



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

Notice of Decision

Decision Date: June 28, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006770

[REDACTED]

Dear [REDACTED],

On June 17, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 21, 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

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006770



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 March 1, 2016?

Procedural History

On February 15, 2014 NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid effective January 1, 2014, and you were enrolled in a Medicaid Managed care plan effective February 1, 2014.

On November 5, 2014, a renewal notice was issued stating you were renewed for eligibility and reenrolled in your Medicaid Managed Care plan effective January 1, 2015.

On October 23, 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 December 15, 2015 or you might lose the financial assistance you were currently receiving.

On November 5, 2015, NYSOH received your updated application for financial assistance.

On November 6, 2015, an eligibility determination notice was issued finding you no longer eligible for Medicaid. However, your Medicaid coverage would continue until December 31, 2015. This eligibility was effective November 1, 2015. The notice further asked for income documentation to be provided before November 20, 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 through NYSOH. 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 December 31, 2015.

On January 11, 2016, NYSOH received your updated application for health insurance as well as uploaded income documentation.

On January 12, 2016, NYSOH issued a letter requesting that you provide more information so that NYSOH could make a determination of your eligibility. You were asked to submit income documentation by January 27, 2016.

On January 20, 2016, NYSOH issued an eligibility redetermination notice stating that you were eligible for Medicaid effective January 1, 2016.

On January 21, 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 February 3, 2016, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as it began your Medicaid Managed Care plan on March 1, 2016, and not January 1, 2016.

On June 17, 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 you receive your notices via electronic notifications. You confirmed your e-mail address has stayed the same.

- 2) You testified that you did not receive an electronic alert from NYSOH telling you that you needed to update the information in your NYSOH account in order to renew your coverage for 2016.
- 3) The record reflects that on November 5, 2015, NYSOH received your updated application for health insurance.
- 4) You testified you believe you had provided all of the necessary information in order to apply and renew your coverage for the 2016 benefit year when you contacted NYSOH on November 5, 2015. You testified you were not informed by a NYSOH representative on that call you needed to provide documentation in order to verify your household income.
- 5) Your November 5, 2015 application reflects you provided an income of \$0.00. You were found preliminarily eligible for Medicaid based on this application.
- 6) The record reflects you enrolled in a Managed Care plan on January 20, 2016.
- 7) You testified that you are seeking reinstatement in your Medicaid Managed Care plan as of January 1, 2016.
- 8) The record reflects your Managed Care plan was backdated to 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 §

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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 your Medicaid Managed Care plan was effective March 1, 2016.

You were originally found eligible for Medicaid effective January 1, 2014. You were subsequently enrolled in a Managed Care plan, and renewed into a Medicaid Managed care plan automatically beginning 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 23, 2015 renewal notice stated that there was not enough information to determine whether you were eligible to continue your financial assistance for health

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insurance, and that you needed to supply additional information by December 15, 2015, or your financial assistance might end.

You credibly testified that you did not receive any electronic alert regarding the notice that directed you to update the information in your NYSOH account. However, on November 5, 2015 you updated your NYSOH despite not receiving the renewal notice and not knowing your Medicaid Managed care plan would be ending December 31, 2015.

You testified you believe you had provided all of the necessary information in order to apply and renew your coverage for the 2016 benefit year when you contacted NYSOH on November 5, 2016. You explained you were not informed by a NYSOH representative on that call you needed to provide income documentation in order to verify your household income.

You testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. There is no evidence in your account showing that any email alert was sent to you regarding the need to renew your application, or submit additional documentation, that any such electronic notice failed, or that the notice was later sent to you by regular mail.

Therefore, it is concluded that NYSOH did not give you the required notice to you that you needed to update your account or submit additional documentation.

Had you been provided adequate notice to update your account, and had the NYSOH explained to you both over the phone and in writing that you were preliminarily eligible for Medicaid effective November 1, 2015, but that you needed to provide income documentation verifying your eligibility, you would have been able to enroll in a Medicaid Managed Care plan effective January 1, 2016 for the 2016 benefit year.

Therefore, NYSOH's January 21, 2016, enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan started as of January 1, 2016.

Decision

The January 21, 2016, enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan started as of January 1, 2016.

Your case is RETURNED to NYSOH to backdate your enrollment in your Medicaid Managed Care plan effective January 1, 2016.

Effective Date of this Decision: June 28, 2016

How this Decision Affects Your Eligibility

Your enrollment in your Medicaid Managed Care plan should have begun on 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.

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
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Summary

The January 21, 2016, enrollment confirmation notice is MODIFIED to stated that your enrollment in your Medicaid Managed Care plan started as of January 1, 2016.

Your enrollment in your Medicaid Managed Care plan should have begun on January 1, 2016.

Your case is RETURNED to NYSOH to backdate your enrollment in your Medicaid Managed Care plan effective January 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:

