



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

## Notice of Decision

Decision Date: August 18, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007552



Dear [REDACTED]

On August 8, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's March 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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## Decision

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NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007552



## 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 April 1, 2016?

## Procedural History

On December 17, 2014 NYSOH issued a renewal notice stating that you were still qualified for Medicaid effective February 1, 2015, and you were enrolled in your Medicaid Managed Care plan effective February 1, 2015.

On December 15, 2015 information in your NYSOH account was updated. Your daughter was added as seeking insurance coverage through NYSOH.

On December 16, 2015 NYSOH issued an eligibility determination notice stating that you were no longer eligible for Medicaid, but that your coverage would continue until January 31, 2016. You were advised that you would need to come back between December 17, 2015 and January 16, 2016 to update the information in your NYSOH account.

Also on December 16, 2015 NYSOH issued a notice stating that your daughter may be eligible for health insurance through NYSOH but that more information was needed to make a determination.

On December 20, 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

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

On March 1, 2016, NYSOH received your updated application for health insurance. That day, a preliminary eligibility determination was prepared stating that you were eligible for Medicaid, effective March 1, 2016. You also enrolled into a Medicaid Managed Care plan.

Also on March 1, 2016 you spoke to NYSOH's Account Review Unit and appealed the start date of your Medicaid Managed Care plan.

On March 2, 2016 NYSOH issued an eligibility redetermination notice, based on the March 1, 2016 application, stating that you were eligible for Medicaid effective March 1, 2016.

Also on March 2, 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 April 1, 2016.

On August 8, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and you gave the Hearing Officer permission to listen to telephone conversations that you had with NYSOH in December 2015. The recordings were added to the record and the record was closed.

## **Findings of Fact**

A review of the record support the following findings of fact:

- 1) You testified that you knew that you needed to renew your application for health insurance and that you believed you had done so successfully in November by sending in paperwork to NYSOH by regular mail.

- 2) There is no indication in the record that NYSOH has ever received any paper application, or documentation of your income by fax or regular mail.
- 3) You testified that you were receiving notices from NYSOH by electronic alert.
- 4) You testified that you received email alerts in December that informed you that you needed to renew the information in your NYSOH account.
- 5) You testified that you contacted NYSOH in December and were informed that you should disregard the emails and that NYSOH was three months behind in verifying documentation. You testified that they had received the documentation you had sent in November and that it was just waiting to be verified in order to renew your coverage.
- 6) A review of the first phone call that you placed on December 15, 2015 indicates that you were calling to update your application so that your daughter could have insurance coverage as of January 1, 2016.
- 7) A review of the second phone call that you placed on December 15, 2015 indicates that you were calling to complete the application that you started earlier in the day. During that phone call, you stated that you had renewed in October 2015 and that your insurance coverage was good until October 2016. A representative informed you that your coverage was not renewed and that you would need to renew with NYSOH in order to have coverage as of February 2016. Twice during the phone call, you were also told that you would need to submit documentation to confirm your child's eligibility and you were told that the verification process takes seven to ten business days.
- 8) The record reflects that on March 1, 2016 NYSOH received your updated application for health insurance.
- 9) You testified that you are seeking reinstatement in your Medicaid Managed Care plan as of March 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

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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)).

## **Legal Analysis**

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

You were previously 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 20, 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.

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You testified that you knew that you needed to renew and that you believed you had done so successfully in November by sending in paperwork to NYSOH by regular mail. However, there is no indication in the record that NYSOH has ever received any paper application, or documentation of your income by fax or regular mail.

You testified that you received email alerts in December that informed you that you needed to renew the information in your NYSOH account. You testified that you contacted NYSOH in December and were informed that you should disregard the emails and that NYSOH was three months behind in verifying documentation. You testified that they had received the documentation you had sent in November and that it was just waiting to be verified in order to renew your coverage.

A review of a phone call that you placed to NYSOH on December 15, 2015 indicates that you were calling to complete an application for your child, not that you were calling to find out about the email alerts that you received. During that phone call, you stated that you had renewed in October 2015 and that your insurance coverage was good until October 2016. A representative informed you that your coverage was not renewed and that you would need to renew with NYSOH in order to have coverage as of February 2016. Twice during the phone call, you were also told that you would need to submit documentation to confirm your child's eligibility and you were told that the verification process takes seven to ten business days.

Therefore, your testimony that you had (1) renewed your coverage in November 2015 and that (2) you were informed by NYSOH to ignore the renewal emails, is not credible. Since you were informed in writing, and verbally by a NYSOH representative of your need to renew to continue receiving benefits, the record reflects that NYSOH properly notified you of your annual renewal.

The record shows that on March 1, 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.

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 March 1, 2016, it must take effect on the first day of the following month after March; that is, on April 1, 2016.

Therefore, NYSOH's March 2, 2016 enrollment confirmation notice is AFFIRMED because it properly began your enrollment in your Medicaid Managed Care plan on April 1, 2016.

## **Decision**

The March 2, 2016 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** August 18, 2016

## **How this Decision Affects Your Eligibility**

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

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## **If You Have Questions about this Decision (Customer Service Resources):**

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## **Summary**

The March 2, 2016 enrollment confirmation notice is AFFIRMED.

Your enrollment in your Medicaid Managed Care plan properly began as of April 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:**

