



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

Notice of Decision

Decision Date: November 2, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008769

[REDACTED]

Dear [REDACTED]

On October 13, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 17, 2016 disenrollment notice and the April 8, 2016 eligibility and enrollment confirmation notices.

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 NY State of Health 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.

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008769

[REDACTED]

Issues

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

Did NY State of Health properly determine that your enrollment in your Medicaid Managed Care plan should be terminated effective January 31, 2016?

Did NY State of Health properly determine that your enrollment in a qualified health plan and your eligibility for advance premium tax credits were effective May 1, 2016?

Procedural History

On February 10, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible for Medicaid effective February 1, 2015. You subsequently enrolled into a Medicaid Managed Care plan with a March 1, 2015 start date.

On December 22, 2015, NYSOH issued a notice that it was time to renew your health insurance for 2016. 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.

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On January 17, 2016, NYSOH issued an eligibility determination notice stating that you are 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 January 31, 2016.

Also on January 17, 2016, a disenrollment notice was issued terminating your coverage with your Medicaid Managed Care plan effective January 31, 2016.

On April 7, 2016, NYSOH received your updated application for health insurance.

On April 8, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in a qualified health plan and receive \$0.00 per month in advance premium tax credits, effective May 1, 2016.

Also on April 8, 2016, NYSOH issued an enrollment confirmation notice stating that you were enrolled in bronze level qualified health plan and that your coverage in that plan would start May 1, 2016.

Finally on April 8, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your qualified health plan.

On October 13, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you testified that you were actually looking for an extension of your Medicaid Managed Care plan for the month of February 2016. The Hearing Officer agreed to include the issue of the end date of your Medicaid Managed Care plan. 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 that you filed an appeal so that you could have coverage through your Medicaid Managed Care plan for the month of February because you received medical treatment during that month.
- 2) The record indicates that your coverage in your Medicaid Managed Care plan ended as of January 31, 2016.
- 3) You testified that you did not realized your enrollment in your plan had ended until you received a bill from your medical provider.

- 4) You testified, and the record reflects, that you receive all of your notices from NYSOH by electronic mail.
- 5) You testified that you did not receive any electronic alerts regarding any renewal notice in your NYSOH account telling you that you needed to update your application in order to renew your eligibility.
- 6) The record reflects that on April 7, 2016 NYSOH received your updated application for health insurance.
- 7) The record indicates that you were without health coverage for the months of February, March, and April 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 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 2010,13ADM-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

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(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, 13ADM-03(III)(F)).

An individual is eligible for enrollment in Medicaid when he or she meets the nonfinancial criteria and has a monthly household income that is at or below the applicable Medicaid modified adjusted gross income standard (45 CFR § 155.305(c)).

Under New York's Social Services Law, a person who is found eligible for Medicaid based on her household's modified adjusted gross income (MAGI) but loses that eligibility "for a reason other than citizenship status, lack of state residence, or failure to provide a valid social security number" keeps their Medicaid coverage for twelve months, "provided that federal financial participation in the costs of such assistance is available" (N.Y. Soc. Serv. Law § 366(4)(c)). This provision is referred to as "continuous coverage" and the twelve-month period of continuous coverage is based on the date of Medicaid eligibility.

Annual Eligibility Redetermination

Generally, NYSOH must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

NYSOH must send an annual renewal notice that contains the information by which NYSOH will use to redetermine a qualified individual's projected eligibility for that year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

Electronic Notices

If the individual elects electronic communications, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to his or her account and send a notice by regular mail within

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three business days if the electronic communication cannot be delivered (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4), (5)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was properly terminated effective January 31, 2016.

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.

You were originally found eligible for Medicaid effective February 1, 2015 and enrolled in a Medicaid Managed Care plan effective March 1, 2015. Twelve months from February 1, 2015 would be January 31, 2016. Note that the twelve month period begins as of the date the person was found eligible for regular Medicaid coverage, not from the date the person was enrolled in a Medicaid Managed Care plan.

You were subsequently terminated from your Medicaid coverage through your Medicaid Managed Care plan effective January 31, 2016 since that was the end of your twelve month eligibility period.

Therefore, the January 17, 2016 notice of disenrollment is **AFFIRMED** because it properly ended your eligibility for and enrollment in your Medicaid Managed Care plan on January 31, 2016.

The second issue under review is whether NYSOH properly determined that your enrollment in a qualified health plan and your eligibility for advance premium tax credits were effective May 1, 2016.

As state above, NYSOH must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. NYSOH must issue a renewal notice that contains the individual's projected eligibility. If an individual does not respond to this notice, NYSOH must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On December 22, 2015, NYSOH issued an annual renewal notice in your case. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether or not you qualify for financial help with paying for your health coverage. You were asked to update the

information in your account by January 15, 2016 or the financial help you were receiving might end.

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 an electronic alert regarding the renewal notice, which directed you to update the information in your NYSOH account. There is no evidence in your account documenting that any email alert was sent to you regarding the renewal notice or the need to renew your application.

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

You first renewed your eligibility for financial assistance through NYSOH for 2016 on April 7, 2016, and therefore we must assume that this 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.

Therefore, the April 8, 2016 notice of eligibility redetermination is MODIFIED to state that, effective February 1, 2016, you qualify to enroll in a qualified health plan and are eligible to receive \$0.00 in APTC per month, and the April 8, 2016 notice of enrollment confirmation is MODIFIED to state that your enrollment in your qualified health plan is effective February 1, 2016.

Decision

The January 17, 2016 disenrollment notice is AFFIRMED.

The April 8, 2016 notice of eligibility redetermination is MODIFIED to state that, effective February 1, 2016, you qualify to enroll in a qualified health plan and are eligible to receive \$0.00 in APTC per month.

The April 8, 2016 notice of enrollment confirmation is MODIFIED to state that your enrollment in your qualified health plan is effective February 1, 2016.

Your case is RETURNED to NYSOH to effectuate the changes listed above.

Effective Date of this Decision: November 2, 2016

How this Decision Affects Your Eligibility

Your enrollment in your Medicaid Managed Care plan properly ended as of January 31, 2016.

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Your enrollment in your qualified health plan should have begun as of February 1, 2016.

Your case is being sent back to NYSOH to effectuate this change.

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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Summary

The January 17, 2016 disenrollment notice is **AFFIRMED**.

Your enrollment in your Medicaid Managed Care plan properly ended as of January 31, 2016.

The April 8, 2016 notice of eligibility redetermination is **MODIFIED** to state that, effective February 1, 2016, you qualify to enroll in a qualified health plan and are eligible to receive \$0.00 in APTC per month.

The April 8, 2016 notice of enrollment confirmation is **MODIFIED** to state that your enrollment in your qualified health plan is effective February 1, 2016.

Your enrollment in your qualified health plan should have begun as of February 1, 2016.

Your case is being sent back to NYSOH to effectuate this change.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

