



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

Notice of Decision

Decision Date: June 17, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006741

[REDACTED]

Dear [REDACTED],

On June 15, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 3, 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006741

[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 your Medicaid Managed Care plan began effective March 1, 2016?

Procedural History

On February 25, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid effective February 1, 2015, and you were subsequently enrolled in a Medicaid Managed Care (MMC) plan effective April 1, 2015.

On December 24, 2015, NYSOH issued a renewal notice stating that it was time to renew your health insurance for 2016. That notice also 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 January 15, 2016, or you might lose the financial assistance you were currently receiving.

No updates were made to your account by January 15, 2016.

On January 17, 2016, 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 through NYSOH. This was because you had not responded to the renewal notice and had not completed

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your renewal within the required time frame. Your eligibility ended January 31, 2016.

Also on January 17, 2016, NYSOH issued a disenrollment notice stating that your coverage in your MMC plan would end effective January 31, 2016 because you did not renew your health insurance coverage.

On February 2, 2016, NYSOH received your updated application for health insurance and your MMC plan selection.

That same day, NYSOH prepared a preliminary eligibility determination stating that you were eligible for Medicaid effective February 1, 2016, and that your MMC plan coverage would start on March 1, 2016.

Also on February 2, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your MMC coverage, insofar as it did not start on February 1, 2016.

On February 3, 2016, NYSOH issued an eligibility redetermination notice stating that you were eligible for Medicaid effective February 1, 2016.

Also on February 3, 2016, an enrollment confirmation notice was issued that stated that you had selected a Medicaid Managed Care plan and the effective date of that coverage was March 1, 2016.

On June 15, 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) Your NYSOH account indicates that you receive notices from NYSOH by regular mail.
- 2) You testified that you did not receive the December 24, 2015 renewal notice because it was sent at a time when you had moved out of your apartment and were staying on a friend's couch. You testified that a friend of yours was supposed to be picking up your mail from your former residence and bringing it to your mother's house.
- 3) You testified that you went to your mother's house after the holidays and had a stack of mail including the renewal notice. You testified that, by that point, it was past the renewal deadline.

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- 4) You testified that you did not know that you needed to update your account until you went to your mother's house and read the renewal letter. You testified that you called NYSOH that same day to renew your coverage.
- 5) The record reflects that on February 2, 2016, NYSOH received your updated application for health insurance.
- 6) You testified that you have an outstanding medical bill from February 2016 that was not covered by fee-for-service Medicaid.
- 7) You testified that you are seeking reinstatement in your Medicaid Managed Care plan as of February 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

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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)).

Legal Analysis

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

You were originally found eligible for Medicaid effective February 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 December 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 January 15, 2016 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 January 31, 2016.

You testified that you did not review the renewal notice in time to update your application by January 15, 2016. You credibly testified that you were not living at your mailing address at the time, and that you had a friend picking up your mail and bringing it to your mother's house. However, there is no evidence in the record, and your sworn testimony does not indicate, that the delay you experienced in reviewing the renewal notice and subsequently updating your NYSOH account was caused in any way by the actions of NYSOH. Rather, your personal circumstances led to your late receipt of, and response to, the renewal notice.

As such, NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated in order to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

The record shows that on February 2, 2016, you updated the information in your NYSOH account and submitted a request to enroll in 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.

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A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you selected your Medicaid Managed Care plan on February 2, 2016, it must take effect on the first day of the following month after February 2016; that is, on March 1, 2016.

Therefore, NYSOH's February 3, 2016 enrollment confirmation notice is AFFIRMED because it properly began your enrollment in your Medicaid Managed Care plan on March 1, 2016.

Decision

The February 3, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: June 17, 2016

How this Decision Affects Your Eligibility

Your enrollment in your Medicaid Managed Care plan properly began as of March 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.

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)).

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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:
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- By fax: 1-855-900-5557

Summary

The February 3, 2016 enrollment confirmation notice is AFFIRMED.

Your enrollment in your Medicaid Managed Care plan properly began as of March 1, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

