



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

Notice of Decision

Decision Date: October 4, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008306

[REDACTED]

Dear [REDACTED]

On September 23, 2016, you and your spouse appeared by telephone at a hearing on your appeal of NY State of Health's March 25, 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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DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: October 4, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008306

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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 spouse's enrollment in an Essential Plan with Dental and Vision was effective May 1, 2016?

Procedural History

On December 3, 2015, NYSOH found your spouse eligible for Medicaid effective December 1, 2015. She was subsequently enrolled in a Medicaid Managed Care plan effective March 1, 2015.

On January 12, 2016, NYSOH issued a renewal notice, stating that it was time to renew your health insurance for the upcoming coverage year. That notice stated your spouse's coverage in her Medicaid Managed Care plan had been changed to eligibility for the Essential Plan 2. The notice stated she could choose to enroll in dental and vision benefits for an additional monthly premium. The eligibility was effective March 1, 2016. This was because based on federal and state data sources, your income was between \$33,465.00 and \$36,375.00.

On February 16, 2016, a disenrollment notice was issued ending your spouse's enrollment in her Medicaid Managed Care plan effective February 29, 2016.

That same day an enrollment confirmation notice was issued confirming your spouse's enrollment in the Essential Plan 2, with no premium responsibility effective March 1, 2016. The notice stated the plan above does not include any

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dental and vision services. You could change those benefits, but you would have a monthly premium.

On March 24, 2016, NYSOH received your updated request for enrollments.

That same day you spoke to NYSOH's Account Review Unit and appealed the start date of your spouse's enrollment in the Essential Plan 2, insofar as it did not begin with Vision and Dental insurance effective March 1, 2016.

On March 25, 2016, an enrollment confirmation notice was issued confirming your spouse's enrollment in the Essential Plan 2 with Vision and Dental for a premium responsibility of \$30.77, effective May 1, 2016.

On September 23, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit, your spouse also appeared for 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) You testified, and the record reflects, your spouse was automatically enrolled in the Essential Plan effective March 1, 2016. This enrollment did not include Vision and Dental coverage.
- 2) You testified, and the record reflects, that your spouse enrolled in an Essential Plan 2 with Vision and Dental when you contacted NYSOH on March 24, 2016. That enrollment was effective May 1, 2016.
- 3) You testified that you wanted your spouse's enrollment in the Essential Plan 2 with Vision and Dental Coverage to begin on March 1, 2016, because your spouse had to have emergency dental work done during the month of April, 2016.
- 4) You testified, and the record reflects, that you receive all of your notices from NYSOH via electronic mail.
- 5) You confirmed your e-mail address as the address that NYSOH has on file.
- 6) 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 did not receive any renewal notice by regular mail.

- 7) The January 12, 2016, renewal notice stated if you believe NYSOH made a mistake in your renewal that you could go into your account between January 16, 2016 and February 15, 2016 to make changes for your plan to be effective March 1, 2016.
- 8) You testified that you were not aware that your Medicaid Managed Care plan had ended, or that you needed to add the feature of Vision and Dental to your application if you wanted that coverage.
- 9) You testified that you did not know that you needed to update your account until March, 2016, when you were looking at having dental work done.

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

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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)).

Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); see also 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your spouse's enrollment in an Essential Plan with Dental and Vision was effective May 1, 2016.

During your telephone hearing you testified that you wanted your spouse's enrollment in the Essential Plan 2 with dental and vision coverage to begin on March 1, 2016. You explained she had to have emergency dental work done during the month of April, 2016, and were not aware that her coverage under her

Medicaid Managed Care plan had ended due to the end of her twelve month eligibility period.

Your spouse was originally found eligible for Medicaid effective December 1, 2015. She was subsequently enrolled in a Medicaid Managed Care plan effective March 1, 2015. This eligibility and enrollment lasted for twelve months.

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 12, 2016 renewal notice stated that your spouse was found eligible for enrollment in the Essential Plan effective March 1, 2016. She could also choose enroll in dental and vision benefits for an additional monthly premium.

Because there was no timely response to this notice to make any changes to your enrollments, your spouse was enrolled in the Essential Plan without the dental and vision benefits included.

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 to add the additional benefit of dental and vision to your Essential Plan selection. 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 to add the additional benefit after losing that benefit from your prior enrollment in your Medicaid Managed Care plan.

You first renewed your spouse's eligibility for financial assistance through NYSOH for the upcoming coverage year on March 24, 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 during your renewal period between January 16, 2016 and February 15, 2016, your spouse's enrollment in your Essential Plan with dental and vision benefits would have begun on March 1, 2016. This is because the effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month.

Therefore, the March 25, 2016, notice of enrollment confirmation is MODIFIED to state that your spouse's enrollment in her Essential Plan with dental and vision was effective March 1, 2016.

Your case is RETURNED to NYSOH to effectuate your spouse's enrollment in the Essential Plan with dental and vision. You will be responsible for any additional premium responsibility for the months of March, and April, 2016.

Decision

The March 25, 2016, enrollment confirmation is MODIFIED to state that your spouse's enrollment in her Essential Plan with dental and vision was effective March 1, 2016.

Your case is RETURNED to NYSOH to effectuate your spouse's enrollment in the Essential Plan with dental and vision as of March 1, 2016. You will be responsible for any additional premium responsibility for the months of March, and April, 2016.

Effective Date of this Decision: October 4, 2016

How this Decision Affects Your Eligibility

The effective date of your spouse's Essential Health Plan with dental and vision is 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 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 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).

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 March 25, 2016, enrollment confirmation is MODIFIED to state that your spouse's enrollment in her Essential Plan with dental and vision was effective March 1, 2016.

The effective date of your spouse's Essential Health Plan with dental and vision is March 1, 2016.

Your case is RETURNED to NYSOH to effectuate your spouse's enrollment in the Essential Plan with dental and vision as of March 1, 2016. You will be responsible for any additional premium responsibility for the months of March, and April, 2016.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

