



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

Notice of Decision

Decision Date: August 03, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007139

[REDACTED]

Dear [REDACTED],

On July 27, 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).

This page intentionally left blank.



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

Decision

Decision Date: August 03, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007139



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 March 1, 2016?

Procedural History

On January 13, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid effective January 1, 2015, and you were enrolled into a Medicaid Managed Care plan effective February 1, 2015.

On October 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 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 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.

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).

On December 23, 2015, NYSOH issued a disenrollment notice stating that your coverage through your Medicaid Managed Care plan would end December 31, 2015.

On February 2, 2016, NYSOH received your updated application for health insurance.

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 February 17, 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 July 22, 2016, you were scheduled to have a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. A Hearing Officer called you at the scheduled hearing time but you were unable to go forward. The Hearing Officer agreed to adjourn your hearing to a later date.

On July 27, 2016, you had your adjourned 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 alerts that you have notices from NYSOH by electronic mail.
- 2) You testified that you received email alerts from NYSOH stating that there were notices in your account. You testified that you clicked on the link in the emails but they did not take you to your NYSOH account.
- 3) You testified that you did not contact NYSOH to see what the email alerts were referencing and you did not try to access your NYSOH account by any other method.

- 4) You testified that you did not know that you needed to update your account until you received an outstanding bill from a medical provider.
- 5) You testified that you elected to have your eligibility automatically renewed for five years and you thought this meant that you would not have to do anything for five years and your coverage would continue.
- 6) The record reflects that on February 2, 2016, NYSOH received your updated application for health insurance.
- 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

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).

(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)).

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, 2016.

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. You testified that you elected to have your eligibility automatically renewed for five years and you thought this meant that you would not have to do anything for five years and your coverage would continue.

However, when a person elects for automatic renewal and NYSOH is unable to obtain the necessary data to complete the automatic renewal process, NYSOH cannot automatically enroll a person without the necessary information.

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.

Your NYSOH account indicates that you receive alerts that you have notices from NYSOH by electronic mail. You testified that you received email alerts from NYSOH stating that there were notices in your account. You testified that you clicked on the link in the emails but they did not take you to your NYSOH account.

You testified that you did not contact NYSOH to see what the email alerts were referencing and you did not try to access your NYSOH account by any other method.

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. Because you testified that you received the electronic alerts from NYSOH but you did not take any action other than clicking on the links in the email, the record reflects that NYSOH properly notified you of your annual renewal.

Because no updates were received, NYSOH terminated your Medicaid Managed Care plan as of December 31, 2015. The record shows that on February 2, 2016 you updated the information in your NYSOH account and submitted a request to reenroll 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.

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; 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: August 03, 2016

How this Decision Affects Your Eligibility

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

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
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- 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.

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:

