



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

Notice of Decision

Decision Date: April 22, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005850

[REDACTED]

Dear [REDACTED],

On March 24, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's December 31, 2015 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 NY State of Health 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: April 22, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005850

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health properly determine that your enrollment in your Medicaid Managed Care plan was effective as of February 1, 2016?

Procedural History

On September 15, 2015, NY State of Health (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 November 15, 2015 or you might lose the financial assistance you were currently receiving.

No updates were made to your account by November 15, 2015.

On November 17, 2015, NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You also could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. Your eligibility ended November 30, 2015.

On November 23, 2015, NYSOH issued a disenrollment notice stating that your coverage in your Medicaid Managed Care (MMC) plan would end effective November 30, 2015.

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).

On December 30, 2015, NYSOH received your updated application for health insurance. That day, you also reenrolled in a MMC plan.

Also on December 30, 2015, you spoke to NYSOH's Account Review Unit (ARU) and appealed the start date of your MMC plan.

On December 31, 2015, NYSOH issued an eligibility determination stating that you were eligible for Medicaid, effective December 1, 2015.

Also on December 31, 2015, NYSOH issued a notice of enrollment, based on your plan selection on December 30, 2015, stating that you were enrolled in a MMC plan and that coverage would start on February 1, 2016.

On March 24, 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 support the following findings of fact:

- 1) You testified, and a review of the recording of your phone conversation with the ARU on December 30, 2015 reflects, that you were told that NYSOH sent an email to notify you of the September 15, 2015 renewal notice.
- 2) You testified that you have always received notices from NYSOH in the mail, and a review of the recording of your phone conversation with the ARU on December 30, 2015 reflects that you told the ARU representative that you never requested to receive notices electronically, that you had never logged in to your NYSOH account as far as you knew.
- 3) There is no supporting evidence in the record that NYSOH sent an email or electronic alert notifying you of a notice in your NYSOH inbox.
- 4) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 5) You testified that you did not know that you needed to update your account until you went to an appointment with your doctor in December of 2015 and found out that your MMC plan coverage was not active.

- 6) The record reflects that on December 30, 2015, NYSOH received your updated application for health insurance and you were reenrolled into a MMC plan that same day.

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)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH by either electronic or regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant’s account (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

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Legal Analysis

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

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every twelve 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 September 15, 2015 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 November 15, 2015, or your financial assistance might end.

Because there was no timely response to this notice, you were terminated from your Medicaid Managed Care plan effective November 30, 2015.

However, you testified, and the record reflects, that you were told by a representative from NYSOH's ARU that the September 15, 2015 renewal notice was issued electronically and you were alerted via email. You testified that you have always received all notices from NYSOH via regular mail, and that you never requested electronic notices. Further, the record reflects that you told the same ARU representative that you did not even know how to log into your NYSOH account.

Since there is no supporting evidence in the record that NYSOH sent an electronic notification to you to alert you to the renewal notice, it is concluded that NYSOH did not give you proper notice that you needed to update your account.

You first renewed your application for financial assistance through NYSOH on December 30, 2015, and therefore we must assume that this is the information that would have been used had you been timely informed of the need to update your account, as stated in the renewal notice.

Therefore, the December 31, 2015 enrollment confirmation notice is MODIFIED to state that your enrollment in your MMC plan is effective December 1, 2015.

Decision

The December 31, 2015 enrollment confirmation notice is MODIFIED to state that your enrollment in your MMC plan is effective December 1, 2015.

Your case is RETURNED to NYSOH to reenroll you into your MMC plan as of December 1, 2015.

Effective Date of this Decision: April 22, 2016

How this Decision Affects Your Eligibility

Your enrollment in your MMC plan should have been effective as of December 1, 2015.

Your case is being sent back to NYSOH to reinstate you in your MMC plan as of December 1, 2015.

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 after the date 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 date 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

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- By mail at:
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Summary

The December 31, 2015 enrollment confirmation notice is MODIFIED to state that your enrollment in your MMC plan is effective December 1, 2015.

Your enrollment in your MMC plan should have been effective as of December 1, 2015.

Your case is being sent back to NYSOH to reinstate you in your MMC plan as of December 1, 2015.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

