18, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid effective April 1, 2015.

On April 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 you would qualify for financial help paying for your health coverage, and that you needed to update your account by May 15, 2016 or you might lose the financial assistance you were currently receiving.

On May 12, 2016, you updated your application for financial assistance with health insurance.

Also on May 12, 2016, you uploaded copies of your paycheck to your NYSOH account.

On May 13, 2016, NYSOH issued a notice stating that the income information you provided does not match what NYSOH had obtained from State and Federal

data sources. The notice further requested that you submit income documentation by May 28, 2016 in order for your eligibility to be determined.

On May 14, 2016, NYSOH issued a disenrollment notice advising that your coverage in your Medicaid Managed Care plan would end, effective May 31, 2016.

On May 15, 2016, you updated your application for financial assistance with health insurance.

Also on May 15, 2016, you uploaded a letter from your employer to your NYSOH account.

On May 16, 2016, NYSOH issued a notice stating that the income information you provided does not match what NYSOH had obtained from State and Federal data sources. The notice further requested that you submit income documentation by May 31, 2016 in order for your eligibility to be determined.

On May 16, 2016, NYSOH verified the income documentation you submitted on May 15, 2016 and redetermined your eligibility for financial assistance with health insurance.

On May 17, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective June 1, 2016. That notice directed you to pick a health plan.

On July 6, 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 August 1, 2016.

On August 31, 2016, you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation insofar as it began your Medicaid Managed Care plan on August 1, 2016, and not July 1, 2016.

On March 6, 2017, 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, and the record reflects, that you receive all of your notices from NYSOH by regular mail.

- 2) You testified that you did receive the April 12, 2016 notice telling you that you needed to update your application in order to renew your health insurance.
- 3) The record reflects that on May 12, 2016, you updated your application for health insurance.
- 4) Your NYSOH account reflects that on May 12, 2016 and May 15, 2016, you uploaded income documentation.
- 5) On May 16, 2016, NYSOH verified the income documentation you uploaded and submitted an application on your behalf.
- 6) On May 16, 2016, NYSOH determined that you were eligible for Medicaid, effective June 1, 2016.
- 7) A review of the record reveals that between May 1, 2016 and June 30, 2016, you placed two phone calls to NYSOH.
- 8) On May 13, 2016, you placed a call to NYSOH. A review of the recording of that phone call indicates that you were calling to find out the status of your application for health insurance. During that phone call, an NYSOH representative advised you that additional income documentation would likely be needed in the form of a letter from your employer.
- 9) On May 17, 2016 at 8:27 am, you placed a call to NYSOH. A review of the recording of that phone call indicates that you were calling to find out the status of your application for health insurance. The NYSOH representative advised you that you had been found eligible for Medicaid, but that you would need to select a Medicaid Managed Care plan for enrollment. The NYSOH representative offered to assist you with selecting a plan, however, you indicated that you would like to go on-line and review the plans yourself.
- 10) You credibly testified that you selected a Medicaid Managed Care plan for enrollment the same day you were advised that you were found eligible for Medicaid.
- 11) The events tab in your NYSOH account reflects that on May 17, 2016 at 8:33 am you updated your enrollment.
- 12) You testified that you did not realize you were not enrolled in a Medicaid Managed Care plan until you sought treatment in July 2016.

- 13) The record reflects that on July 5, 2016, you contacted NYSOH and an NYSOH representative enrolled you into your Medicaid Managed Care plan.
- 14) You testified that you want your Medicaid Managed Care plan to begin on July 1, 2016 because you have medical bills for July 2016 that are not covered by Fee-For Service Medicaid.

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)).

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)).

## Legal Analysis

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

You were originally found eligible for Medicaid effective April 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 April 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 May 15, 2016, or your financial assistance might end.

The record reflects that on May 16, 2016, NYSOH redetermined your eligibility for financial assistance with health insurance and you were found eligible for Medicaid, effective June 1, 2016.

The credible evidence in the record, consisting of your testimony as well as the events tab in your NYSOH account, demonstrates that on May 17, 2016, you submitted a request to enroll in 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 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 Medicaid Managed Care plan on May 17, 2016, it must take effect on the first day of the second month following after May 2016; that is, on July 1, 2016.

Therefore, NYSOH's July 6, 2016 enrollment confirmation notice is MODIFIED to reflect that your enrollment in your Medicaid Managed Care plan was effective July 1, 2016.

Your case is RETURNED to NYSOH to enroll you in your Medicaid Managed Care plan as of July 1, 2016.

## **Decision**

The July 6, 2016 enrollment confirmation notice is MODIFIED to reflect that your enrollment in your Medicaid Managed Care plan was effective July 1, 2016.

Your case is RETURNED to NYSOH to enroll you in your Medicaid Managed Care plan as of July 1, 2016.

**Effective Date of this Decision:** March 20, 2017

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

Your case is being sent back to NYSOH to enroll you in your Medicaid Managed Care plan as of July 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.

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

You can contact us in any of the following ways:

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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## **Summary**

The July 6, 2016 enrollment confirmation notice is MODIFIED to reflect that your enrollment in your Medicaid Managed Care plan was effective July 1, 2016.

Your case is RETURNED to NYSOH to enroll you in your Medicaid Managed Care plan as of July 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:**

