



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

## Notice of Decision

Decision Date: December 1, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000010079

[REDACTED]

Dear [REDACTED],

On November 28, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's June 4, 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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## Decision

Decision Date: December 1, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000010079



## 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 you and your daughters' enrollment in your Medicaid Managed Care (MMC) plan was effective July 1, 2016?

## Procedural History

On March 18, 2015, NYSOH issued a notice of eligibility determination stating that you and your daughters were eligible for Medicaid, effective May 1, 2015.

On March 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 that, based on information from federal and state sources, NYSOH could not make a decision about whether you and your daughters would qualify for financial help paying for your health coverage, and that you needed to update your account by April 15, 2016, or you might lose the financial assistance you were currently receiving.

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

On April 18, 2016, NYSOH issued an eligibility determination notice stating that you and your daughters 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 and your daughters also could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and

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had not completed your renewal within the required time frame. Your eligibility, and your daughter's eligibility, ended effective April 30, 2016.

Also on April 18, 2016, NYSOH issued a disenrollment notice stating that your coverage and your daughters' coverage in your MMC plan would end effective April 30, 2016.

On May 16, 2016, NYSOH received your updated application for health insurance.

On May 17, 2016, NYSOH issued a notice stating that your May 16, 2016 application had been reviewed, but that more information was needed to make a determination as to your and your daughters' eligibility. The notice further directed you to submit documentation of your household's income by June 1, 2016.

On May 26, 2016, documentation was uploaded to your NYSOH account, and it was verified by NYSOH on May 31, 2016.

On June 1, 2016, NYSOH issued a notice of eligibility determination stating that you were conditionally eligible, and your daughters were eligible, for Medicaid, and that your coverage for Fee-For-Service Medicaid would be effective May 1, 2016.

On June 3, 2016, you selected a MMC plan for enrollment for yourself and your daughters.

Also on June 3, 2016, you spoke to NYSOH's Account Review Unit and appealed the effective date of your MMC plan, insofar as it was going to begin on July 1, 2016 and not May 1, 2016.

On June 4, 2016, an enrollment confirmation notice was issued that stated that you had selected a MMC plan for yourself and your daughters, and that the effective date of that plan was July 1, 2016.


On November 28, 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) You testified, and the record reflects, that you receive all of your notices from NYSOH by regular mail.

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- 2) You testified that you received a renewal notice, but that you accidentally sent the information for your renewal to the Social Security Administration.
- 3) You testified that you received a notice sometime in May 2016 stating that your insurance policy expired, but that you did not receive it until 30 days after your coverage had ended. You testified that you believe this notice was from NYSOH.
- 4) You testified that you spoke with someone who told you that they don't send out notices that your coverage is terminated until 30 days after it ends, and you believe that this person was from NYSOH.
- 5) Your NYSOH account reflects that a disenrollment notice was issued on April 18, 2016 informing you that your coverage and your daughters' coverage in your MMC plan was ending on April 30, 2016.
- 6) You testified that you contacted NYSOH and your health plan after you were disenrolled, but that they were unable to backdate your coverage.
- 7) You testified that you updated your contact preferences in May 2016 so that you now receive email alerts from NYSOH when there is a notice in your NYSOH account.
- 8) Your NYSOH account shows that on May 16, 2016, NYSOH received your updated application for health insurance.
- 9) Your NYSOH account also contains a three-page document that was uploaded to your account on May 26, 2016. The document appears to be a summary of your pay for the period of April 16, 2016 through May 16 2016, and shows that it was faxed on April 16, 2016. (Document )
- 10) Your NYSOH account reflects that you selected your MMC Plan on June 3, 2016, and that your enrollment, and your daughters' enrollment, was effective on July 1, 2016.
- 11) You testified that you had some medical bills for yourself for the months of May and June 2016.
- 12) You testified that your Fee-For-Service Medicaid covered some of these bills, but that some were not covered because you did not have MMC coverage in that time period.

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 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)). 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 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, N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR § 360-10.3(h)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your enrollment, and your daughters’ enrollment, in your MMC plan was effective July 1, 2016.

You and your daughters were originally found eligible for Medicaid effective May 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 March 12, 2016 renewal notice stated that there was not enough information to determine whether you and your daughters were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by April 15, 2016, or your financial assistance might end.

Because there was no timely response to this notice, you and your daughters were terminated from your MMC plan effective April 30, 2016.

You testified that you receive notices from NYSOH through the regular mail. You testified that you received the renewal notice, but that you sent the renewal information to the wrong place to complete your renewal. It is noted that you have acknowledged receipt of the renewal notice, and that no documents have been returned to NYSOH as undeliverable. Further, it is noted that NYSOH does not mail renewal paperwork that can be submitted by mail, and that renewals must be completed either online or over the phone.

Therefore, the record reflects that NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated in order to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

The record shows that on May 16, 2016, you updated the information in your NYSOH account, and that you faxed income documentation to NYSOH on that same day. The documentation was verified on May 31, 2016, and on June 1, 2016, NYSOH issued a notice stating that you and your daughters were eligible for Medicaid. On June 3, 2016, you selected a MMC plan.

The date on which a MMC plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you selected your MMC plan on June 3, 2016, it must take effect on the first day of the following after June; that is, on July 1, 2016.

Therefore, NYSOH's June 4, 2016 enrollment confirmation notice is **AFFIRMED** because it properly began your and your daughters' enrollment in your MMC plan on July 1, 2016.

## **Decision**

The June 4, 2016 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** December 1, 2016

## **How this Decision Affects Your Eligibility**

Your enrollment, and your daughters' enrollment, in your MMC plan properly began on July 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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- By fax: 1-855-900-5557

## **Summary**

The June 4, 2016 enrollment confirmation notice is **AFFIRMED**.

Your enrollment, and your daughters' enrollment, in your MMC plan properly began on July 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:**

