



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

Notice of Decision

Decision Date: January 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012047

[REDACTED]

[REDACTED]

On December 19, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's September 17, 2016 eligibility determination and September 17, 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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Decision Date: January 17, 2017

NY State of Health Account ID: [REDACTED]
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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 provide a timely determination of your Medicaid eligibility as of September 17, 2016?

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

Procedural History

On January 20, 2016, NY State of Health (NYSOH) received your application for financial assistance with your health insurance.

On January 21, 2016, NYSOH issued an eligibility determination based on the last application finding you newly eligible to receive advance premium tax credits up to \$350.00 per month effective March 1, 2016. The determination stated your current coverage would end February 29, 2016, and that you could now pick a health plan.

On January 21, 2016, a disenrollment notice was issued terminating your health plan effective February 29, 2016.

On April 12 and April 13, 2016, NYSOH received your updated application for financial assistance.

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On April 14, 2016, NYSOH issued an eligibility determination notice finding you conditionally eligible for Medicaid effective April 1, 2016. The determination was based on the condition that you provide documentation confirming your income before April 28, 2016.

No income documents were received by NYSOH by April 28, 2016.

On June 22, 2016, NYSOH issued an eligibility determination notice finding you conditionally eligible for Medicaid effective July 1, 2016. The determination was based on the condition that you provide documentation confirming your income before July 6, 2016.

No income documents were received by NYSOH by July 6, 2016.

On August 5, 2016, a disenrollment notice was issued terminating your Medicaid fee for service coverage effective August 31, 2016.

On August 12, 2016, NYSOH issued an eligibility determination notice finding you conditionally eligible for Medicaid effective September 1, 2016. The determination was based on the condition that you provide documentation confirming your income before August 26, 2016.

On August 25, 2016, NYSOH issued an eligibility determination notice based upon your updated application on August 24, 2016, finding you remained conditionally eligible for Medicaid effective September 1, 2016. The determination was based on the condition that you provide documentation confirming your income before September 10, 2016.

On September 3, 2016, NYSOH received your income documentation (See [REDACTED]).

On September 10, 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 sources. You were asked to submit income documentation for your household by September 25, 2016.

On September 15, 2016, NYSOH received your additional income documentation [REDACTED].

On September 17, 2016, NYSOH issued an eligibility determination notice was issued finding you eligible for Medicaid effective September 1, 2016.

On September 17, 2016, an enrollment confirmation notice was issued confirming your selection of a Medicaid Managed Care plan on September 16, 2016. The notice confirmed your enrollment in a plan starting November 1, 2016.

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On September 19, 2016, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your Medicaid Managed Care plan, requesting that it begin September 1, 2016.

On December 19, 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 Managed Care plan.
- 2) According to your NYSOH account, NYSOH received your application for financial assistance on August 24, 2016.
- 3) On September 3, 2016, you submitted documentation of your income to NYSOH for verification of the income stated in your August 24, 2016 application. The document provided was a letter dated August 25, 2016 from your employer [REDACTED] stating your current salary of \$33,280.00 annually at \$640.00 per week (See Document [REDACTED]).
- 4) The record supports NYSOH invalidated your proof of income submitted on September 3, 2016 due to your spouse also attesting to being employed.
- 5) The record supports the application on August 24, 2016 included your spouse.
- 6) On September 15, 2016, you submitted documentation of your paystubs to NYSOH for verification of the income stated in your August 24, 2016 application.
- 7) The record supports your spouse was removed from your application on September 16, 2016.
- 8) You testified that you are married but have been living apart from your spouse since May 2016.
- 9) You were determined eligible for Medicaid on September 16, 2016.

10)The record reflects that you selected a Medicaid Managed Care plan on September 16, 2016.

11)You testified that you want your Medicaid Managed Care plan to begin on September 1, 2016 because you have outstanding medical bills not covered by Medicaid in the months of August and September 2016 as a result of your pregnancy.

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

Applicable Law and Regulations

Medicaid

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 2010,13ADM-03(III)(F)).

Medicaid Managed Care 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; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

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 pregnant Medicaid applicants notice of their eligibility determination within 30 days from the date of the application (42 CFR § 435.912).

Legal Analysis

The first issue is whether NYSOH provided you with timely determination of your Medicaid eligibility as of September 17, 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 August 24, 2016, this application also included your spouse as a household member. As a result of the income amount you entered in that application NYSOH found you remained conditionally eligible for Medicaid effective September 1, 2016. The determination was based on the condition that you provide documentation confirming your income before September 10, 2016.

On September 3, 2016, you uploaded a letter dated August 25, 2016 from your employer [REDACTED] stating your current salary of \$33,280.00 annually at \$640.00 per week (See Document [REDACTED]).

The record supports NYSOH invalidated your proof of income submitted on September 3, 2016 due to your spouse also attesting to being employed.

It was not until September 16, 2016, that your spouse was removed from your application and your eligibility was able to be redetermined using just your income.

Therefore, your application was considered complete as of September 16, 2016, for purposes of issuing an eligibility determination that would be consistent with the income amount in your application.

NYSOH must provide pregnant Medicaid applicants notice of their eligibility determination within 30 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 September 17, 2016 that stated you were eligible for Medicaid effective September 1, 2016. Since NYSOH issued an eligibility determination one day from the date your September 16, 2016 application and was considered complete, the September 17, 2016 eligibility determination was timely.

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

The record reflects that you contacted NYSOH on September 16, 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 September 17, 2016 eligibility determination notice was timely issued, you were able to select a Medicaid Managed Care plan as of September 16, 2016. Your plan would therefore properly take effect on the first day of the second month following after September; that is, on November 1, 2016.

Therefore, the September 17, 2016, enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective November 1, 2016, was correct and must be AFFIRMED.

Decision

The September 17, 2016 eligibility determination was timely and is AFFIRMED.

The September 17, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: January 17, 2017

How this Decision Affects Your Eligibility

This decision does not affect your eligibility.

Your enrollment in your Medicaid Managed Care plan is November 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:

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The September 17, 2016 eligibility determination was timely and is AFFIRMED.

The September 17, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not affect your eligibility.

Your enrollment in your Medicaid Managed Care plan is November 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:

