



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

Notice of Decision

Decision Date: August 24, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008218

[REDACTED]

Dear [REDACTED],

On July 22, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's January 17, 2016 eligibility determination notice and March 24, 2016 enrollment 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(b).

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Decision Date: August 24, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008218

[REDACTED]

Issues

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

Did New York State of Health (NYSOH) properly determine that you and your daughter were not eligible for health insurance through NYSOH effective January 31, 2016, because a renewal was not completed within the required timeframe?

Did NYSOH properly determine that you and your daughter's enrollment in a Medicaid Managed Care plan (Fidelis Care) should start May 1, 2016?

Procedural History

On February 3, 2015 NYSOH issued an eligibility determination notice stating that you and your daughter were eligible for Medicaid effective as of February 1, 2015.

On December 21, 2015, NYSOH issued a notice that it was time to renew your health insurance. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you or your daughter 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.

On January 17, 2016, NYSOH issued a notice stating that you and your daughter were not qualified to enroll through NYSOH because you did not respond to the renewal notice and did not complete your renewal within the required timeframe. Furthermore, your eligibility would end January 31, 2016.

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Also on January 17, 2016, NYSOH issued a disenrollment notice stating that you and your daughter's New York State Catholic Health Plan, Inc. coverage would end effective January 31, 2016.

On February 3, 2016, your NYSOH account was updated.

On February 4, 2016, NYSOH issued an eligibility determination notice that you and your daughter were eligible for Medicaid effective as of February 1, 2016.

On March 24, 2016, NYSOH issued an enrollment notice confirming that as of February 3, 2016, you and your daughter were enrolled in the Medicaid Managed Care plan, Fidelis Care, with a plan enrollment start date of May 1, 2016.

On March 23, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as the enrollment start date of you and your daughter's Medicaid Managed Care (MMC) plan.

On July 22, 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) According to your NYSOH account, you and your nineteen-year-old daughter were eligible for Medicaid effective February 1, 2015.
- 2) According to your NYSOH account and testimony, you receive notices from NYSOH via regular mail.
- 3) You testified that you do not recall receiving a renewal notice from NYSOH to ensure that you and your daughter's coverage would not be interrupted.
- 4) On December 21, 2015, NYSOH issued a notice directing you and your daughter to renew your health insurance by January 15, 2016. That notice was sent to: [REDACTED].
- 5) According to your NYSOH account, [REDACTED] was listed as your mailing address from October 1, 2014, through March 23, 2016.
- 6) You testified that your mailing address was [REDACTED] from October 2015 through the end of April 2016.

- 7) On February 4, 2016, NYSOH issued an eligibility determination notice that you and your daughter's eligibility was redetermined based on the updated information received on February 3, 2016. The notice stated that you and your daughter were eligible for Medicaid effective as of February 1, 2016 ([REDACTED]).
- 8) You testified that the NYSOH representative stated that you and your daughter were re-enrolled in your Medicaid Managed Care plan on February 3, 2016.
- 9) The "Events" tab in your NYSOH account indicates you and your daughter had "Enrollment[s] Added" on February 3, 2016.
- 10) You testified that in March 2016, you received a notice from Fidelis Care stating that you and your daughter were not enrolled in a plan.
- 11) On March 24, 2016, NYSOH issued an enrollment notice confirming that as of February 3, 2016, you and your daughter were enrolled in the Medicaid Managed Care plan, Fidelis Care, with a plan enrollment start date of May 1, 2016 ([REDACTED]).
- 12) You testified that you have outstanding medical bills for the months of February and March 2016, and are seeking to have you and your daughter's Fidelis Care coverage effective 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, the Marketplace must review Medicaid eligibility once every twelve 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)). The Marketplace 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, the Marketplace must issue

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a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR §155.335(h)).

Medicaid Effective Date:

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 Managed Care 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; Administrative Directive 13 OHIP/ADM-03(III)(F), (Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010)).

Legal Analysis

The first issue is whether NYSOH properly determined that you and your daughter were not eligible for health insurance through NYSOH effective January 31, 2016.

You and your daughter were found eligible for Medicaid in 2015, effective February 1, 2015.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every twelve 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 21, 2015 renewal notice stated that there was not enough information to determine whether you or your daughter were eligible for financial assistance for health insurance coverage in 2016, and that you needed to update your account by January 15, 2016 or your financial assistance might end.

Because there was no timely response to this notice, you were terminated from your health insurance coverage effective January 31, 2016.

You testified that you do not recall receiving a notice informing you that you and your daughter's application needed to be updated.

The record indicates that the renewal notice was issued on December 21, 2015, to the mailing address, [REDACTED]. However, you testified your mailing address was [REDACTED] from October 2015 through the end of April 2016.

Your NYSOH account reflects that your mailing address was not changed from [REDACTED] until March 23, 2016. NYSOH properly issued the renewal notice to mailing address that you had provided. NYSOH properly ended you and your daughter's coverage January 31, 2016.

The January 17, 2016, NYSOH notice stating that you and your daughter were not qualified to enroll through NYSOH, effective January 31, 2016, is AFFIRMED.

The second issue is whether NYSOH properly determined that you and your daughter's enrollment in Fidelis Care should start May 1, 2016.

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. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

On February 3, 2016 you updated you and your daughter's information in your NYSOH account.

The record reflects that you selected a Medicaid Managed Care plan for you and your daughter on February 3, 2016, so it should have been effective on the first day of the first month following the selection; that is, on March 1, 2016.

Therefore, the March 24, 2016 enrollment notice is MODIFIED to state that you and your daughter's Fidelis Care coverage should be effective March 1, 2016.

Decision

The January 17, 2016 eligibility determination notice is AFFIRMED.

The March 24, 2016, enrollment notice is MODIFIED to state that you and your daughter's Medicaid Managed Care plan enrollment start date is March 1, 2016.

Effective Date of this Decision: August 24, 2016

How this Decision Affects Your Eligibility

You and your daughter are eligible for Medicaid effective February 1, 2016.

You and your daughter are enrolled in the Medicaid Managed Care plan, Fidelis Care, with a plan enrollment start date of March 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 after the date 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 date 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
P.O. Box 11729
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- By fax: 1-855-900-5557

Summary

The January 17, 2016 eligibility determination notice is **AFFIRMED**.

The March 24, 2016, enrollment notice is **MODIFIED** to state that you and your daughter's Medicaid Managed Care plan enrollment start date is March 1, 2016.

You and your daughter are eligible for Medicaid effective February 1, 2016.

You and your daughter are enrolled in the Medicaid Managed Care plan, Fidelis Care, with a plan enrollment start date of March 1, 2016.

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A Copy of this Decision Has Been Provided To:

