



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

Notice of Decision

Decision Date: January 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010834

[REDACTED]

[REDACTED]

On January 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 14, 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 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010834

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 daughter's enrollment in your Medicaid Managed Care (MMC) plan was effective August 1, 2016?

Procedural History

On June 17, 2015, NYSOH issued a notice of eligibility determination stating that you and your daughter were eligible for Medicaid, effective June 1, 2015.

On April 14, 2016, NYSOH issued a notice that it was time to renew your health insurance. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you and your daughter would qualify for financial help paying for your health coverage, and that you needed to update your account by May 15, 2016, or you and your daughter might lose the financial assistance you were currently receiving.

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

On May 17, 2016, NYSOH issued an eligibility determination notice stating that you and your daughter 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 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.

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Also on May 17, 2016, NYSOH issued a disenrollment notice, stating that your and your daughter's enrollment in your MMC plans was ending, effective May 31, 2016.

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

On June 8, 2016, NYSOH issued an eligibility redetermination notice stating that you and your daughter were eligible for Medicaid, effective June 1, 2016.

On July 13, 2016, you selected MMC plans for enrollment for yourself and your daughter. That same day, you spoke to NYSOH's Account Review Unit and appealed the start date of your and your daughter's enrollment in your MMC plans, insofar as your enrollments began on August 1, 2016, and not June 1, 2016.

On July 14, 2016, an enrollment confirmation notice was issued that stated that you had selected MMC plans for yourself and your daughter, and the effective date of those plans was August 1, 2016.

On January 6, 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 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.
- 2) You testified that you think you might have received a notice stating that you needed to renew your application for health insurance, and that this notice may have been what caused you to update your application in June 2016.
- 3) You testified that you don't remember receiving a notice stating that your and your daughter's coverage was ending.
- 4) No notices sent to the address on your NYSOH account have been returned as undeliverable.
- 5) The record reflects that on June 7, 2016, NYSOH received your updated application for health insurance.

- 6) You testified that the NYSOH representative that you spoke with on June 7, 2016 asked you what MMC plans you wanted, and that you informed her that you wished to keep the MVP and Fidelis plans that you and your daughter were previously enrolled in, respectively.
- 7) You testified that the NYSOH representative told you that she was re-enrolling you into your MMC plans, but that you then ended up with medical bills for yourself and your daughter that your MMC plan did not cover.
- 8) You testified that you cannot recall whether those medical bills are from June or July 2016.
- 9) NYSOH issued a notice of eligibility determination on June 8, 2016 stating that you and your daughter were eligible for Medicaid, effective June 1, 2016. The box labeled "Next Steps" is blank for both you and your daughter, and the notice contains no indication that you needed to select a MMC plan.
- 10) After the hearing, the Hearing Officer requested the recording of your phone call with NYSOH on June 7, 2016, and listened to that recording in its entirety. The following findings of fact are taken from that phone call recording:
 - a. You told the NYSOH representative that you had received something in the mail stating that your and your daughter's insurance had ended because you did not renew your coverage.
 - b. During the phone call, the NYSOH representative renewed your application for health insurance.
 - c. After the NYSOH representative informed you that you and your daughter were eligible for Medicaid, she asked you if you wanted to keep the MVP MMC plan you were previously enrolled in, and the Fidelis MMC plan for your daughter.
 - d. You informed the NYSOH representative that you did want to re-enroll in these plans.
 - e. The NYSOH representative told you that she had enrolled you into your respective MMC plans. She informed you that your coverage through your MMC plans would begin on July 1, 2016, and that your "straight" Medicaid coverage would be in place as of June 1, 2015.
- 11) You testified that you want your and your daughter's MMC enrollments backdated because you have outstanding medical bills.

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)).

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 and your daughter’s enrollment in your MMC plan was effective August 1, 2016.

You and your daughter were originally found eligible for Medicaid effective June 1, 2015.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 months without requiring information from the individual

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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 April 14, 2016 renewal notice stated that there was not enough information to determine whether you and your daughter were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by May 15, 2016, or your financial assistance might end.

Because there was no timely response to this notice, you and your daughter were terminated from your MMC plan, effective May 31, 2016.

You testified that you think you did receive a notice from NYSOH telling you that you needed to update the information in your NYSOH account, and that that is why called NYSOH to update your account. However, the phone recording of your phone call with a NYSOH representative on June 7, 2016 indicates that you were calling in response to a notice you had received stating that your coverage was ending because you had not renewed. Nevertheless, you testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail, and 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 of your annual renewal and that information in your NYSOH account needed to be updated in order to ensure your and your daughter's enrollment in your health plans and eligibility for financial assistance would continue.

The record shows that on June 7, 2016, you updated your application for financial assistance over the phone with a NYSOH representative. As a result, you and your daughter were found eligible for Medicaid as of June 1, 2015. The record also reflects that you submitted a request to enroll in a MMC plan, on behalf of yourself and your daughter, on July 13, 2016.

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 plans on July 12, 2016, they took effect on the first day of the following after July 2016; that is, on August 1, 2016.

However, the recording of the phone call you had with a NYSOH representative on June 7, 2016 indicates that you confirmed that you wanted to re-enroll into your MVP MMC plan, and that you wanted your daughter re-enrolled into her Fidelis MMC plan. Moreover, the NYSOH representative told you that she had

processed your enrollment, and that your and your daughter's coverage in your respective MMC plans would begin on July 1, 2016. Finally, the June 8, 2016 eligibility determination notice contained no indication that your plan selection had not gone through, nor did it indicate that you needed to select MMC plans for yourself and your daughter. It was therefore due to NYSOH's error that your MMC plan selection was not processed on June 7, 2016.

Since you first selected MMC plans for yourself and your daughter on June 7, 2016, your enrollments in your respective plans should have started on July 1, 2016.

As such, NYSOH's July 14, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment, and your daughter's enrollment, in your respective MMC plans began on July 1, 2016.

Your case is RETURNED to NYSOH to facilitate the backdating of your enrollment, and your daughter's enrollment, in your respective MMC plans to July 1, 2016.

Decision

The July 14, 2016 enrollment confirmation notice is MODIFIED to stating that your enrollment, and your daughter's enrollment, in your respective MMC plans began on July 1, 2016.

Your case is RETURNED to NYSOH to facilitate the backdating of your enrollment, and your daughter's enrollment, in your respective MMC plans to July 1, 2016.

Effective Date of this Decision: January 11, 2017

How this Decision Affects Your Eligibility

Your enrollment, and your daughter's enrollment, in your MMC plans should have started on July 1, 2016.

Your case is being sent back to NYSOH to enroll you and your daughter into your MMC plans as of 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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The July 14, 2016 enrollment confirmation notice is MODIFIED to stating that your enrollment, and your daughter's enrollment, in your respective MMC plans began on July 1, 2016.

Your case is RETURNED to NYSOH to facilitate the backdating of your enrollment, and your daughter's enrollment, in your respective MMC plans to July 1, 2016.

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Your enrollment, and your daughter's enrollment, in your MMC plans should have started on July 1, 2016.

Your case is being sent back to NYSOH to enroll you and your daughter into your MMC plans as of 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:

