



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

## Notice of Decision

Decision Date: October 12, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007917

[REDACTED]

Dear [REDACTED],

On August 30, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 27, 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: October 12, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007917

[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 enrollment in your Medicaid Managed Care plan was effective April 1, 2016?

## Procedural History

On February 18, 2015, NYSOH issued an eligibility determination notice stating that you were conditionally eligible for Medicaid, effective January 1, 2015.

On March 18, 2015, NYSOH issued a notice of enrollment confirming your selection of UnitedHealthcare of New York, Inc. (UHC) as your Medicaid Managed Care (MMC) plan. The notice stated that your MMC coverage would begin effective May 1, 2015.

On December 22, 2015, 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 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

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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 January 31, 2016.

Also on January 17, 2016, NYSOH issued a disenrollment notice stating that your MMC plan coverage with UHC would end effective January 31, 2016.

On January 28, 2016 and January 29, 2016, NYSOH received your updated applications for health insurance.

On January 29, 2016 and January 30, 2016, NYSOH issued notices stating that you might be eligible for health insurance through NYSOH, but more information was needed to make a determination. NYSOH requested that you submit income documentation for your household by February 13, 2016 and February 14, 2016, respectively, to confirm the information you provided in your application was accurate.

On February 10, 2016, NYSOH received a letter issued by your former employer, [REDACTED], confirming that you were employed from April 6, 2015 to June 12, 2015.

On February 18, 2016, NYSOH redetermined your eligibility based on your January 29, 2016 application.

On February 19, 2016, NYSOH issued an eligibility redetermination notice based on the information contained in the February 18, 2016 application. It stated that you were eligible for Medicaid, effective February 1, 2016.

On February 27, 2016, NYSOH issued a notice of enrollment confirming your selection of UHC as your MMC plan as of February 26, 2016. The notice stated that your MMC coverage would begin effective April 1, 2016.

On March 14, 2016, you spoke to NYSOH's Account Review Unit and appealed the February 27, 2016 notice of enrollment insofar as it began your MMC plan coverage on April 1, 2016, and not February 1, 2016.

On August 30, 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 electronic mail.
- 2) You testified that the e-mail address you had originally provided to NYSOH for the delivery of alerts to inform you of notices being posted to your account was [REDACTED]. You testified that it was not until approximately mid to late January 2016 that you requested that all e-mail notifications be sent to [REDACTED].”
- 3) You testified that as a result of injuries you suffered on August 26, 2015, you were neither able to check your e-mail nor ensure that your domain name, “[REDACTED]” was still working. You further testified that all e-mails sent to [REDACTED] were likely returned as undeliverable.
- 4) You have either been hospitalized or in a nursing home, recovering from your injuries, since August 26, 2015.
- 5) You testified that you did not receive any electronic alerts regarding any notice in your NYSOH account telling you that you needed to update your application in order to renew your eligibility. You also testified did not receive any renewal notice by regular mail.
- 6) You testified that you did not know that you needed to update your account until a claim that was made on your behalf to UHC by the nursing home for medical care rendered during February 2016 was declined.
- 7) The record reflects that on February 18, 2016 NYSOH received your completed application for health insurance.
- 8) You testified that you are seeking reinstatement in your MMC plan as of February 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 (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)).

Additionally, if an electronic alert regarding a notice in an individual’s NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

## Legal Analysis

The 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 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 22, 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 MMC plan effective January 31, 2016.

However, you testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You credibly testified that you did not receive any electronic alert regarding the notice that directed you to update the information in your NYSOH account. There is no evidence in your account showing that any email alert was sent to you regarding the need to renew your application, that any such electronic notice failed, or that the notice was later sent to you by regular mail.

Therefore, it is concluded that NYSOH did not give you the required notice to you that you needed to update your account.

You renewed your eligibility for financial assistance through NYSOH for the upcoming coverage year on February 18, 2016, and therefore we must assume that the information you provided at that time is the information that would have been used had you been timely informed of the need to update your account, as stated in the renewal notice.

Had the information been submitted at that time, your enrollment in UHC as your MMC plan would have begun on February 1, 2016.

Therefore, the March 18, 2016 notice of enrollment is MODIFIED to state that your enrollment in UHC as your MMC plan was effective February 1, 2016.

## **Decision**

The March 18, 2016 notice of enrollment is MODIFIED to state that your enrollment in UHC as your MMC plan was effective February 1, 2016.

Your case is RETURNED to NYSOH to facilitate correcting your enrollment in your MMC plan to the appropriate date.

**Effective Date of this Decision:** October 12, 2016

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

Your enrollment in your MMC plan should have been effective as of February 1, 2016

Your case is being sent back to NYSOH to reinstate you in your MMC plan as of February 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:  
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Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

Your enrollment in your MMC plan should have been effective as of February 1, 2016

Your case is being sent back to NYSOH to reinstate you in your MMC plan as of February 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:**

