



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

Notice of Decision

Decision Date: March 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012740

[REDACTED]

Dear [REDACTED]

On January 27, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 22, 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012740

[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 a Medicaid Managed Care plan was effective December 1, 2016?

Procedural History

On September 16, 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 October 15, 2016 or you might lose the financial assistance you were currently receiving.

You testified, and NYSOH records indicate that you provided your 2015 income tax return to NYSOH on September 19, 2016; these were initially verified on September 19, 2016.

On October 14, 2016, NYSOH issued a notice stating that the income information in your application did not match what NY State of Health received from state and federal data sources. You were asked to provide income documentation by November 3, 2016.

On October 19, 2016 NYSOH issued a notice stating that the income information in your application does not match what NY State of Health received from

state and federal data sources. You were asked to provide income documentation by November 3, 2016.

On October 20, 2016, NYSOH issued a notice of eligibility determination, stating that you were eligible for Medicaid, effective November 1, 2016, and directing you to select a Medicaid Managed Care plan.

On October 22, 2016, NYSOH issued a notice of enrollment in the plan you selected on October 21, 2016 stating that you were enrolled in a Medicaid Managed Care plan, and that your coverage would start on December 1, 2016.

On October 24, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your Medicaid Managed Care plan, insofar as it did not begin on November 1, 2016.

On January 27, 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 that you received your renewal notice from NYSOH dated September 16, 2016 requesting income documentation.
- 2) You testified, and NYSOH records confirm, that you provided your 2015 income tax return to NYSOH on September 19, 2016. Your account indicates those records were verified the same day.
- 3) NYSOH records indicate that on October 3, 2016, a system defect was created ([REDACTED]).
- 4) NYSOH records indicate the defect was resolved on October 13, 2016.
- 5) You testified that you called NYSOH in late September and October 2016 and was advised that there was no additional income information that you needed to submit to determine your eligibility.
- 6) You testified that you were confused because you received notices on October 14, 2016 and October 19, 2016 from NYSOH stating that you needed to provide income documentation.
- 7) You testified that you were not determined eligible for Medicaid until October 20, 2016.

- 8) You testified that you should have been eligible to select a Medicaid Managed Care plan after providing income documentation on September 19, 2016.
- 9) NYSOH records indicate that the proof of income you provided was verified by October 13, 2016.
- 10) You testified that you selected a Medicaid Managed Care Plan on October 21, 2016, and that your enrollment was effective on December 1, 2016.
- 11) You testified that you want your Medicaid Managed Care plan to begin on November 1, 2016.

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)).

Legal Analysis

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

You testified that you received a renewal notice from NYSOH on September 16, 2016 directing you to provide income documentation by October 15, 2016. You provided your 2015 tax return to NYSOH on September 19, 2016. However, NYSOH records indicate that on October 3, 2016 a system defect was created which was not resolved until October 13, 2016. You credibly testified that you

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called NYSOH in late September and October 2016 and was advised that there was no additional income information which you needed to submit to determine your eligibility.

You testified that you were confused because you received notices on October 14, 2016 and October 19, 2016 from NYSOH stating that you needed to provide income documentation. Despite you providing income documentation on September 19, 2016, NYSOH did not advise you of your Medicaid eligibility until October 20, 2016. Thereafter, you selected your Medicaid Managed Care Plan on October 21, 2016, and your enrollment was effective on December 1, 2016.

NYSOH records state that the proof of income you provided was verified by October 13, 2016. Therefore, you should have been able to select a Medicaid Managed Care plan on that date.

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.

Had you been properly advised of your Medicaid eligibility on October 3, 2016 you would have been able to choose a Medicaid Managed Care plan on that date. A plan chosen on that that date would properly take effect on the first day of the following month; that is, on November 1, 2016.

Therefore, the October 22, 2016 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective December 1, 2016, was incorrect and must be MODIFIED to reflect that your enrollment in your Medicaid Managed Care plan was effective November 1, 2016.

Decision

The October 22, 2016 enrollment confirmation notice is MODIFIED to reflect that your enrollment in your Medicaid Managed Care plan was effective November 1, 2016.

Effective Date of this Decision: March 6, 2017

How this Decision Affects Your Eligibility

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

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Your case is being sent back to NYSOH to ensure the proper enrollment above.

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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Summary

The October 22, 2016 enrollment confirmation notice is MODIFIED to reflect that your enrollment in your Medicaid Managed Care plan was effective November 1, 2016.

Your case is being sent back to NYSOH to ensure the proper enrollment.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

