



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

Notice of Decision

Decision Date: September 05, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007916

[REDACTED]

Dear [REDACTED],

On August 31, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 15, 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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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 (MMC) plan was effective April 1, 2016?

Procedural History

On April 1, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid effective March 1, 2015.

On January 13, 2016, NYSOH issued a renewal notice, stating that it was time to renew your health insurance for the upcoming coverage year. That notice 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 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 18, 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. 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 effective February 29, 2016.

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Also on February 18, 2016, NYSOH issued a disenrollment notice stating that your coverage in your MMC plan was ending on February 29, 2016 because you did not renew your health insurance coverage and were no longer eligible to enroll in health insurance through NYSOH.

On March 14, 2016, NYSOH received your updated application for health insurance. That day, NYSOH prepared a preliminary eligibility determination stating that you were eligible for Medicaid, effective March 1, 2016. You also selected a MMC plan on this same day.

On March 14, 2016 you spoke to NYSOH's Account Review Unit and appealed the preliminary eligibility determination, insofar as it began your MMC plan on April 1, 2016, and not March 1, 2016.

On March 15, 2016, NYSOH issued an eligibility redetermination notice stating that you were eligible for Medicaid, and that your coverage for Fee-For-Service Medicaid would be effective March 1, 2016.

Also on March 15, 2016, an enrollment confirmation notice was issued that stated that you had selected a Medicaid Managed Care plan, and that the effective date of that plan was April 1, 2016.

On August 31, 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) You testified, and the record reflects, that you receive all of your notices from NYSOH via regular mail.
- 2) You testified that you do not recall whether you received 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.
- 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 opened a piece of mail from your 2015 MMC plan and saw that you needed to renew. You testified that you believe this was sometime in March 2016.

- 5) You testified that you and your neighbor sometimes receive each other's mail. You also testified that you sometimes receive a lot of mail all at once after not receiving it for several days, and that you are not sure if this is attributable to the mailman, or to your neighbor receiving your mail.
- 6) The record reflects that on March 14, 2016, NYSOH received your updated application for health insurance.
- 7) You testified that you are seeking for your MMC plan coverage to be backdated to March 1, 2016 because you have a physical therapy bill from March that is not covered by Fee-For-Service Medicaid.

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

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

You were originally found 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 you were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by February 15, 2016, or your financial assistance might end.

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

You testified that cannot recall whether you received the January 13, 2016 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. You also credibly testified that you sometimes have problems timely receiving your 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 enrollment in your health plan and eligibility for financial assistance would continue.

The record shows that on March 14, 2016, you updated the information in your NYSOH account and submitted a request to enroll in a MMC plan.

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 MMC plan on March 14, 2016, it must take effect on the first day of the following month after March 14; that is, on April 1, 2016.

Therefore, NYSOH's March 15, 2016 enrollment confirmation notice is **AFFIRMED** because it properly began your enrollment in your MMC plan on April 1, 2016.

Decision

The March 15, 2016 enrollment confirmation notice is **AFFIRMED**.

Effective Date of this Decision: September 05, 2016

How this Decision Affects Your Eligibility

Your enrollment in your 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)).

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 15, 2016 enrollment confirmation notice is AFFIRMED.

Your enrollment in your 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:

