



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

Notice of Decision

Decision Date: August 23, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007726

[REDACTED]

Dear [REDACTED],

On August 18, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's the March 8, 2016 and April 13, 2016 enrollment confirmation notices.

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.

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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly determine that your family's enrollment in a Fidelis Care Medicaid Managed Care plan was effective April 1, 2016?

Did NYSOH properly determine that you family's enrollment in a MVP Medicaid Managed Care plan was effective May 1, 2016?

Procedural History

On January 9, 2015 NYSOH issued a renewal notice stating that you and your family were still qualified to get health care coverage through Medicaid. This eligibility was effective March 1, 2015.

On January 15, 2016 NYSOH issued a renewal notice stating that it was time to renew your family's 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 your family would qualify for financial help paying for health coverage, and that you needed to update your account by February 15, 2016 or you might lose the financial assistance you were currently receiving.

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

On February 17, 2016 NYSOH issued an eligibility determination notice stating that your family was not eligible for Medicaid, Child Health Plus, or to receive tax

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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 family's eligibility ended February 29, 2016.

On March 7, 2016 NYSOH received your updated application for health insurance. That day, a preliminary eligibility determination was made stating that your family was eligible for Medicaid and they were enrolled into a Fidelis Medicaid Managed Care plan.

Also on March 7, 2016 you spoke to NYSOH's Account Review Unit and appealed the preliminary eligibility determination insofar as it began your family's coverage through their Medicaid Managed Care plan on April 1, 2016 and not March 1, 2016.

On March 8, 2016 NYSOH issued an eligibility redetermination notice based on the March 7, 2016 application, stating that your family was eligible for Medicaid effective March 1, 2016.

Also on March 8, 2016 NYSOH issued an enrollment confirmation notice stating that you had selected a Fidelis Care Medicaid Managed Care plan for your family and the effective date of that coverage was April 1, 2016.

On April 13, 2016 NYSOH issued a disenrollment notice stating that you had requested to end your family's coverage through the Fidelis Care Medicaid Managed Care plan. Your family would no longer have coverage through that plan as of April 30, 2016.

Also on April 13, 2016 NYSOH issued an enrollment confirmation notice stating that you had selected a MVP Medicaid Managed Care plan for your family and the effective date of that coverage was May 1, 2016.

On August 18, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Urdu Interpreter # [REDACTED] assisted during 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 did not receive any notices from NYSOH telling you that you needed to update the information in your NYSOH account to ensure that your family's coverage would not be interrupted and that your family's financial assistance would continue.
- 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 you received a letter telling you that your family had been disenrolled.
- 5) The record reflects that on March 7, 2016 NYSOH received your updated application for health insurance.
- 6) The record reflects that you had originally selected a Fidelis Care Medicaid Managed Care plan but that on April 12, 2016 you switched your family's enrollment to a MVP Medicaid Managed Care plan.
- 7) You testified that through the appeal you are seeking to have the start date of the MVP plan backdated to 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 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)).

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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 Start Dates

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 family's enrollment in a Fidelis Care Medicaid Managed Care plan was effective April 1, 2016.

Your family was renewed into Medicaid coverage as of 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 15, 2016 renewal notice stated that there was not enough information to determine whether your family was eligible to continue their financial assistance for health insurance, and that you needed to supply additional information by February 15, 2016, or your and your family's financial assistance might end.

Because there was no timely response to this notice, you and your family were terminated from Medicaid coverage as of 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 annual renewal and that information in your NYSOH account needed to be updated in order to ensure your and your family's enrollment in a health plan and eligibility for financial assistance would continue.

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The record shows that on March 7, 2016 you updated the information in your NYSOH account and submitted a request to enroll in a Medicaid Managed Care plan with Fidelis Care.

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 family's Medicaid Managed Care plan on March 1, 2016, it must take effect on the first day of the following month after March 7, 2016; that is, on April 1, 2016.

Therefore, NYSOH's March 8, 2016 enrollment confirmation notice is **AFFIRMED** because it properly began your enrollment in your family's Medicaid Managed Care plan through Fidelis on April 1, 2016.

The second issue is whether NYSOH properly determined that you family's enrollment in a MVP Medicaid Managed Care plan was effective May 1, 2016.

The record indicates that on April 12, 2016 you switched your family's enrollment to a MVP Medicaid Managed Care plan. You testified that through the appeal you are seeking to have the start date of the MVP plan backdated to March 1, 2016.

As stated above, a plan that is selected from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month.

Since you selected a Medicaid Managed Care plan through MVP on April 12, 2016 it would take effect on the first day of the next following month; that is, on May 1, 2016.

Therefore, the April 13, 2016 enrollment confirmation notice stating that your family's enrollment in a Medicaid Managed Care plan through MVP would be effective May 1, 2016, was correct and must be **AFFIRMED**.

Decision

The March 8, 2016 enrollment confirmation notice is **AFFIRMED**.

The April 13, 2016 enrollment confirmation notice is **AFFIRMED**.

Effective Date of this Decision: August 23, 2016

How this Decision Affects Your Eligibility

Your family's enrollment in a Fidelis Care Medicaid Managed Care plan properly began as of April 1, 2016.

Your family's enrollment in a MVP Medicaid Managed Care plan properly began as of May 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
- By mail at:

NY State of Health Appeals

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- By fax: 1-855-900-5557

Summary

The March 8, 2016 enrollment confirmation notice is AFFIRMED.

Your family's enrollment in a Fidelis Care Medicaid Managed Care plan properly began as of April 1, 2016.

The April 13, 2016 enrollment confirmation notice is AFFIRMED.

Your family's enrollment in a MVP Medicaid Managed Care plan properly began as of May 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:

