



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

Notice of Decision

Decision Date: June 3, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006573

[REDACTED]

Dear [REDACTED],

On June 1, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 29, 2016 notice of enrollment.

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).

This page intentionally left blank.



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

Decision

Decision Date: June 3, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006573

[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 Fidelis Care as your Medicaid Managed Care plan was effective March 1, 2016?

Procedural History

On November 3, 2014, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid effective January 1, 2015. This notice also confirmed that your Medicaid Managed Care (MMC) plan coverage with Fidelis Care would take effect on January 1, 2015.

On October 24, 2015, NYSOH issued a renewal notice, stating that it was time to renew your health insurance for the upcoming coverage year. 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 December 15, 2015 or you might lose the financial assistance you were currently receiving.

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

On December 21, 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

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).

responded to the renewal notice and had not completed your renewal within the required time frame. Your eligibility ended effective December 31, 2015.

On January 24, 2016, NYSOH received a revised application in which you were no requesting financial assistance.

On January 25, 2016, NYSOH issued an eligibility redetermination notice based on the information contained in your January 24, 2016 application. The notice stated that you were eligible to enroll in a qualified health plan at full cost. This eligibility determination was effective as of March 1, 2016.

On January 27, 2016, NYSOH received a further revised application for health insurance, in this case requesting financial assistance.

On January 28, 2016, 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 29, 2016, an enrollment confirmation notice was issued that stated that you had selected Fidelis Care as your MMC plan, and that the effective date of that plan was March 1, 2016. You spoke to NYSOH's Account Review Unit and appealed the January 29, 2016 notice of enrollment insofar as it began your MMC plan coverage with Fidelis Care on March 1, 2016 and not January 1, 2016

On June 1, 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 elected to receive all of your notices from NYSOH via electronic mail.
- 2) You testified that you received e-mail notifications from NYSOH to the e-mail address that you provided, "[REDACTED]". However, when you attempted to review the notification on your NYSOH account, you were unable to access and/or review them until you called a NYSOH representative during late January 2016. You did not receive any notices via regular mail.
- 3) You testified that you did not know that you needed to update your account until late January 2016 when the claims submitted to Fidelis

Care by your dentist officer had been rejected since you were no longer covered at that time.

- 4) Your MMC plan coverage with Fidelis Care had been terminated as of December 31, 2015.
- 5) The record reflects that on January 27, 2016, NYSOH received your updated application for health insurance, in which you were seeking financial assistance. NYSOH determined that your coverage with Fidelis Care would begin March 1, 2016.
- 6) You testified that you attended appointments with your [REDACTED] and [REDACTED] during the month of January 2016 with the understanding that you were still covered by Fidelis Care.
- 7) You testified that you are seeking reinstatement in Fidelis Care as your MMC plan as of January 1, 2016 in order to have your outstanding bills covered.

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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in Fidelis Care as your MMC plan was effective March 1, 2016.

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

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's October 24, 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 December 15, 2015, or your financial assistance might end.

Because there was no timely response to this notice, you were terminated from your MMC plan effective December 31, 2015.

However, you testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You credibly testified that while you received receive electronic alerts around the time of your renewal, you were

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).

unable to access the notification within your account at that time due to technical difficulties in reviewing the inbox within your NYSOH account. Further, there is no evidence that the October 24, 2015 notice was sent to you by regular mail.

Therefore, as a result of the technical difficulties in reviewing the notification posted to your NYSOH account, it is concluded that NYSOH did not give you the required notice to you that you needed to update your account by December 15, 2015.

You renewed your eligibility for financial assistance through NYSOH for the upcoming coverage year on January 27, 2016, and therefore we must assume that the information you provided at that time 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.

Had the information been submitted at that time, your enrollment in Fidelis Care as your MMC plan would have begun on January 1, 2016, rather than March 1, 2016.

Therefore, the January 29, 2016 notice of enrollment is MODIFIED to state that your enrollment in Fidelis Care as your MMC plan was effective January 1, 2016.

Decision

The January 29, 2016 notice of enrollment confirmation is MODIFIED to state that your enrollment in Fidelis Care as your MMC plan was effective January 1, 2016.

Your case is RETURNED to NYSOH to facilitate correcting your enrollment in Fidelis Care as your MMC plan to the appropriate date.

Effective Date of this Decision: June 3, 2016

How this Decision Affects Your Eligibility

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

Your case is being sent back to NYSOH to reinstate you in Fidelis Care as your MMC plan as of January 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

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

Your case is being sent back to NYSOH to reinstate you in Fidelis Care as your MMC plan as of January 1, 2016.

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).

Legal Authority

We are issuing this determination in accordance with 45 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).

A Copy of this Decision Has Been Provided To:

