



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

Notice of Decision

Decision Date: June 24, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006463

[REDACTED]

Dear [REDACTED],

On May 26, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 1, 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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Decision

Decision Date: June 24, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006463



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 your Medicaid Managed Care plan was effective February 1, 2016?

Procedural History

On November 30, 2014, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid effective November 1, 2014.

On December 14, 2014, NYSOH issued an enrollment confirmation notice, confirming your enrollment in a Medicaid Managed Care plan effective January 1, 2015.

On December 16, 2015, NYSOH received your updated application for health insurance.

On December 17, 2015, a notice was issued asking you to provide more information in order to make a determination on whether or not you qualified for financial assistance. You were asked to provide income documentation for your household by January 1, 2016.

On December 20, 2015, a disenrollment notice was issued terminating your coverage under your Medicaid Managed Care plan effective December 31, 2015.

On December 21, 2015, NYSOH received your income documentation.

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On December 31, 2015, NYSOH issued an eligibility redetermination notice stating that you were eligible for Medicaid, and that your coverage for Fee-For-Service Medicaid would be effective January 1, 2016.

On January 1, 2016, an enrollment confirmation notice was issued that stated that you had selected a Medicaid Managed Care plan on December 31, 2015, and the effective date of that plan was February 1, 2016.

On January 25, 2016, you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation notice insofar as it began your Medicaid Managed Care plan on February 1, 2016, and not January 1, 2016.

On May 26, 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 the record reflects, that you receive all of your notices from NYSOH via electronic mail.
- 2) You testified that you did not receive any electronic alerts regarding any notice in your NYSOH account telling you that you needed to update your application in order to renew your eligibility. You also did not receive any renewal notice.
- 3) The record reflects that no renewal notice was issued alerting you that your Medicaid Managed Care plan was going to end December 31, 2015, and that it was time to renew the information in your account.
- 4) The record reflects that on December 16, 2015, NYSOH received your updated application for financial assistance with your health insurance.
- 5) Your income documentation was received December 21, 2015, and verified by NYSOH on December 30, 2015.
- 6) The record reflects you were enrolled in a Medicaid Managed Care plan on December 31, 2015.

- 7) You testified that you are seeking reinstatement in your Medicaid Managed Care plan as of January 1, 2016.

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 12 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 that may have been 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 Eligibility Changes under the Affordable Care Act (ACA) of 2010,13 ADM-03(III)(F)).

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; NY Social Services Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13 ADM-03(III)(F)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by 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)).

Additionally, if an electronic alert regarding a notice in an individual's NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

Timely Notice of Medicaid Eligibility

When an individual applies for insurance through the NYSOH, the NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1)).

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

You were originally found eligible for Medicaid effective November 1, 2014.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 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 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

The record reflects that no renewal notice was issued to you to inform you that that it was time to renew the information in your account. Therefore, it is concluded that NYSOH did not give you the required notice.

The record reflects that on December 16, 2015, NYSOH received your updated application for financial assistance but NYSOH was unable to make a determination of your eligibility without obtaining additional income documentation from you. On December 21, 2015 your income documentation was uploaded to your NYSOH account. On December 31, 2015 you were again found eligible for Medicaid coverage and reenrolled into a Medicaid Managed Care plan.

Had the information that was submitted on December 16, 2015 been submitted in response to a renewal notice allowing 30 days to provide your updated income information before the termination of your Medicaid eligibility, your enrollment in your Medicaid Managed Care plan would have continued as of January 1, 2016.

Therefore, the January 1, 2016, notice of enrollment confirmation is MODIFIED to state that your enrollment in your Medicaid Managed Care plan was effective January 1, 2016.

Decision

The January 1, 2016, notice of enrollment confirmation is MODIFIED to state that your enrollment in your Medicaid Managed Care plan was effective January 1, 2016.

Your case is RETURNED to NYSOH to facilitate correcting your enrollment in your Medicaid Managed Care plan to the appropriate date.

Effective Date of this Decision: June 24, 2016

How this Decision Affects Your Eligibility

Your enrollment in your Medicaid Managed Care plan should have been effective as of January 1, 2016.

Your case is being sent back to NYSOH to reinstate you in your Medicaid Managed care plan as of January 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.

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).

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 January 1, 2016, notice of enrollment confirmation is MODIFIED to state that your enrollment in your Medicaid Managed Care plan was effective January 1, 2016.

Your case is RETURNED to NYSOH to facilitate correcting your enrollment in your Medicaid Managed Care plan to the appropriate date.

Your enrollment in your Medicaid Managed Care plan should have been effective as of January 1, 2016.

Your case is being sent back to NYSOH to reinstate you in your Medicaid Managed care plan as of January 1, 2016.

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Legal Authority

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A Copy of this Decision Has Been Provided To:

