



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

## Notice of Decision

Decision Date: February 7, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012894

[REDACTED]

Dear [REDACTED],

On January 31, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 29, 2016 eligibility determination and October 29, 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

Decision Date: February 7, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012894



## 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 October 1, 2016?

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

## Procedural History

On October 13, 2016, you updated your application for financial assistance with your health insurance.

On October 14, 2016, NY State of Health (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 October 28, 2016.

On October 26, 2016, income documentation was uploaded to your NYSOH account.

On October 28, 2016, you contacted NYSOH and updated your application for financial assistance with health insurance. That day, a preliminary eligibility

determination was prepared with regard to that application, stating that you were eligible for Medicaid, effective October 1, 2016.

Also on October 28, 2016 you selected a Medicaid Managed Care plan, which was to be effective December 1, 2016.

Additionally, on October 28, 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 November 1, 2016.

On October 29, 2016, NYSOH issued an eligibility determination notice, based on your October 28, 2016 application, finding you eligible for Medicaid effective October 1, 2016.

Also on October 29, 2016, an enrollment confirmation notice was issued confirming your selection of a Medicaid Managed Care plan on October 28, 2016. The notice confirmed your enrollment in a plan starting December 1, 2016.

Additionally, on October 29, 2016, NYSOH issued a cancellation notice advising that your enrollment in your Essential Plan would end, effective December 1, 2016.

On January 31, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing [REDACTED] Interpreter # [REDACTED] interpreted. [REDACTED] acted as your Authorized Representative and assisted you with your testimony. 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 October 13, 2016.
- 3) On October 26, 2016 a letter of resignation was uploaded to your NYSOH account. This letter, signed by yourself, indicates that you were ending your employment as of July 1, 2016.
- 4) On October 28, 2016 you contacted NYSOH and updated your application for financial assistance with health insurance.

- 5) The record reflects that you selected a Medicaid Managed Care plan on October 28, 2016.
- 6) You testified that you want your Medicaid Managed Care plan to begin on November 1, 2016 because you have outstanding medical bills for treatment you received in November 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)).

### 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 October 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 October 13, 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 October 26, 2016, a letter showing your separation from employment as of July 1, 2016, was uploaded to your NYSOH account.

On October 28, 2016, you updated your NYSOH account.

Therefore, your application was considered complete as of October 28, 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 October 29, 2016 that stated you were eligible for Medicaid effective October 1, 2016. Since NYSOH issued

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an eligibility determination one day from the date your application was considered complete, the October 29, 2016 eligibility determination was timely.

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

The record reflects that you contacted NYSOH on October 28, 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 October 28, 2016 preliminary eligibility determination and October 29, 2016 eligibility determination notice were timely issued, you were able to select a Medicaid Managed Care plan as of October 28, 2016. Your plan would therefore properly take effect on the first day of the next month following after October 2016; that is, on December 1, 2016.

Therefore, the October 29, 2016 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective December 1, 2016, was correct and must be AFFIRMED.

## **Decision**

The October 29, 2016 eligibility determination was timely is AFFIRMED.

The October 29, 2016 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** February 7, 2017

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

This decision does not affect your eligibility.

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

## **If You Disagree with this Decision (Appeal Rights)**

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).

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  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The October 29, 2016 eligibility determination was timely is AFFIRMED.

The October 29, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not affect your eligibility.

Your enrollment in your Medicaid Managed Care plan is December 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:**

