



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

Notice of Decision

Decision Date: January 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010659

[REDACTED]

[REDACTED]

On January 4, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 29, 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: January 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010659

[REDACTED]

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 August 1, 2016?

Procedural History

On April 4, 2014, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid effective April 1, 2014.

On February 7, 2016, 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 between February 16, 2016 and March 15, 2016. or you might lose the financial assistance you were currently receiving.

On February 12, 2016, you updated your application for health insurance.

On February 13, 2016, NYSOH issued an eligibility determination notice, based on your February 12, 2016 updated application, stating that you are no longer eligible for Medicaid, however they would continue your Medicaid coverage until March 31, 2016. That notice also stated that you must come back between February 15, 2016 and March 16, 2016 and update the information in your NYSOH account.

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Also on February 13, 2016, NYSOH issued an enrollment confirmation notice, stating that you were enrolled in a Medicaid Managed Care (MMC) plan effective May 1, 2014.

On February 16, 2016, you again updated your application for health insurance.

On February 17, 2016, NYSOH issued a notice, based on your February 16, 2016 updated application, stating that the income information you provided does not match what NYSOH obtained from State and Federal data sources. That notice also stated that you must submit income documentation for your household by March 3, 2016 to confirm the information you provided in your application is accurate.

On February 18, 2016, NYSOH issued a disenrollment notice stating that your 2016 coverage in your MMC plan will end effective March 31, 2016. That notice also stated that, if you selected a plan for your upcoming coverage year, they would send you a separate notice with your new coverage information shortly.

On February 22, 2016, you submitted income documentation that was subsequently verified on March 15, 2016 (see Documents # [REDACTED] and [REDACTED]).

On March 16, 2016, NYSOH issued an eligibility determination notice, based on your March 15, 2016 updated application, stating that you were eligible for Medicaid was effective April 1, 2016. That notice also stated that you must pick a health plan.

On June 28, 2016, you selected an MMC plan.

On June 29, 2016, NYSOH issued an enrollment confirmation notice, based on your June 28, 2016 plan selection, stating that you enrolled in an MMC plan and the effective date of that plan was August 1, 2016.

On July 1, 2016, you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation insofar as it began your MMC plan on August 1, 2016, and not April 1, 2016.

On January 4, 2017, 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 supports the following findings of fact:

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- 1) You testified, and the record reflects, that you receive all of your notices from NYSOH by regular mail.
- 2) According to your NYSOH account, you updated your application for health insurance on February 22, 2016. As a result, your eligibility could not be determined until proof of your income was received and verified by NYSOH, which occurred on March 15, 2016 (see Documents # [REDACTED] and [REDACTED]).
- 3) You testified that you did receive the March 16, 2016 eligibility determination notice stating you must pick a health plan, but believed this to be incorrect because you thought that you would be automatically re-enrolled in your previous MMC plan, as had been done in the past.
- 4) You testified that you did not receive the disenrollment notice dated February 18, 2016.
- 5) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 6) According to your NYSOH account, you selected a plan on June 28, 2016.
- 7) You testified that you want your MMC plan to begin on April 1, 2016 because you have one medical bill that Medicaid Fee-For Service will not cover.

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)).

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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)).

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 in your MMC plan was effective August 1, 2016.

You were originally found eligible for Medicaid effective April 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. NYSOH's February 7, 2016 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 between February 15, 2016 and March 16, 2016, or your financial assistance might end.

On February 12, 2016 and February 16, 2016, you updated your application for health insurance. As a result, you were found conditionally eligible for Medicaid pending submission and verification of your proof of income. On February 18, 2016, NYSOH issued a disenrollment notice stating that you were disenrolled from your MMC plan effective March 31, 2016.

You testified that you did not receive the disenrollment notice dated February 18, 2016. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as

undeliverable. Therefore, the record reflects that NYSOH properly notified you that you were disenrolled from your MMC effective March 31, 2016.

Additionally, on February 22, 2016, you submitted proof of income that was subsequently verified on March 15, 2016. On March 16, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid was effective April 1, 2016. That notice also stated that you must pick a health plan. You testified that you did receive this notice, but believed that it was incorrect and that you would be automatically re-enrolled in your previous MMC plan as had been done in the past. Therefore, your testimony and the record reflects that NYSOH properly notified you that the information in your NYSOH account needed to be updated and a plan selected in order to ensure your enrollment in your MMC plan.

According to your NYSOH account, you updated the information in your NYSOH account and submitted a request to enroll in an MMC plan on June 28, 2016.

The date on which an 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 28, 2016, it must take effect on the first day of the second MONTH after June 2016; that is, on August 1, 2016.

Therefore, NYSOH's June 29, 2016 enrollment confirmation notice is AFFIRMED because it properly began your enrollment in your MMC plan on August 1, 2016.

Decision

The June 29, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: January 17, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your MMC plan is August 1, 2016.

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 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 June 29, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your MMC plan is August 1, 2016.

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Legal Authority

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

A Copy of this Decision Has Been Provided To:

