



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

## Notice of Decision

Decision Date: August 19, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007708

[REDACTED]

Dear [REDACTED]

On August 16, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 3, 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).

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## Decision

Decision Date: August 19, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007708

[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 daughter's enrollment in her Medicaid Managed Care plan began as of April 1, 2016?

## Procedural History

On January 19, 2015, NYSOH issued an eligibility determination notice stating that your daughter remained eligible for Medicaid coverage, effective March 1, 2015.

On May 6, 2015, NYSOH issued a notice of enrollment confirming your selection of Healthfirst as your daughter's Medicaid Managed Care (MMC) plan as of May 5, 2015. The notice also confirmed that her coverage under this MMC would begin as of June 1, 2015.

On January 13, 2016, NYSOH issued a renewal notice stating that it was time to renew your daughter's health insurance for the upcoming year. That notice also stated that based on information from federal and state sources, NYSOH could not make a decision about whether your daughter would qualify for financial help paying for health coverage, and that you needed to update your account by February 15, 2016 or your daughter might lose the financial assistance she was receiving.

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

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On February 19, 2016, NYSOH issued an eligibility determination notice stating that your daughter was not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. Your daughter was newly eligible to purchase 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 daughter's renewal within the required time frame. Your daughter's eligibility for financial assistance ended February 29, 2016.

Also on February 19, 2016, NYSOH issued a disenrollment notice confirming that your daughter's MMC plan coverage with Healthfirst would end effective February 29, 2016.

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

On March 3, 2016, NYSOH issued an eligibility redetermination notice based on the information contained within the March 2, 2016 application. The notice stated that your daughter was eligible for Medicaid effective March 1, 2016.

Also on March 3, 2016, NYSOH issued a notice of enrollment stating that you had selected Healthfirst as your daughter's MMC plan and the effective date of that coverage was April 1, 2016.

On March 4, 2016, you spoke to NYSOH's Account Review Unit and appealed the notice of enrollment insofar as it began your daughter's MMC plan on April 1, 2016 and not March 1, 2016.

On August 16, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. At your request, Spanish-language interpreters (ID #'s [REDACTED] and [REDACTED]) also attended the hearing. 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 have received notices from NYSOH through regular mail, but do not recall receiving any notices from NYSOH telling you that you needed to update the information in your NYSOH account to ensure that your coverage would not be interrupted and that your financial assistance would continue.

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- 3) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 4) You testified that you did not know that you needed to update your account until claims submitted for your daughter's care and treatment during March 2016 had been rejected by Healthfirst.
- 5) You testified that your daughter's intensive care requirements and your daughter's father's passing on [REDACTED] caused you not to be focused on renewing your daughter's application through NYSOH.
- 6) The record reflects that on March 2, 2016 NYSOH received your updated application for health insurance.
- 7) You testified that you are seeking reinstatement of your daughter's MMC plan as of March 1, 2016, so as to avoid a gap in coverage during the month of March 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).

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 sole issue under review is whether NYSOH properly determined that your daughter's enrollment in your MMC plan was effective April 1, 2016.

You were originally found to have remained eligible for Medicaid effective March 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 January 13, 2016 renewal notice stated that there was not enough information to determine whether your daughter was eligible to continue receiving financial assistance for health insurance, and that you needed to supply additional information by February 15, 2016, or your daughter's financial assistance might end.

Because there was no timely response to this notice, your daughter was terminated from her MMC plan effective February 29, 2016.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, the record reflects that NYSOH properly notified you of your daughter's annual renewal and that information in your NYSOH account needed to be updated in order to ensure her enrollment in her health plan and eligibility for financial assistance would continue.

The record shows that on March 2, 2016 you updated the information in your NYSOH account and submitted a request to reenroll your daughter in an MMC plan.

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The date on which a MMC 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 daughter's MMC plan on March 2, 2016, it must take effect on the first day of the following month first day of the following month after March 2016; that is, on April 1, 2016.

Therefore, NYSOH's March 3, 2016 notice of enrollment is **AFFIRMED** because it properly began your daughter's enrollment in her MMC plan on April 1, 2016.

## **Decision**

The March 3, 2016 notice of enrollment is **AFFIRMED**.

**Effective Date of this Decision:** August 19, 2016

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

Your daughter's enrollment in her MMC 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)).

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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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Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The March 3, 2016 notice of enrollment is AFFIRMED.

Your daughter's enrollment in her MMC 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:**

