



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

Notice of Decision

Decision Date: December 21, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011966

[REDACTED]

Dear [REDACTED],

On December 15, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's September 1, 2016 eligibility determination notice and September 13, 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 21, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011966



Issues

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

Did NY State of Health provide a timely determination of your Medicaid eligibility as of July 1, 2016?

Did NY State of Health properly determine that your Medicaid Managed Care plan began October 1, 2016?

Procedural History

On April 10, 2015, NY State of Health (NYSOH) issued a renewal notice, advising that you were eligible for Medicaid, effective June 1, 2015.

On April 13, 2016, NYSOH issued a renewal notice stating that based on the information from Federal and State sources, a decision could not be issued about whether or not you qualified for financial help paying for your health coverage. This same notice requested that you update the information in your NYSOH account by May 15, 2016 or the financial assistance you were receiving may end.

On May 3, 2016, NYSOH received your updated application for financial assistance with your health insurance.

On May 4, 2016, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income documentation you provided NYSOH did not match what was obtained from State and Federal data

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sources. You were asked to submit income documentation for your household by May 19, 2016.

On May 12, 2016, income documentation was uploaded to your NYSOH account, which consisted of two paychecks.

On May 16, 2016, NYSOH found this documentation was invalid proof of income as the two paychecks did not state a gross amount of pay.

On May 17, 2016, NYSOH issued a notice advising you that the income documentation you had submitted was insufficient to resolve the inconsistency in your account and additional proof of income was required in order to determine your eligibility.

On June 13, 2016, NYSOH redetermined your eligibility for financial assistance with health insurance. On June 14, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective July 1, 2016. This same notice stated that you did not qualify for Medicaid because NYSOH did not receive the income documentation needed to verify the income listed in your application.

On June 14, 2016, additional income documentation, in the form of a letter from your employer, was uploaded to your NYSOH account.

On July 18, 2016, you updated your application for health insurance.

On July 19, 2016, NYSOH issued a notice advising you that additional income documentation was needed in order to make a determination as to whether you were eligible for financial assistance with health insurance through NYSOH. This notice requested that you submit income documentation by August 2, 2016.

On July 28, 2016, additional income documentation, in the form of an undated letter from your employer was uploaded to your NYSOH account.

On August 12, 2016, NYSOH found this documentation was invalid proof of income as the letter was not dated.

On August 16, 2016, additional income documentation, in the form of a dated letter from your employer was uploaded to your NYSOH account.

On August 31, 2016, NYSOH verified the income documentation you uploaded and a new application was submitted on your behalf.

On September 1, 2016, NYSOH issued an eligibility determination notice finding you eligible for Medicaid effective July 1, 2016.

On September 12, 2016 you selected a Medicaid Managed Care plan.

On September 12, 2016, NYSOH issued a preliminary determination stating that your enrollment in your Medicaid Managed Care plan would begin October 1, 2016.

Also on September 12, 2016, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your Medicaid and Medicaid Managed Care plan, requesting that they begin June 1, 2016.

On September 13, 2016, an enrollment confirmation notice was issued confirming your selection of a Medicaid Managed Care plan on September 12, 2016. The notice confirmed your enrollment in a plan starting October 1, 2016.

On December 15, 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 testified, and the record reflects, that you are appealing your enrollment start date of your Medicaid as well as your Medicaid Managed Care plan.
- 2) According to your NYSOH account, NYSOH received your application for financial assistance on May 3, 2016.
- 3) On May 11, 2016, you submitted documentation of your income, in the form of paystubs, to NYSOH for verification of the income stated in your May 3, 2016 application.
- 4) On May 16, 2016, NYSOH found the paystubs were invalid proof of income as they did not state a gross amount of pay.
- 5) On June 14, 2016 you submitted a letter dated June 14, 2016 from your employer stating that you have been an employee since April 29, 2014 and that you were being paid as an independent contractor. This letter also advises that from May 2, 2016 to May 31, 2016, you were paid \$858.00. This documentation was never reviewed by NYSOH.
- 6) On July 18, 2016, you updated your application for financial assistance with health insurance.

