



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

Notice of Decision

Decision Date: November 25, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009941

[REDACTED]

Dear [REDACTED]

On November 17, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 16, 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009941



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 March 27, 2014, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid effective March 1, 2014. You subsequently enrolled into a Medicaid Managed Care plan.

On January 10, 2015, NYSOH issued a renewal notice stating that you were being automatically re-enrolled into your current health plan for the 2015 coverage year.

On January 14, 2016, NYSOH issued a renewal notice, stating that it was time to renew your health insurance for the 2016 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 February 15, 2016 or you might lose the financial assistance you were currently receiving.

No updates were made to your account by February 15, 2016.

On February 18, 2016, NYSOH issued an eligibility redetermination notice stating that you were 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

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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 February 29, 2016.

Also on February 18, 2016, NYSOH issued a disenrollment notice stating that your coverage through your Medicaid Managed Care plan would end effective February 29, 2016.

On March 15, 2016, NYSOH received your updated application for health insurance and selected a Medicaid Managed Care plan for enrollment.

On March 16, 2016, NYSOH issued an eligibility redetermination notice stating that you were eligible for Medicaid, and that your coverage for Fee-For-Service Medicaid would be effective March 1, 2016.

Also on March 16, 2016 an enrollment confirmation notice was issued that stated that you had selected a Medicaid Managed Care plan, and that the effective date of that plan was April 1, 2016.

On May 26, 2016 you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation notice insofar as it began your Medicaid Managed Care plan on April 1, 2016, and not March 1, 2016.

On November 9, 2016 you were scheduled to have a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. That day, a Hearing Officer called you but you were unable to go forward with your scheduled hearing. You requested an adjournment and it was granted.

On November 17, 2016, you had an adjourned 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 supports the following findings of fact:

- 1) You testified, and the record reflects, that you have always received all of your notices from NYSOH via electronic mail.
- 2) You testified that you first learned your insurance coverage was terminated in March 2016 when you were advised by your provider after receiving treatment.
- 3) You testified that you did not initially see an electronic alert regarding the January 14, 2016 notice to renew your insurance coverage.

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- 4) You testified that after speaking with a NYSOH representative you discovered the email alert in the spam folder of your email account.
- 5) The record reflects that on March 15, 2016, NYSOH received your updated application for health insurance and Medicaid Managed Care plan selection.
- 6) You testified that you have outstanding bills from the month of March 2016 from a provider that does not accept Medicaid Fee-For-Service.
- 7) You testified that you believe you should receive Medicaid Managed Care plan coverage for the month of March 2016 under a “bridge” which you described as a means to provide coverage for mental health treatment for a period of time after a patient loses coverage. You testified that you spoke with a NYSOH representative on or about May 26, 2016 regarding whether the “bridge” was available to you.
- 8) NYSOH Appeals Unit reviewed the May 26, 2016 telephone call wherein you inquired about a “bridge” available to provide coverage for the month of March 2016. You stated that in 2015 a “bridge” provided several months of retroactive payment to your mental health provider for service rendered during the time in which her status as a network provider was pending.
- 9) You testified that you are seeking reinstatement in your Medicaid Managed Care plan as of 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)).

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 Medicaid Managed Care plan was effective April 1, 2016.

You were originally found eligible for Medicaid effective March 1, 2014.

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.

For the 2015 coverage year, you were automatically re-enrolled into your current health plan for the upcoming year. However, the record establishes that NYSOH was unable to automatically renew you into the same health plan for the 2016 coverage year. Accordingly, on January 14, 2016, NYSOH issued a renewal notice, stating 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 February 15, 2016, 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 February 29, 2016.

You testified and the record reflects that you have elected to receive your correspondence from NYSOH via electronic alerts. Though you testified that you did not initially see the email alert pertaining to the January 14, 2016 renewal notice, you further testified that you later found the alert in your spam email folder. Accordingly, the record is sufficient to establish that NYSOH satisfied their duty under the regulations by sending an email alert to you regarding the need to renew your application. Therefore, it is concluded that NYSOH provided you with the required notice that you needed to update your account.

You first renewed your eligibility for financial assistance through NYSOH for the upcoming coverage year on March 15, 2016.

Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. In this case, since your enrollment was received by the 15th of March it became effective the first day of the following month, which was April 1, 2016.

You contended that a “bridge” should be available to you to provide coverage for mental health treatment incurred following a loss of health coverage. However, you were covered under Medicaid Fee-For-Service at all relevant times. The gap in your Medicaid Managed Care plan, as discussed above, occurred due to a failure to renew coverage in time despite proper notice by NYSOH. Accordingly, there is no authority by which NYSOH can reinstate you into your plan for March 2016.

A review of the May 26, 2016 telephone conversation between you and a NYSOH representative wherein you discuss the concept of a “bridge”, it is noted that you described a situation in 2015 wherein your mental health provider received retroactive payment for services rendered during the time in which her status as a network provider was pending. A review of your account establishes that you were covered under a Medicaid Managed Care plan at all times during 2015. Therefore, any retroactive payment received by your mental health provider in 2015 was not due to a gap in coverage, and as such is inapplicable to the present case.

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Therefore, the March 16, 2016 notice of enrollment confirmation stating that your enrollment in a Medicaid Managed Care plan was effective April 1, 2016 is AFFIRMED.

Decision

The March 16, 2016 notice of enrollment confirmation is AFFIRMED.

Effective Date of this Decision: November 25, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is April 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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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The March 16, 2016 notice of enrollment confirmation is **AFFIRMED**

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is April 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:

