



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

## Notice of Decision

Decision Date: June 16, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006430

[REDACTED]

Dear [REDACTED],

On May 19, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 26, 2016 enrollment 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 at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(b).

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

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Appeal Identification Number: AP000000006430



## Issue

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

Did New York State of Health (NYSOH) properly determine that your enrollment in Medicaid (Excellus Health Plan, Inc.) should start March 1, 2016?

## Procedural History

On January 29, 2015, NYSOH issued an eligibility determination notice stating that you are eligible for Medicaid effective as of January 1, 2015.

On February 5, 2015, NYSOH issued an enrollment notice confirming that on February 4, 2015 you had selected Excellus Health Plan, Inc. as your Medicaid Managed Care Plan, and the effective date of that plan was March 1, 2015.

On October 23, 2015, NYSOH issued a notice that it was time to renew your health insurance. That notice stated that, based on information from federal and state sources, the Marketplace 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 December 15, 2015 or you might lose the financial assistance you were currently receiving.

On December 21, 2015, NYSOH issued a notice stating that you had not responded to the renewal notice and that you were therefore no longer eligible for financial assistance effective December 31, 2015.

On December 24, 2015, NYSOH issued a disenrollment notice stating that your Excellus Health Plan, Inc. coverage would end effective December 31, 2015.

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On January 25, 2016, your NYSOH account was updated. The NYSOH issued a preliminary eligibility determination that you are eligible for Medicaid effective January 1, 2016.

Also on January 25, 2016, you spoke to the NYSOH Account Review Unit and requested an appeal insofar as the enrollment start date of your Medicaid Managed Care plan.

On January 26, 2016 NYSOH issued an eligibility redetermination notice stating that you were eligible for Medicaid, effective as of January 1, 2016.

Also on January 26, 2016 NYSOH issued an enrollment notice confirming that you selected Excellus Health, Inc. on January 25, 2016, and your plan enrollment start date is March 1, 2016.

On May 19, 2016 you had a telephone hearing with a Hearing Officer from the Marketplace'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) According to your NYSOH account, you were eligible for Medicaid effective as of January 1, 2015.
- 2) According to your NYSOH account and testimony, you receive notices from NYSOH via regular mail.
- 3) You testified that you do not recall receiving a renewal notice from NYSOH to ensure that your coverage would not be interrupted.
- 4) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 5) You testified that you have outstanding medical bills from either January or February 2016.
- 6) According to your NYSOH account, you selected Excellus Health Plan, Inc. as your Medicaid Managed Care plan on January 25, 2016. The plan has a plan enrollment start date of March 1, 2016.

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

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## **Applicable Law and Regulations**

### Medicaid Renewal

In general, the Marketplace 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)). The Marketplace 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)).

The Marketplace 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, the Marketplace 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 Effective Date:

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; Administrative Directive 13 OHIP/ADM-03(III)(F), (Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010)).

## **Legal Analysis**

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

You were found eligible for Medicaid in 2015 effective January 1, 2015.

Generally, the Marketplace 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 October 23, 2015 renewal notice stated that there was not enough

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information to determine whether you were eligible for financial assistance for health insurance coverage in 2016, and that you needed to supply update your account by December 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 December 31, 2015.

You testified that you do not recall receiving a notice informing you that your application needed to be updated.

The record indicates that the relevant notices were issued to the address you have listed on your NYSOH account, and that there is no indication that any of the notices were returned to the NYSOH as undeliverable.

On January 25, 2016, you updated the information in your NYSOH account and re-enrolled in a Medicaid Manage 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 between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

On January 25, 2016, you selected your Medicaid Managed Care plan, so it must take effect on the second month after January 2016; that is, on March 1, 2016.

Therefore, the January 26, 2016 enrollment notice stating that your Medicaid Managed Care coverage would take effect on March 1, 2016 is correct and must be AFFIRMED.

## **Decision**

The January 26, 2016 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** June 16, 2016

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

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is March 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 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
- By mail at:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The January 26, 2016, enrollment notice is AFFIRMED.

This decision does not change your eligibility.

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

### **Legal Authority**

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

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**A Copy of this Decision Has Been Provided To:**

