



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

Notice of Decision

Decision Date: October 25, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008233

[REDACTED]

Dear [REDACTED]

On September 19, 2016, you appeared by telephone, with your authorized representative, at a hearing on your appeal of NY State of Health's January 27, 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 (CFR) 45 CFR § 155.545(b).

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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DEPARTMENT OF HEALTH
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Decision

Decision Date: October 25, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008233

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did New York State of Health (NYSOH) properly determine that your plan enrollment start date in your Medicaid Managed Care (MMC) plan was March 1, 2016?

Procedural History

On December 11, 2014, NYSOH issued an enrollment notice, in relevant part, that your insurance coverage through Medicaid would begin January 1, 2015.

On October 22, 2015, NYSOH issued a notice stating that it was time for you 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 would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2015 or you might lose the financial assistance you were currently receiving.

On December 21, 2015, NYSOH issued a notice stating that you had not responded to the renewal notice and that you were therefore no longer eligible for financial assistance and cannot enroll in a qualified health plan at full cost through NYSOH, effective December 31, 2015.

On December 22, 2015, NYSOH issued a disenrollment notice stating that your coverage with Independent Health Association, Inc. would end effective December 31, 2015.

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On January 4, 2016, you updated your NYSOH account, and uploaded additional documentation to your account [REDACTED].

On January 5, 2016, NYSOH issued a notice that you may be eligible for health insurance through NYSOH but more information was needed to make a determination. The notice stated that in order for your eligibility to be determined, you must provide income documentation to confirm that the information you provided in your application was accurate.

On January 6, 2016, and January 9, 2016, you updated your NYSOH account.

On January 7, 2016, and January 10, 2016, NYSOH issued notices that you may be eligible for health insurance through NYSOH but more information was needed to make a determination. The notices stated that in order for your eligibility to be determined, you must provide income documentation to confirm that the information you provided in your application was accurate.

On January 11, 2016 you updated your NYSOH account and uploaded additional documentation to your account [REDACTED].

On January 12, 2016, NYSOH issued a notice that you may be eligible for health insurance through NYSOH but more information was needed to make a determination. The notice stated that in order for your eligibility to be determined, you must income documentation to confirm that the information you provided in your application was accurate.

On January 15, 2016 you updated your NYSOH account and uploaded additional documentation to your account [REDACTED].

On January 26, 2016, NYSOH issued an eligibility determination notice that you were eligible for Medicaid, effective as of January 1, 2016.

On January 27, 2016, NYSOH issued an enrollment notice confirming that as of January 26, 2016, you were enrolled in the MMC plan, Independent Health Association, Inc., with a plan enrollment start date of March 1, 2016.

On March 23, 2016, you spoke to NYSOH's Account Review Unit and appealed the plan enrollment start date of your MMC plan.

On September 19, 2016, you had a telephone hearing with a Hearing Officer from the 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 supports the following findings of fact:

1. You are applying for health insurance for yourself.
2. According to your NYSOH account, you were enrolled in Medicaid and the MMC plan, Independent Health Association, Inc., plan from January 1, 2015 through December 31, 2015.
3. According to your NYSOH account and testimony, you receive notices from NYSOH electronically.
4. You testified that you did not receive any emails prompting you to review any notices that were uploaded to your NYSOH account.
5. You testified that the email listed in your NYSOH account is your current email address.
6. On January 4, 2016, you uploaded to your NYSOH account: (1) a bi-weekly earnings statement from [REDACTED] dated, December 23, 2015, with gross earnings of \$480.92 [REDACTED], and (2) illegible documents [REDACTED].
7. On January 11, 2016, you uploaded an illegible screenshot to your NYSOH account [REDACTED].
8. On January 15, 2016, you uploaded two bi-weekly earnings statements from [REDACTED]. You submitted:
 - (a) A statement dated, December 23, 2015, with gross earnings of \$480.92;
 - (b) A statement dated, January 8, 2016, with gross earnings of \$334.09 [REDACTED].
9. On January 15, 2016, you uploaded printouts of two bi-weekly earning periods from your employment with [REDACTED]. You submitted:
 - (a) A printout for the payment period of December 12, 2015 through December 25, 2015 for the gross amount of \$576.00;
 - (b) A printout of the payment period of December 26, 2016 through January 8, 2016 for the gross amount of \$288.00 [REDACTED].

10. On January 26, 2016, you enrolled in the MMC plan, Independent Health Association, Inc., with a plan enrollment start date of March 1, 2016.

11. You testified that you are seeking reimbursement of approximately \$411.00 for medical expenses incurred in January 2016 because you were not enrolled in a MMC plan until 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)).

MMC Enrollment Star Date

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 Medicaid Managed Care plan was effective March 1, 2016.

You were eligible for Medicaid in 2015, effective January 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 October 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 December 15, 2015, or your financial assistance might end.

Because there was no timely response to this notice, you were terminated from your Medicaid Managed Care plan effective December 31, 2015.

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.

The record reflects that you attempted to renew your eligibility for financial assistance through NYSOH on January 4, 2016; January 6, 2016; January 9, 2016, and January 11, 2016. Based on those applications, NYSOH was unable to make a determination and requested that you submit additional income documentation to confirm your eligibility.

The record supports that you uploaded employment and income documentation to NYSOH on January 15, 2016. You uploaded two bi-weekly earnings statements from [REDACTED]. The statements show that you

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were issued \$480.92 in gross income on December 23, 2015, and \$334.09 in gross earnings on January 8, 2016 (U160152204016). You also uploaded a printout of two bi-weekly earning periods from your employment with [REDACTED]. The printout shows that you that you were issued \$576.00 in gross earnings on December 25, 2015, and \$288.00 in gross earnings on January 8, 2016 (U160152204017).

The documentation uploaded to your NYSOH Account on January 15, 2016, contained sufficient information for NYSOH to render an eligibility determination.

Therefore, we must assume that this is the information would have been used had you been timely informed of the need to update your account, as stated in the renewal notice.

Therefore, the January 27, 2016, enrollment notice is MODIFIED to state that you were enrolled in the MMC health plan, Independent Health Association, Inc., with a plan enrollment start date of January 1, 2016.

Decision

The January 27, 2016 enrollment notice is MODIFIED to state that you were enrolled in the MMC health plan, Independent Health Association, Inc., with a plan enrollment start date of January 1, 2016.

Your case is RETURNED to the NYSOH to effectuate this change in coverage.

Effective Date of this Decision: October 25, 2016

How this Decision Affects Your Eligibility

Your enrollment in your MMC health plan, Independent Health Association, Inc., is effective January 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

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

Summary

The January 27, 2016 enrollment notice is MODIFIED to state that you were enrolled in the MMC health plan, Independent Health Association, Inc., with a plan enrollment start date of January 1, 2016.

Your case is RETURNED to the NYSOH to effectuate this change in coverage.

Your enrollment in your MMC health plan, Independent Health Association, Inc., is effective January 1, 2016.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

[REDACTED]

[REDACTED]