- 7) You testified, and the fax date stamp confirms, that on July 28, 2016 you submitted an undated letter from your employer stating that you earn \$11.00 per hour and work 20 hours per week.
- 8) On August 12, 2016, NYSOH found this letter was an invalid proof of income because it was not dated.
- 9) You testified, and the fax date stamp confirms, that on August 16, 2016 you submitted a letter dated August 16, 2016 from your employer stating that you earn \$11.00 per hour and work 20 hours per week.
- 10) On August 31, 2016 the dated letter from your employer was verified as acceptable proof of income.
- 11) The record reflects that you selected a Medicaid Managed Care plan on September 12, 2016.
- 12) You testified that you want your Medicaid and Medicaid Managed Care plan to begin on June 1, 2016 because you received medical treatment in June of 2016 and have bills for that treatment.

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)).

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's provided you with timely determination of your Medicaid eligibility as of July 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 3, 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 11, 2016, you uploaded a copy of your paystubs and on May 16, 2016 NYSOH found these paystubs invalid proof of income as they did not state a gross amount of pay.

On June 14, 2016, you submitted additional income documentation in the form of a letter from your employer advising that you have been an employee since April 29, 2014 and that you were being paid as an independent contractor. This letter also advises that from May 2, 2016 to May 31, 2016 you were paid \$858.00. This documentation was never reviewed by NYSOH.

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.

Since NYSOH failed to determine whether the documentation you submitted on June 14, 2016 was acceptable proof of income, your application may have been considered complete as early as June 14, 2016. Had NYSOH reviewed the income documentation, you may have been determined eligible for Medicaid as of June 1, 2016.

Therefore, the September 1, 2016 eligibility determination notice finding you eligible for Medicaid as of July 1, 2016 is MODIFIED to reflect that you are eligible for Medicaid as of June 1, 2016.

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

The record reflects that you contacted NYSOH on September 12, 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.

However, had the September 1, 2016 eligibility determination notice been timely issued based upon your June 14, 2016 income documentation submission, you may have been able to select a Medicaid Managed Care plan as early as June 14, 2016. Had you selected a plan on June 14, 2016, your plan would have taken take effect on the first day of the next month following after June 14, 2016; that is, on July 1, 2016.

Therefore, the September 13, 2016 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective October 1, 2016 is MODIFIED to reflect that you are enrolled in your Medicaid Managed Care plan as of July 1, 2016.

The case is RETURNED to NYSOH to enroll you in Fee-For Service Medicaid as of June 1, 2016 and to enroll you in your Medicaid Managed Care plan as of July 1, 2016.

Decision

The September 1, 2016 eligibility determination is MODIFIED to find that you are eligible for Medicaid as of June 1, 2016.

The September 13, 2016 enrollment confirmation notice is MODIFIED to reflect that you are enrolled in your Medicaid Managed Care plan as of July 1, 2016.

The case is RETURNED to NYSOH to enroll you in Fee-For Service Medicaid as of June 1, 2016 and to enroll you in your Medicaid Managed Care plan as of July 1, 2016.

Effective Date of this Decision: December 21, 2016

How this Decision Affects Your Eligibility

You are eligible for Medicaid as of June 1, 2016.

Your enrollment in your Medicaid Managed Care plan is July 1, 2016.

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).

Your case is being sent back to NYSOH to enroll you in Fee-For Service Medicaid as of June 1, 2016 and 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:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
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- By fax: 1-855-900-5557

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Summary

The September 1, 2016 eligibility determination is MODIFIED to find that you are eligible for Medicaid as of June 1, 2016.

You are eligible for Medicaid as of June 1, 2016.

The September 13, 2016 enrollment confirmation notice is MODIFIED to reflect that you are enrolled in your Medicaid Managed Care plan as of July 1, 2016.

Your enrollment in your Medicaid Managed Care plan is July 1, 2016.

The case is RETURNED to NYSOH to enroll you in Fee-For Service Medicaid as of June 1, 2016 and 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:

